SUPPORT THROUGH STORYTELLING:
A JOURNEY OF NORTHERN PRACTITIONER DEVELOPMENT

by

Tyler K. Ringdahl

BSc Honours in Psychology, University of Northern British Columbia, 2010

PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF EDUCATION
IN
COUNSELLING

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

December 2023

Abstract

In the challenging mental health landscape of Northern British Columbia, a tale of connection unfolds - a narrative woven into the fabric of rural life that binds practitioners in a shared struggle for support. The complexities of care within this region, marked by the culmination of multiple health crises, have stressed the importance of centralizing practitioners as the protagonists within this story of social wellness. A need for meaningful clinical support has arguably never been greater, rising in response to the contextual needs of an often-isolated workforce, generally lacking specialized training in counselling processes. This story delves into the complex, fragile relationships that compose a Northern system of care, shaped by a unique socio-cultural climate and held in place by a tenuous thread. While acknowledging the scarcity of empirical evidence on the counselling experience in rural settings, this narrative draws on the value of engaging Northern practitioners' voices in shifting supportive service delivery. In the quest for professional growth and competency, clinical supervision has materialized as a crucial collaborator in supporting professional practice, recognizing the invaluable position of developmental location in bridging the theory-to-practice divide. The following project seeks to redress these disconcerting discrepancies by providing an avenue to access and interpret helpers' experiences, facilitating ongoing growth and development as conceptualized within an integrated developmental framework. Stories unfold as particularly salient means to aid this process of exploring practitioners' developmental trajectories, fostering understanding, validating experiences, and unravelling complex elements of practice. This resource attempts to tap into this profound power of story to aid clinical supervisors in empowering practitioners, conceptualizing the process, and assisting helpers in navigating their nuanced narratives as they embark upon their journey of self-discovery in hopes of helping others.

Table of Contents

-PRELUDE-
AWAKENING
an introduction: the stories that bind us

-ACT I-
VISION
setting the stage

-ACT II-
CONNECTION
reviewing what is relevant: traversing the conduit of care

-ACT III-
INTEGRATION
project: a path to purpose & perspective

-EPILOGUE-
CURIOSITY
the stories that remind us

-CONCLUSION-
SUPPORT THROUGH STORYTELLING
a journey of Northern practitioner development

Acknowledgement

First, I would like to extend the warmest thanks to the Social Sciences and Humanities Research Council for their generous contribution of the Joseph Armand Bombardier Canada Graduate Scholarship Award that gave me the time and space to pour my heart into the following work.

It is with excitement and apprehension that I share this story. I am excited that I have been afforded an opportunity to represent the Northern truth of clinicians. Yet, I am apprehensive that I may not be able to adequately express in words the extent of our experience. In this sense, this is not my story alone to tell. I humbly acknowledge that this body of work has been shaped by a great many people who have played pivotal roles in developing my own character, and mapping my journey thus far. With immense gratitude, I offer thanks to these people in my life, the relationships that have defined my path, and the connections that have grounded me in passion, propelling me down a path of purpose.

I am honoured to be writing this resource on the traditional territory of the Lheidli T'enneh, part of the Dakelh (Carrier) First Nations, stewards of the land who have taught me of the deep interconnectedness that binds us all, an integral feature of human wellness. I thank my mentor, Linda, for teaching me humility and the importance of honouring the context we find ourselves in, striving to support the voices of those who have been silenced.

I thank my family. My wife, for teaching me of grace and acceptance, displaying such patience, passion, and purpose, forever in my corner, guiding me in the search to balance the scales of social justice, which pushes me onward. My children, for being a constant reminder of humanity, permitting my presence in their worlds of wonder and ceaseless curiosity.

My brother Mike, for showing me that we can be vulnerable and strong at the same time. My brother Matt, for showing me that we can live our lives untethered to the demands of society, finding peace in the pleasures of this world. I thank my mother for her enduring compassion and relentless resiliency in the face of hardship; she is eternally empathetic, a symbol of strength and a true testament to the Northern spirit.

Lastly, I would like to thank my father, who is no longer with us, yet at the same time, always with us. I thank him for embedding in me a sense of selflessness, bestowing upon me a duty to serve others and fight for those whose voices shout silently into the void.

This story is dedicated to those who suffer in silence.

It is now time to tell this tale…

AWAKENING
an introduction: the stories that bind us

To speak the unspoken, a voice for the voiceless, counsellors utilize the fundamentally

unifying force of connection to stand in solidarity among those individuals in search of support,

in pursuit of purpose. Curiosity is cultivated, and investigation is invited as practitioners attempt

to invoke insight and intensify intuition, hoping to arm those negatively affected by

circumstances in life with the arsenal of attunement, invaluable knowledge in the discovery of

self that encourages empowerment and strengthens one's voice. When bound together, many

voices carry as one, the euphony of sound reverberating and resounding with magnificence,

representing a truth, co-constructed in the company of others, a clamour that takes shape into a

life of its own, something impossible to ignore. The power of connection carries this message

forth, drawing on a collective capacity of strength, possessing an energy capable of opening

minds and hearts to that which is possible, stimulating growth through relationship.

That which is Possible

We now turn our attention to the potential of what can be. While there is a rich history of

mental health research detailing the complex and unique nature of service delivery in rural and

remote areas of the world, this coincides with a well-documented dearth of literature eliciting

practitioner voices from these very regions (Breen & Drew, 2012). When paired with the

alarming lack of clinical support for practitioners attempting to navigate the complexities of care,

the combination can be disastrous, exposing individuals to elements of practice outside of their

competencies. The following project seeks to redress these disconcerting discrepancies,

providing an avenue to access and explore the experiences of helpers. Ultimately the hope is to

amplify these voices for the value they hold, tapping into their inherent strength and guiding

authentic practice capable of sustaining this vital workforce, proving a fruitful avenue for ongoing professional development. At a time when the provision of mental health and addiction services in Northern British Columbia (BC) appears to have reached a precipice of peril, marked by the culmination of multiple health crises, the importance of centralizing practitioners as the protagonists within this story of social wellness, has arguably never been greater.

It is Time

It is time for this story to be told. It is time for these voices to be heard. It is time to turn towards those who typically suffer in silence, the hidden victims of secondary trauma, and bear witness to their story so that learning and growth can replace ignorance and stagnation, threatening to impede professional progress in remote regions where resources are restricted. By applying the foundational principles of counselling that focus on fostering functional relationships, we learn the importance of connection to self, others, and the world around us, embracing the interconnectedness that defines our distinctly human experience, delivering depth to our existence. By reversing roles and taking on the responsibility of attending to the practitioners who characteristically concern themselves with the care of others, we can begin the journey towards connecting our Northern community, allowing space for these voices to create a contextually relevant future of remote practice not only for themselves, but those they care for, and the institutions they are part of. For those so used to listening, it is now time for their story to be heard.

A Story of Substance

Throughout time, people have held stories as sacred symbols representing the integral elements of what it truly means to be uniquely human. People are pulled into the depths of another's experience, submerged into the evocative language that gives shape to a complex inner

world. Within this realm, individuals are subsequently left to make sense of their surroundings, carefully navigating a narrative journey, figuratively attempting to assemble the puzzle pieces that aid in understanding. Words are bound together with emotion and layered heavily with meaning, forming stories that draw forth a visceral response from those engaged in the text, capable of transfixing and transforming, opening a window into the many parts of our self. Through this ability to explore the substance of self and place in the world, stories radiate this almost ethereal, magical quality, possessing the power to unearth meaning and purpose. Voices become amplified when the sound of their story speaks from their hearts to ours, when their melody resonates and truly touches upon what matters in our world, striking an emotional chord that echoes the things we value most.

Grounded in Connection

The intricate tapestry of life unfolds through tales told, with storytelling emerging as a connective force to pull people together, capable of captivating and transfixing audiences. Stories transcend differences among people, creating a bridge that brings diverse groups of individuals together and brings us closer to ourselves in the process, granting access to our unique internal truths. We behold these truths in the presence of others, using stories as a medium to speak a common language, learning life lessons through collaborative co-construction. In this sense, the discovery of truth and purpose in life is bound to our connection to ourselves, others, and the world. As inherently social beings, a human's growth and development are connected to Mother Earth and the people who inhabit her. In the following pages, we will explore how to understand and facilitate this connection, witnessing how the stories of Northern practitioners are very much representative of the distinct human experience, the challenges we collectively face, and the search for meaning through connection as we overcome adversity.

An Invitation

This story is ultimately grounded in connection. Rooted within the context of relational practice, practitioners navigate their client's concerns in the light of a unique set of personal experiences, growth guided amid collaborative, interconnected interpretation. This is a reminder that while the focus of this literary piece is centred upon supporting a group of individuals responsible for the mental wellness of those in Northern BC, the information provided will be contoured through the prism of our experiences. This in turn will dictate how we envision what is portrayed on the page. So, rather than detaching from your subjective experience and attempting to objectively consume the following text from a position of neutrality, as postured by a positivist paradigm, I implore you to take this opportunity to settle into the parts of this story that truly mean something to you. I invite you to actively engage in the word in a constructive and productive manner for your ongoing growth and development, an overarching goal for all parties involved in this endeavour. The hope is that mutual respect can be garnered, fostering an environment where we can learn from one another. Rather than setting aside your preconceived notions of the world and your place within it and approaching this work as a blank slate, I urge you to celebrate and honour the complexity of the context you find yourself in, grounding and guiding yourself in the light of your experiences. Lean into the elements that make you… you, deriving meaning from the pieces of this writing that speak to you. Approach this reading as a learning experience where you can actively engage with the page and genuinely question yourself in a manner that connects you to a deeper understanding of self. Hold space for the exceptional parts of yourself that uniquely define your character, acknowledging the aspects of your presence that differentiate and connect you to the people around you. Use this knowledge of

self as a vehicle to influence the direction of this process, organically taking advantage of your

personal location as you embark upon this journey of interconnected understanding.

Our story unfolds in the Northern reaches of BC, a province renowned for its rugged landscape and resourceful people. In an area lacking some basic amenities that ease the many challenges encountered, groups have developed an inner strength, hardiness, and a certain resiliency necessary to navigate the isolated terrain that disrupts and complicates connection. Ultimately, this is the very truth that this story speaks of… connection. It is a tale of the intricate fabric of life that weaves us together, binding us as one in a similar struggle, all the while threatening to pull us apart, the emergence of a complex interplay of opposing forces held in place by the unique socio-cultural climate ingrained in the geographic region. Unfortunately, some of the same systems designed to alleviate pressure on an overburdened mental health population have inevitably contributed to restricting the movement of the vital parts that propel this system of care: front-line practitioners. Arising out of a need for stability and structure, a pervasive system has emerged in the Northern portion of the province of BC, permeating the various sectors of healthcare and, at times, constraining practitioner growth. In many ways, those delivering mental health support in the region are tethered to this system, which is slow to evolve and adjust to the presenting needs of care providers, regrettably stifling creativity and authenticity because of well-intentioned, albeit arguably misguided efforts of standardizing the provision of services. The immense volume of health care needs in the region has necessitated hiring those without specialized counselling qualifications, leading to a dire need for individualized clinical support, yet this understanding is seldom realized in practice. In a system possessing so many moving parts, it becomes essential to respect and honour each part's

particular roles, taking time to explore the complexities arising and providing adequate oversight, attention, and awareness of the unique needs of Northern practitioners.

The Three Great Conflicts

As we turn our attention to the vast array of issues saturating the field of work in Northern practice, the emerging themes are oddly reminiscent of stories of old, rooted in the traditional heroes' battle against nature, society, or self. Interestingly, the story we seek to chronicle contains elements of all three great conflicts. As we bear witness to the Northern practitioner's plight, we can observe this overarching triad of challenges revolving around connection, taking shape amidst the practitioner's relationship with self, expanding outwards to include relations with others, all infused in the world around them, effectively mimicking the storybook heroes' traditional fight against self, society, and nature.

The Journey Ahead

These points of conflict provide a remarkable base for referencing and conceptualizing the inherent struggles in Northern counselling practice as it pertains to these broad domains of connection, or rather, disconnection, as the opposing forces dictate the system's health. In the following pages, we will deconstruct some of the commonly identified barriers to implementing adequate support of professionals, actively exploring the essential elements that disrupt the delivery of dignified, ethical counselling services in Northern BC. We will utilize O'Neill et al.'s (2016) pivotal study of mental health provision in Northern Canada, which provides an excellent depiction of the commonly experienced struggles from a practitioner's point of view and offers a vision of improved counselling practice in this unique area of the world. The following section will break down the major vision point of clinical supervision, granting insight into the

intricacies infused in Northern practice and revealing the opportunities that lay ahead in the

journey before us, shaping our path of discovery.

-ACT II-
CONNECTION
reviewing what is relevant: traversing the conduit of care

Despite acknowledging the challenges and barriers to providing care in Northern BC, there is an unfortunate scarcity of empirical evidence exploring the counselling experience in rural mental health settings (Imig, 2014). Breen and Drew (2012) probe deeper to cite a gap in the literature on recommendations, specifically from practitioners' points of view. More recently, however, O'Neill et al. (2016) have provided professional and paraprofessional mental health workers an opportunity to be heard. A "Northern Vision" (O'Neill et al., 2016, p. 137) was voiced by participants, reflecting ideas for improvement of services and support of Northern practitioners. As we traverse the conduit of care in this second act, we will take time to cover one of these core vision points, linking a practitioner to self through the process of clinical supervision. Honouring Northern voices by providing a space to speak was a vital starting point. Now, we are challenged to bring this 'vision to life by pulling together these understandings to proactively support the vulnerable people in these climates by creating a viable means of fostering professional development in care providers. We begin by examining our practitioners' connection to self.

Connection to Self: A Vision of Clinical Supervision

As we delve deeper into the conduit of care, we focus our scope of inquiry towards the individual. We will now look at practitioners' relationship with self in this particular context of care. To support this understanding, we carry with us a knowledge of the immense value in connection to community and the people around us, as we now consider the importance of connecting to self and the reliance upon our community and those within it to provide us with the insight needed to grant greater appreciation for what makes us who we are in this setting. In a

profession where the personal and professional self are so intimately bound, it is through a deep awareness and relationship with oneself that a vision can be created to move us out of ineffective, patterned ways of being that have outlived their purpose, thereby shifting into a novel, more relevant means of meeting the needs of a Northern population.

The Path to Purpose

The path to purpose is twisted as the provision of professional development often fails to take advantage of the most viable source of support, the practitioner themselves. Efforts to improve practice are often dictated by didactic training, neglecting the real-world experiences of front-line workers, voices falling to the wayside. Evidence-based best practices are favoured over practice-based evidence in an attempt to navigate the complexities of care in the North, where the landscape does not necessarily resemble the norms held in more populated areas of the province. Thus, clinicians are subjected to a disconnected system of support built upon the foundations of abstract theoretical notions, guided blindly by a set of values, beliefs and attitudes representative of a majority population that fails to accurately reflect the clinician's unique set of experiences and the realities of a Northern environment. Silence begets more silence, disempowerment serving to widen the gap between theory and practice, a crevice that risks further expansion in the absence of voices that will speak front-line truths, the ongoing neglect of practitioner input surely signalling the greatest threat to progress and our efforts to bridge this therapeutic space.

A Battle Against Self

As we turn inward, we will move forward in recognition of the distinct nature of our Northern counselling environment and its momentous impact on the community, including the collaborative relationships that form the Northern Health Authority's (NHA) multidisciplinary

care setting. These understandings will aid our appreciation of how Northern practitioners shape their knowledge of self, supporting a more comprehensive view of the numerous factors influencing counselling practice in this particular setting. We look to how clinicians have been moulded by a complicit, convoluted system of care, the faults and fallacies that impede progress, as well as the triumphs and tribulations of the dedicated individuals finding their fit and, alternatively, shaping the system they are so intimately tied to. The battle will be brought to a more personal level as we tease apart O'Neill et al.'s (2016) vision point, a dream of consistent clinical supervision. These hopes are based on an ideal rarely attained in the Northern bounds of practitioner support, yet described by participants in O'Neill et al.'s (2016) study as essential to building competency and integral in combatting the ill effects of secondary trauma. Thus, we are left to consider not only how positive professional growth is facilitated and encouraged but also the ethical question of protecting practitioners and what meaningful support actually looks like within this care context. This is a vision of unity with oneself. This relationship ripples outward to connect people with those around them, a true appreciation of the passion, purpose and pain that drives people headlong into this work, entangling clinicians in the messy web of managing mental wellness.

A Gateway to Growth

Clinical supervision is a gateway to exploring these relationships and the accompanying overlap between a practitioner's personal and professional lives, each vital in itself. Yet, the dynamic relationship between the two offers an invaluable depth of appreciation for the clinician's unique location. As emphasized by participants, supervision and opportunities for peer consultation afford a buffer against the isolative effects of Northern practice and bolster the capability to manage challenges, leading to longevity in the field and the ability to supply clients

with consistent, efficacious care (O'Neill et al., 2016). As we enter this personal space of vulnerability, we will rely upon insight and awareness of self to guide the way forward, illuminating our path of self-discovery and growth in search of therapeutic alignment through relational connection.

The Three-Act Structure to Tell our Story of Self

To support the conceptualization of the various components in play, the three-act storytelling structure will be used to travel the developmental path of the health authority practitioner as they come to know themselves better, cultivating their capacity to care for others. The first act, referred to as 'the setup,' will introduce the characters, setting, and conflict, laying out the current state of clinical supervision in the NHA, implications for clinicians working the front lines, and the following complications. With the groundwork laid, we will cover act two, 'The Confrontation,' a section where clinicians face perhaps the greatest obstacle in their path: themselves. We will now consider the developmental process of counsellor identity formation, reflecting upon what brings people into the helping field and the personal pieces that ground them in the work framed within a Northern perspective. The third and final act, 'the resolution,' will conclude this section on clinical supervision and the connection to self. This is not a proper ending, but rather, a placeholder, serving to signal a humble beginning, a place of appreciation and understanding for the plight of our practitioner, where space is given to articulate the unique needs of a Northern helper. With curiosity, we will consider how to apply what has been learned from related research and how to effectively move forward in support of a group of Northern practitioners, helpers who are commonly professionally isolated due to the immense volume of need and limited number of trained clinicians. Concluding this narrative piece, we propose a

potential resource that supports not only the understanding of but also the practical engagement in clinical supervision.

Act I - The Setup

Clinical supervision has become prominent in the preferred pedagogy of preparing mental health professionals (Bernard & Goodyear, 2019). It is characterized, as other signature pedagogies, by engagement, uncertainty, and formation (Shulman, 2005). Engagement speaks to the method of learning through dialogue facilitated between instructor and learner, built off the inherent strength of collaborative partnership. Uncertainty is part of the experience as both parties negotiate the learning space with conversations that mirror the presenting needs of the practitioner. Shulman (2005) describes formation as how the instructor or supervisor begins to understand the participant's thought process and utilizes relational practice to encourage and shape perceptions of interventions in line with sound clinical intention, co-navigating the complexities of the work. This is a dynamic, action-orientated process of reciprocal sharing grounded in social connection with a trusted mentor.

Core Features of Supervision

As we consider the implications in practice, it is helpful to note the difference between 'clinical' supervision. This term appears more commonly in the literature than any other profession-specific language (Bernard & Goodyear, 2019) and 'managerial' or 'administrative' supervision. Attempts to merge the two distinct roles harm therapeutic alliance by introducing multiple relationships into the professional development space. In such a vulnerable setting, trust and safety are paramount, with the ability to reprimand and evaluate performance representing risks to building a foundation of trust, thereby potentially jeopardizing the working relationship, a barrier to meaningful support. Further to this point, while clearly there are differing

professional needs that dictate the supervision modality employed, evidence points to a set of core features irrespective of discipline (Skovholt & Ronnestad, 1995; Snowdon et al., 2020; Wheeler & Richards, 2007; Worthen & McNeill, 1996). One primary consideration is therapeutic alliance, akin to its integral role within the counselling dyad. Overall, clinical supervision serves an invaluable function in the education of practitioners, and according to Bernard and Goodyear (2019), rests upon the following three premises: clinical supervision is its own unique form of intervention, supervision has broad commonalities among the diverse range of mental health professionals, and lastly, clinical supervision is efficacious in developing professional competencies. Throughout this paper, the term supervision will be used interchangeably with clinical supervision to refer to the above-noted ideas and notions around the developmental support of interdisciplinary professionals in mental health care within the NHA. While acknowledging the range of unit-specific approaches, understandings of supervision, and differing leadership styles that dictate the importance, prioritization, and implementation of strategies for addressing professional growth and development, a rough overview will serve to cover the current state of affairs, providing context and appreciation of the unique challenges faced in this environment.

A Northern State of Affairs

The importance of clinical supervision in the social sciences has been reinforced across disciplines and an array of literature (Bernard & Goodyear, 2019; Corey et al., 2021; Holloway, 1995). Its value is easily detected in the prioritization placed by regulatory bodies across disciplines on utilizing this particular platform for learning. Through critical discourse, supervision taps into a supervisee's thoughts, feelings, beliefs, attitudes, knowledge, skills, and overall perception of the care process. This iterative process allows practitioners to reflect upon

personal location and integrate standards of care into service provision that align values with best practices and ethical decision-making, ultimately centralizing the safety and well-being of both client and practitioner. Despite a growing awareness of clinical supervision's merit in supporting safe, effective, ethical practice (Barnett & Molzon, 2014), there remains a challenge in either accessing or implementing it consistently, especially in Northern BC (Kuhn, 2009; Morrissette, 2000; O'Neill et al., 2013; O'Neill et al., 2015; O'Neill et al., 2016; Schmidt, 2009; Weigel & Baker, 2002). These troubles are mirrored in the life of a practitioner working under the health authority, an environment where struggles to attain training, resources, and qualified practitioners abound, the combination of which creates a situation where barriers are more plentiful than opportunities to fulfill this level of support. Furthermore, within the context of the NHA, an agency already struggling to meet the vast needs of people impacted by mental health concerns in communities, nuanced factors emerge at the various levels of the healthcare system to amplify existing issues and affect front-line workers.

Blind Spots: A Leadership Perspective

While the necessity for continuous professional development and support that more adequately reflects the needs of Northern counsellors has been highlighted in recent research (O'Neill et al., 2016), the advantages of utilizing clinical supervision to meet these means have yet to be universally applied at the NHA. Practitioners commonly work in complex, specialized mental health and addiction care areas without specialized training to support their efforts. In fact, onboarding practices for mental health counsellors within health authorities have been criticized for failing to properly align new hires with expectations around their position and the realities of burnout and secondary trauma (Harrison & Westwood, 2009). A lack of sufficient support and guidance, including relevant training and supervision, continues to plague Northern

practice, contributing to confusion and feelings of inadequacy. Workers are often left to make sense of the confusing therapeutic space in isolation with little guidance beyond their interdisciplinary teams. While, at times, this can build resiliency, allowing practitioners to support one another, the value of this depends upon the experience and training levels of those involved. Unfortunately, as touched on in the earlier section on collaboration, health authorities tend to build interdisciplinary teams without much forethought given to the functional integration of diverse members (Enthoven & de Bruijn, 2010), relying instead upon assumptions of professional competency and belief that the groups will naturally learn and work well together. These conditions give rise to an assortment of unmet needs due to differences in perspectives and values carried into the work, especially if opportunities are not presented to engage in intentional conversations that process experiences and provide direction on moving forward in partnership and supportive enterprise. The fact that leadership roles are filled by individuals of varying backgrounds, whether it be nursing, social work, or counselling subdisciplines of the social science field, adds a layer of complexity to the support of practitioners, especially when there is a misalignment in values. Power imbalances further complicate issues as interventions from leadership tend to be problem-orientated and centred on seeking solutions over understanding practice, focussing on content over process, exemplifying the medical model in which care is based. Issues are readily apparent as dual roles become naturally assumed, with leaders seeking to satisfy the diverse demands of administrative and clinical needs, confusing the intention of supervision in a clinical sense. Given this rudimentary understanding of the systemic shortfalls and leadership blind spots, we now look to interpret the impact on individual practitioners.

Bringing into Focus: A Practitioner Perspective

Clinical supervision presents a universal teaching tool that transcends the helping fields, helping to bridge the gap between a group of individuals striving towards similar goals, yet in vastly different ways. It is a pedagogy embedded with recognition of the importance of understanding how people learn, fostering developmental location, and working across each of the cognitive, affective, and behavioural domains to align learners with their primary needs as well as interests, responsive to the changing circumstances that ofttimes define professional growth. In the ideal situation, learners, our emerging healthcare professionals, are presented with environments that are compassionate, understanding, and authentic, coinciding with an experience that is engaging, accommodating, adaptive, and meaningful. As is most often the case in practice, the functional reality of support for practitioners in the North is not representative of the ideal. Contextual nuances, imposter syndrome, and logistics in practice further complicate the process of providing practitioner support.

Nuanced Understanding. It becomes imperative to take stock of the unique backdrop upon which practitioners are placed, a setting contoured by an exceptional set of circumstances that give way to special considerations in practice. As outlined above, the immense need of the region results in clinicians being hired with undergraduate degrees with typically little to no specialized training in counselling due to the high volume of demand for mental health services. Consequently, these practitioners are not bound by any explicit guiding principles or imposed requirements around ethical behaviour or professional development as outlined by regulatory bodies that endeavour to inform, legitimize, and protect all parties in practice. This means that although individuals may be well-intentioned, they often need more fundamental training and understanding in counselling practices, including an absence of meaningful engagement in clinical supervision, possibly leading to misunderstandings of this reflective practice's personal

and professional value. Moreover, if leadership mirrors this same misunderstanding, disconnected from the nuances in the field, supervision can take on a form that more closely resembles an administrative versus a clinical approach. This can leave practitioners skeptical and uncertain of the process, primarily if not clearly defined, reflecting an intervention that is punitive or based on performance evaluation instead of being supportive. This neglects a vital opportunity to build the safety and trust needed to establish a supportive environment of growth for healthcare professionals, particularly those in the beginning stages of their career, a sensitive time of professional identity formation and a time commonly characterized by fear and doubt, perfect conditions to promote imposter syndrome.

Imposter Syndrome. Building competence and confidence is a critical feature of supporting the development of a novice counselling workforce, especially given the high likelihood of associated fears of inadequacy characteristic of early stages within the profession (Bischoff & Barton, 2002). Thompson (2004) points to the potential of these fears taking root to impede progress, manifesting as anxiety, a noxious deterrent along the path to competence, ultimately detracting from the development of competent counselling skills. Clark et al. (2022) draws attention to the potentially debilitating effects on the health of a workforce, with a corresponding increase in stress, burnout, and dissatisfaction with work, if left unchecked. Examining the pervasiveness of imposter syndrome, Clark et al. (2022) conducted a study of 158 individuals, discovering a negative impact across an array of mental health professionals' practice. So while a seemingly natural part of the developmental process for many in the field of counselling, this psychological phenomenon plays host to a range of detrimental effects for the budding professional. A theme has emerged as this experience being integral to the identity formation of a therapist. This finding points to the intimately personal nature of this

developmental process and the importance of providing professionals with awareness around the normalcy of the phenomenon and support in helping them connect to self as a means of navigating these complicated feelings that will undoubtedly surface. These findings highlight the need to adequately address issues that arise through education, mentorship, and self-reflection. Bischoff and Barton (2002) suggest the use of supervision and mentorship to minimize unfavourable outcomes and support the growth of competent, confident clinicians, pointing to the value of clinical supervision as not only a protective but a supportive reflective tool.

A Northern Imposter Perspective. While speculative, it follows to expect comparable findings if sampling health care professionals in Northern BC, especially in light of the general lack of education, training and support for most of those occupying counselling roles, regardless of discipline. So paired with evidence suggesting a multitude of mental health professionals being subjected to the effect of imposter syndrome, particularly counsellors, along with the conditions of Northern counselling practice, the increased susceptibility of NHA practitioners who are often thrust into complex interpersonal work on specialized units, often without specialized or even foundational training in counselling processes, should be considered. This is a regular occurrence in practice due to the structure of mental health service delivery as it functions in the province, where the health authority takes on complex care due to access to higher level services such as psychiatry and psychology; however, due to increased needs and low resources, front-line workers typically take on the brunt of the workload, frequently without access to these advanced interventions. This environment creates the perfect condition to fuel these feelings of inadequacy and ignite fears of being exposed as a fraud or unqualified professional, ironically, yet perhaps not surprisingly, contributing to hesitance around sharing concerns of practice, effectively silencing an individual in need of support. Given this unique

situation, addressing issues that arise and proactively assisting people in building reflective practices that can buffer against the ill effects of a complicated work setting, supporting professional growth, and enhancing well-being becomes even more imperative. Thus, health authorities are faced with the dilemma of facilitating practice supervision.

Logistics in Northern Practice. As voiced by front-line practitioners in O'Neill et al.'s (2016) study on mental health provision in Northern communities, clinical supervision is a vastly underutilized tool in the region, whether due to difficulty accessing the appropriate format that fits the presenting needs of practitioners, or the ability to even access it at all. A challenge arises in delivering an intervention that will meet the diverse needs of the helping community, where we witness a variable range of education, experience, and competencies, necessitating equally eclectic levels and forms of support. So, besides the importance of clarifying administrative versus clinical supervision, there is also a logistical piece around what style of supervision makes the most sense to implement. While a detailed account of the diverging forms is beyond this paper's scope, we will note that, in general, three broad formats consist of individual, group, or peer-based versions, as well as combinations of all three. In the North, where resources are limited, financially restricted organizations may be inclined to prioritize a group supervision approach, which, while valid, if implemented effectively, needs greater consideration in this context due to the potential for unintentionally further segregating and exposing an already vulnerable group of clinicians. Group supervision certainly adds a layer of complexity at the best of times, with a group of individuals possessing a solid clinical base, highlighting the need for special attention to be paid in the North, where a gathering of practitioners is likely to yield stark differences in education, experience, and skills, leading to subsequently distinct personal and professional needs. While these contextual factors will unquestionably dictate the particulars

around 'how' clinical supervision is organized so that it is delivered in a format that fits the targeted population, the realities of practice also warrant special considerations of 'who' will provide the service.

  The Who. Again, we bear witness to the harmful effects of a widespread lack of training and education in Northern counselling practice, rearing its head to impact the support of practitioners already isolated compared to their Southern counterparts. As can be imagined, complications are encountered when attempts are made to secure qualified counsellors to facilitate this therapeutic intervention due to the scarcity of people credentialed in this specialized area of care. Naturally, this fosters a propensity to pursue practitioners from larger city centres in the south of the province where the likelihood is more likely to obtain what is believed to be the preferred scholastic background, prioritizing education over experience in the search for support. Zapf (1993) speaks to the issue of bringing in an "outsider" to practice, citing the glaring disconnect between Northern and Southern viewpoints, where the former holds traditional perspectives on environmental stewardship and cooperation, along with a present focussed orientation, and alternatively the latter centres' ownership, autonomy, and orientation to the future. The author further states that conventional urban models of practice may not only be inappropriate but potentially damaging (Zapf, 1993, p. 694). As was highlighted by participants in O'Neill et al.'s (2016) study, current ethical codes, as outlined by professional bodies, do not fully encompass the breadth of the Northern experience, failing to honour cultural values and norms that guide and connect people. Incongruence raises an insurmountable barrier in overcoming the struggle to understand, challenging prospective supervisors in connecting with practitioners possessing qualitatively differing realities, as the region's socio-economic situation conflicts with interventions typically employed. Misunderstanding can thus contribute to

disconnection and dilution of intended support, forming a more significant rift between the ideals and the realities of Southern to Northern practice, which is comparably more isolated in resources and people, further subjugating a group of marginalized professionals.

A Novel Setting

A picture is beginning to form of a uniquely convoluted service delivery setting, as our location reveals revelations of the novel experience of the Northern practitioner. The nature of support in the North is similarly complicated and confusing for practitioners as it is for clients. A hope is that the preceding ponderings will prove fruitful in speaking Northern truths and providing the necessary context to generate dialogue to shape thoughts and ideas and give way to meaningful interventions and supportive practices that more humbly respect and reflect the landscape of care. To better understand the unique components of this chasm of connection within a developing practitioner, the following act strives to conceptualize the elements that bridge this gap between the personal and professional self. We will look at the developmental stages of the emerging counsellor's identity, visiting a few key locations along the way, paying particularly close attention to an NHA practitioner's relationship with self and how clinical supervision ties in.

Act II - Confrontation

With the groundwork laid, we take these preceding understandings of our distinct setting and look more intently at the identity formation process in counselling practice, what Northern practitioners can expect, and the role of clinical supervision. Those of us entering the helping field in servitude of others can often attest to the seemingly inescapable happenstance of being led down the road towards becoming a counsellor. While this path is uniquely personal for all who travel it, we will outline the broader themes that influence and unify Northern practitioners'

experiences along their journey toward personal and professional growth. As we deconstruct the process of change, we see a departure into the unknown, initiation into a new way of being after exposure to various trials and tribulations, and a return to a new understanding of self, having changed and grown from the experience. This process is cyclical as individuals continuously grow and learn in many ways, constantly shifting and being impacted by their surroundings, forever in flux, a recursive, reflexive interplay of personal and professional factors intertwined in delicate existential beauty. While this journey is solely our own, conversely, there are common themes that unite and connect us, pulling and pushing, prodding and testing the fortitude of our moral fibres, marrying us in the twisted, convoluted road ahead, encouraging us to look at our personal truths and what this means within the context of others.

The Path that Designs Us

Understanding this rocky road that defines the developmental trajectory of professional growth aids clinical supervisors in becoming further attuned to a counsellor's needs. Models serve to ground supervisors in the work, providing a framework to conceptualize the presenting conditions and build treatment plans or approaches that cultivate counselling competencies and target meaningful professional development. Bernard & Goodyear (2019) note the existence of several models of clinical supervision, grouped into one of the following three categories: models grounded in psychotherapy theory, developmental models, or process models. The diverse nature of clinical approaches mirrors the diversity of people occupying clinical roles and, thus, the diversity needed to satisfy the presenting needs of practitioners. While each model possesses certain advantages and limitations that set them apart, the reality is that practice is never as neatly packaged to the point where a purist approach will meet the needs of all. Each clinician is guided by the experiences that help them interpret the world and its people, leading to

theoretical orientations that align with these perspectives and consequently shape interventions applied. According to Bernard and Goodyear (2019), it seems relatively common to integrate various approaches, as is true in psychotherapy (Norcross & Goldfried, 2011). This makes sense, particularly in the context of Northern practice, where the range of skills, abilities, and training is diverse, altering the support needed for practitioners such that flexibility becomes essential to address the complexity of human nature in a supervisory role. While not an entirely novel practice, clinical supervision is undoubtedly in a state of fluidity. New research continuously defines this distinct area of study (Watkins, 1998), shaping our understanding of supporting practitioner development and improving the quality of counselling practice in general.

A Developmental Path

In considering the various developmental stages a counsellor moves through on their professional growth journey, the integrated developmental model (IDM) (Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998) will be employed as a conversational aid to help readers conceptualize the various elements involved. This specific model was selected in part because of its robust description of supervisee processes and its accompanying applicable nature with suggested supervisor interventions that target the various levels of maturity and growth, making it the most accepted and utilized stage developmental model of supervision at present (Bernard & Goodyear, 2019). It is important to note that while the IDM provides a comprehensive framework, recognized on several fronts for its strength in promoting professional growth across a range of domains through acknowledging developmental processes (Borders & Leddick, 1987; Johnston & Milne, 2012; Ladany & Inman, 2008; Lambie & Sias, 2009; Stoltenberg, 2005; Stoltenberg & Pace, 2008), the IDM, much like other models, plays host to certain limitations. A chief criticism levelled at the IDM is its

primary focus being centred on graduate students in training, with a diminished emphasis on post-degree supervisees. Corey et al. (2021) proceed to cite an additional pitfall as the IDM's narrow definition of applicable interventions specific to each developmental level, leaving a slightly ambiguous trail to the practical support of practitioners. These concerns bring to light the notion that there is no one-size-fits-all, shining a spotlight on the unique contextual demands that define the North, where issues of privilege, power, and cultural diversity abound. Supervisors are thus bound to the needs of those directly in front of them, necessitating the use of a range of approaches to best support the demands of practitioners, reinforcing the importance of openness and flexibility through integrative practices that offer the support needed to combat complex human behaviour. While IDM may have its drawbacks, it is founded on the premise that therapist efficacy relies on the ability to integrate various theoretical perspectives in a meaningful way to respond appropriately to the developmental level of the practitioner (Stoltenberg & Delworth, 1987). This principle is particularly salient in the confines of a Northern counselling climate, where the contrast between training and experience can be quite striking, resulting in proficient practitioners with limited formal preparation, necessitating an adjusted developmental approach to best foster competencies. Furthermore, in practice, IDM revolves around the central roles of therapeutic alliance, self-awareness, and self-reflection, acknowledged as critical features in clinical supervision. For these reasons and what appears to be a strong alignment with the presenting needs of Northern practitioners, we will utilize an IDM perspective to frame and ground ourselves as we explore the relationship between clinical supervision, knowledge of self, and the Northern practitioner.

An IDM Perspective

From an IDM perspective, counsellors are thought to progress through a series of three main stages or levels of professional identity formation (Stoltenberg & McNeill, 2010), with the third level divided into two parts as practitioners become proficient across a multitude of domains (i.e., conceptualization, assessment, and interventions). These levels are tied closely to the three overriding structures of self-other awareness, motivation, and autonomy. It is crucial to keep in mind that this is an iterative, non-linear process as individuals move through these dimensions of practice, provoking a range of feelings as certain competencies become better understood or are met with more confusion. Self-other awareness refers to the location of an individual in terms of awareness of the client's inner world and self-preoccupation, focusing on the elements of cognition as it relates to thought content and affective components of emotional change. Motivation indicates where the supervisee sits in relation to interest and effort expelled in practice and training. Autonomy signifies the level of independence displayed. According to the authors, these are identifiable markers essential to assessing professional growth (Stoltenberg & McNeill, 2010) and assist the supervisor in selecting and integrating interventions. The markers are reflected in each developmental level and readily apparent across the following set of eight domains or core competencies: intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics, as outlined by McNeill & Stoltenberg (2016), and which become targets of professional development efforts. Based on predictable barriers, stages of growth, and processes within, supervisors can more effectively anticipate and plan for support of what is yet to come. Now, we will briefly cover the four developmental levels as they apply to Northern practitioners, integrating the overriding structures of self-other awareness,

motivation, and autonomy throughout our discussion to give a sense of the trajectory of professional growth as it applies to the NHA, giving specific consideration to Northern practice.

Level 1 - Vision: Setting the Stage. The stage is set as we embark upon the first developmental level. This period is defined by humble beginnings as the practitioner understands what has carried them down this path in life. Initial exploration yields essential discoveries of what characteristics define this individual, the beliefs, attitudes, and biases that shape their views, the values they hold close to their heart, and what this all means in the Northern counselling context. The profession's newness can bring ambiguity and uncertainty in the supervisees as they decide how to proceed, the stark reality of a highly complex environment realized. It is through the guidance of a clinical supervisor that clarity of vision can be co-created, giving the strength to push forward, overcome hurdles, and develop deeper understandings of basic counselling skills and values, teasing out the elements of their professional identity such that they can come to know themselves better.

IDM Integration - Motivation. Drawing upon developmental considerations derived from the IDM, this level represents a period of newness for the beginning practitioner who is adjusting to their novel role or perhaps focusing on developing a particular skill or therapeutic modality. Motivation tends to be high due to anxiety and the pressure to use the 'best' or most 'correct' approach while working with clients. While experience and guidance can work to dissolve this illusionary vision of the perfect approach, consider the clinician devoid of a professional designation, specialized training, or clinical support in counselling processes. Confusion and the quality of motivation may be particularly amplified in the experiences of a Northern practitioner who struggles to make sense of the work where they are subject to

considerable expectations under the weight of limited oversight and availability to the professional community.

  IDM Integration - Autonomy. Autonomy is guided by the presenting needs and individual characteristics of the supervisee. Still, it is inclined to include more and more structure to support confidence and include positive feedback, which fuels acceptance of self, an essential quality to handle the obstacle of self-doubt that arises. Self-doubt, while a normal part of the developmental process, can wither one's belief in themselves and their accompanying professional capacity if left unchecked. Self-efficacy combats the detrimental effects of self-doubt, looked upon as our connection to ourselves and the stories we internalize around our capability to help. The greater our belief that we can support others, the greater the likelihood that we will find satisfaction in our work, highlighting how important it is for supervision to process these feelings and make sense of complicated interpersonal work. A robust reflective practice, such as clinical supervision, can inspire a greater connection to the self, connecting us with others. As helpers, we appreciate the importance of bringing our authentic selves into the therapeutic space, the principal tool for delivering care. Hence, the value garnered from awareness and knowing oneself is immeasurable and arguably essential, as the greater this understanding is, the greater our therapeutic leverage is in understanding those around us.

  IDM Integration - Awareness. At this time**,** awareness is in a stage of growth, with clinicians commonly experiencing a disconnect in the affective domain and a preoccupation with self. As a supervisor serving as a mentor, it is essential to focus on creating a healthy working therapeutic relationship which fosters honesty and trust, creating a safe environment capable of exploring vulnerabilities with openness and humility. The therapeutic triad of empathy, genuineness, and unconditional positive regard (Rogers, 1957) becomes instrumental in

achieving these ends, infusing the relationship with deeply humanistic qualities that honour the developmental stage of a beginning counsellor. By attending to the counsellor's needs and specifying how they approach the work, a supervisor can build upon strengths and empower them in a time of need, where support and encouragement are as meaningful as practical practice advice. Understanding and trust in self is the foundation upon which skills and competencies can be built. Once self-absorption is reduced, McNeill and Stoltenberg (2016) suggest using questions and probes to explore and focus on fundamental areas, allowing for the development of counselling competencies.

The Stage Has Been Set. Within the first level, the stage has been set to venture into the unknown with a clearer vision of what will come. The clinician has answered the call to help despite uncertainty creeping into the comfortable space of what is known and familiar. Equipped with a greater understanding of self, there is an acknowledgment of the foundations upon which their character rests and the pillars that will uphold their practice. There is an appreciation for the struggles of what is yet to come and an awareness of the people and tools that will serve the crucial role of providing guidance and support along the way.

Level 2 - Connection: Traversing the Conduit of Care. The plot thickens as the Northern counsellor presses onward, traversing the conduit of care and delving deeper into their developmental journey. The second level is where foundational skills are built upon and integrated into practice. Greater clarity of one's professional counselling identity forms as practitioners begin to weave their values, beliefs, and experiences into a cohesive way of being with others and understanding themselves. Personal biases are confronted, along with an exploration of the underlying purpose and meaning behind counselling practice and the roles that we will play. More hands-on experience with a range of populations and presentations is helping

shape unique approaches and a merging of personal and professional identities. This is the part of the counsellor's journey where novel and challenging situations are confronted as practitioners navigate this new world. Through these experiences, lessons are learned in how to share space with others and connect with a person's story in a manner that holds meaning, such that our stories become intertwined, and we co-construct truths for that which matters. This level of connection inevitably brings about substantial personal and professional growth. Still, it is not without internal conflict and confusion as the process pushes the practitioner into uncomfortable expanses of their psyche.

     IDM Integration - Autonomy. As counsellors continue to grow their self-understanding, the second level is a time of exploration, discovery, and refinement. The high dependence typically found within the first level is replaced with a greater sense of autonomy, as risk reveals reward, and clinicians learn to trust themselves and what they bring to the field. Unique understandings of self grant a practitioner insight into what moves them and how to use this knowledge intentionally to guide their practice. Experiences mould perceptions of this complex work, with arguably the greatest ally residing within oneself. Mentorship and support are especially critical as clinicians form a more profound image of who they are and what they are capable of. Northern practice can function as a double-edged blade, where opportunities for developmental growth are abundant due to the high exposure to practice experiences in a low-resource environment, which can lead to meaningful integration of knowledge and reinforce self-confidence or, alternatively, carry the risk of destabilizing belief around professional competency and belonging. These early experiences are critical, and more so, the access to mentors or models in the system that can shape practices and normalize some of the doubts and obstacles common in a profession centred on interpersonal care. Unfortunately, what seems more common is a lack

of oversight and clinical supervision that creates additional barriers to settling into a vulnerable area of work (O'Neill et al., 2016).

  IDM Integration - Motivation. According to the IDM, motivation at this time is unsettled as counsellors fluctuate between periods of confidence, insecurity, and confusion. The cyclic nature of moving through these experiences marks this stage, at times debilitating counsellors who struggle with the instability inherent in the process of change, mirroring the work our clients go through and, to a broader sense, life. There is a certain level of independence at this stage. However, we witness a similar vacillation in motivation as individuals contend with needs for autonomy versus dependency, which can stress therapeutic relationships. Support needs to be flexible enough to meet the fluctuating needs of a growing practitioner. The issue that arises in addressing this need within the NHA is that efforts are typically focused on standardizing care, whether through client interventions or, in this case, practitioner training and support. As is evident in Northern practice, support is not always generalizable, and the demands of this setting, and many others, necessitate a truly client or practitioner-centred approach, which is difficult for organizations to formalize into practice. This results in additional workload and confusion at the managerial level. All these considerations point to the critical need to generate awareness in all parties involved.

  IDM Integration - Awareness. A greater awareness of others is attained throughout this developmental level, allowing the focus to shift from self to the client in a positive respect. This enhanced quality allows the emerging counsellor to adeptly express empathy centred on the client's concerns. Using counselling micro-skills such as active listening, reflecting, and open-ended questioning, clinicians learn and cultivate the tools and techniques essential for facilitating effective communication, augmenting therapeutic alliance with the strength of rapport, and

recognizing the meaning behind stories, ultimately assisting efforts towards supporting positive change. A greater sense of self contributes to increased interpersonal freedom, forming a connective bond that supports introspective reflection. While this level symbolizes significant strides towards appreciating oneself and building a counselling identity, it is also a turbulent time as dependence dictates direction, with the practitioner taking more ownership of care. The unsettled nature of this time demands an equally adaptable, malleable supervisory relationship that can respond to the needs of a vast intra- and inter-personal change representative of this period. The Northern practitioner is particularly susceptible to turbulent times as they are often thrust into an environment outside their respective training range and forced into generalist practices despite needing more specialized education, preparation, and guidance in supporting such interventions. Limited access to specialized services, a broad scope of client concerns, constraints around resources, and multifaceted roles that practitioners must fill all contribute to a time of unease that must be fully comprehended to be sufficiently supported, lest the ill effect of imposter syndrome again rears its ugly head. Confusion can give rise to questions of competency and capacity to manage the presenting issues, especially within the Northern practitioner, who is known to be less supported within a highly complex system of care.

    Transcending the Corridor. After the second level, the practitioner reaches several major learning milestones on their path towards helping others and developing an identity as a counsellor. They began their journey setting forth from a place of familiarity, quickly surrounded by the unknown. They are now prepared to take on what lies ahead with a greater sense of self, armed with the purpose that drives them and the allies that aid them. While the first level gave birth to a vision, the second level saw our practitioner grow and develop extraordinarily, crossing the confusing conduit of care as many firsts were encountered, bombarded by tests and

challenges that teach friendship and fear. A relationship grows within self to buffer the efficacy of work done with others, competency, and capability garnered through the hardships of helping. This stage bore witness to the primary crux of the developmental process. As the clinician advances into the unknown, they build up the confidence to face what is commonly most dreaded: professional inadequacy. Exposure to pressure outside of one's comfort zone refines the counsellor's presence, forming a unique identity forged in the fire of trials and tribulations and quenched in the brilliance of personal growth. This is the reward, growth and acceptance through a deeper connection to self, inevitably breathing life into what has brought us to this place and reinforcing the decision to accept the call to help others.

  Level 3 - Intention: A Path to Purpose & Perspective. The final level of this metamorphic journey is travelled as the practitioner uncovers their path to purpose and perspective, paved with the progress of intention. This leg of the adventure provides a clear window into the inner world of our clinician, who has undergone momentous personal growth that has forever changed their life and the way they see it. We see our helper transformed as they integrate a newfound understanding of self, attained through experiential exercises, into their essence of being. Challenges have shaped the character of our practitioners such that they will never be the same. They now possess a clarity of vision that sustains a deeper connection to self and others, subsequently providing a compass for intentional practice, revealing a path to purpose shaped by adversity, resiliency, and courage in accepting the call to action. At this point in the journey, clinicians are experiencing success in their careers, building intrinsic motivation and the belief in self. Yet, it becomes clear that the consequence of growth and greater appreciation for the field is this profound understanding of counselling practice's immense depth and breadth, revealing the gaps that do and will forever afflict our knowledge base. The more we

learn, the more we discover we do not know, the Dunning-Kruger effect (Kruger & Dunning, 1999), the reward being an insight into the reality of the complex nature of interpersonal work. Practitioners are now equipped with an appreciation for the ever-increasing scope of practice, as each new client brings new teachings that will continuously form their opinion of self and the world around them. Layers of learning build upon one another as newfound obstacles challenge previously held beliefs and the integration of understandings such that every practitioner can forge a path distinctly their own, navigating their autonomy with collective strength. The culmination of this stage is the creation of a newborn sense of peace and contentment, crafted from connection and reinforced through reflective practice.

IDM integration - Motivation, Autonomy, & Awareness. This is a phase of integration, with counsellors navigating towards an even more profound sense of self that brings about a personalized approach to conducting themselves in therapy and client care. Personal beliefs, attitudes, values, and experiences are all integrated at this stage into the clinician's professional identity, helping them shape intentional practice. Biases and brutal truths are confronted as clinicians gain greater clarity and capacity to process feelings generated from countertransference, a natural consequence of sensitive interpersonal work. Thus, knowledge and skills become more easily integrated into practice, amplifying the efficacy of the counsellor in sophisticatedly amalgamating the various tools at their disposal, authentically connecting and engaging with others through therapeutic intention. The IDM theorizes that a counsellor's motivation is now consistent, with occasional doubt surfacing, yet not overshadowing and impacting service delivery. A counsellor's autonomy has peaked as they begin independent practice, moved by greater trust in themselves and their accompanying professional judgment. Awareness again reverts to self as in the first level. Yet, it is distinctly different in that

counsellors can now attend to the feelings that surface within themselves, helping to conceptualize a client's issues and effectively attend in session. Counsellors become attuned to their strengths and areas that could benefit from refinement, thus providing a direction for subsequent professional development tasks that guide the way onward, further refining practice.

    Intentional, Integrated Practice. As we consider the twisted road that resembles the counsellor's developmental journey, with fondness, we can reflect upon modest beginnings that give rise to personal and professional growth. The path can be discombobulating as our horizon is broadened, insight blinding as we understand the reality of practice, the true scope of interpersonal work, and not knowing what we do not know. Again, as practitioners grow and learn, they are humbled, ironically realizing they know less than they once thought they did. A strong vision is formed and refined within the first level of the journey, with the individual taking stock of the purpose and meaning behind their decision to embark upon their goal of becoming a counsellor or helper. This is a time of reflection as helpers consider the qualities that naturally suit them in such a profession, shaping their lives such that they have been driven towards this endeavour. Connection marks the thematic focus of the second level, with practitioners encountering internal conflict as they traverse the conduit of care, characterized by confidence, insecurity, and confusion, a conflicting time. While the first two levels consisted of remarkable learning, the third level shifts to integration as these teachings are incorporated into a new way of being. Our practitioner learns that change is one of the only things constant in life. Without ongoing, deliberate attention to shifting internal and external landscapes, a counsellor is at risk of debilitating consequences that impact their ability to function well within and outside their profession. Alternatively, thoughtfulness and responsiveness to our personal and

professional needs will invariably safeguard longevity in the field, infusing a clinician's life with meaning and purpose through the support of others.

Scraping the Surface: A Developmental Journey

The road to becoming a counsellor demands much from the aspiring helping professional, stripping their soul bare as they tread down an unrelenting path towards purpose, leaving vulnerable parts of themselves open and exposed, susceptible to the fears that threaten to poison progress. The demands seem even more remarkable in a Northern population of practitioners who must contend with additional barriers such as a lack of resources, training, and supervision. In the best of conditions, the gravity of the work can be overwhelming, especially in the initial stages of development, as the nature of this new habitat seems wild and impassable, making it difficult to traverse and frequently remind a person of their inadequacies. In part, these inadequacies can surface in the presence of expectations around how Northern practice should look without considering the exceptional, contextual factors that practitioners have to wade through. Practitioners in the North find themselves subject to incongruencies in practice, constantly confronted by ethical anomalies such as dual roles, pitting the ideal standards of care against the reality, and challenging helpers to advance their authenticity, thickening the narratives of their story to better define and understand their personal journey.

Dual Standards. Consider, for instance, the disconnect between current codes of ethics outlined by professional bodies and the reality of counselling care in rural and isolated regions, which showcase a lack of respect and honour for cultural norms and values that define Northern people (O'Neill et al., 2016). Dilemmas frequently arise due to a clash between ethical principles and articles, some of which are not in line with standards of practice that are essential to meet the needs of individuals living in rural settings. One such instance is evident when the principle of

fidelity is applied to the ethical article of dual relationships. Dual relationships have garnered much attention in the field of counselling, especially in rural settings, where they have been identified as one of the main ethical challenges that practitioners face (Warren et al., 2014). Ethical codes caution that counsellors should undertake efforts to avoid dual relationships (CCPA, 2020). While the basis for this reasoning is sound, especially if there is a risk of harm to the client or the chance that a professional judgment could be impacted, the reality is much more complicated. In fact, this statement, in some ways, stands in stark contrast to the requirements of working in these locations, where forming relationships with people in the community is either essential to building trust or unavoidable due to the size and context of work in these environments. This contributes to confusion as clinicians face discrepancies between the standards and realities of practice.

     Blurred Boundaries. Often, practitioners have to carefully navigate intersecting personal and professional relationships, where upholding the principle of fidelity can be put into question as roles become blurred. Further to this point, fidelity speaks to integrity in the counselling relationship, with dual relationships commonly viewed unfavourably and associated with ethical violations. In contrast, it could be argued that counsellors in rural communities are ethically bound to engage in dual relationships, lest they unintentionally segregate themselves from the people and values of the community they are attempting to serve. Consequently, clinicians may inadvertently alienate themselves and fragment efforts to build the essential element of trust needed to perform their role. In certain circumstances, engagement in dual relationships honours a counsellor's commitment to their client and the broader community. These issues further underscore the value of accessing clinical supervisory interventions to support the exploration of these idiosyncrasies and the inevitable overlap between personal and professional life.

Advancing Authenticity. Each step forward provokes intense personal scrutiny, often carrying the immense weight of personal reflection, although subsequently building strength and allowing individuals to advance in a meaningful way if supported sufficiently. It is a time of growth and reinvention as a person prunes pieces of themselves that no longer serve a purpose and refamiliarizes themselves with relevant parts, as the focus shifts to what truly matters for the individual regarding their work with others. Supervision frameworks can provide a gateway to intentionally explore critical topics of interest, focusing learning so that it is most advantageous to the practitioner who can come to understand normal developmental processes within the helping profession, accept the realities of practice, and be supported as they uncover their authentic fit.

Humble Beginnings. During the time spent thickening the narratives that map this journey, our main character, the practitioner, takes on a more active role in writing the script, moving beyond the boundaries of what was believed possible into the realm of what is actually possible. This novel setting of discovery provides the prospect for new ways of being, generating a stronger voice in our lead character and illuminating the possibilities that exist outside of what is comfortable. The ego is targeted as all elements of the self are recognized, cleansing our being in the honest reality of the range of the human experience, humbly embracing the failures, losses, and pain that authentically define existence in this world. We bear witness to the developmental process that explains the road travelled along the journey, the wheel of time grinding the gears of growth where development is facilitated by the turning of tales, stories that are lubricated with a therapeutic presence, melding empathy, congruence and unconditional positive regard, the formula that eases the tension of progression. Supervision helps unbind the internal and external restraints that slow developmental progress, applying awareness and connection to self as the key

to unlocking personal autonomy and motivation for moving into new terrain with the confidence and courage to face unforeseen challenges. Given what we know about the importance of clinical supervision and the developmental process of counsellor identity formation, it is time to take this knowledge and integrate these understandings into Northern practice, highlighting the key considerations and applying them to the creation of resources that hold practical relevance.

Act III - Resolution

We have covered what clinical supervision is and why it is valuable, particularly where we are situated and with whom, yet this section seeks to explore the question of how. How do we structure meaningful support for practitioners while appreciating and respecting the nuances of counselling practice in Northern BC? This supervisory setting certainly underscores the importance of context when considering the critical features at play. Informed by existing literature, our focus will centre around what appear to be two fundamental requirements for effective clinical supervision implementation in the North: intention and relationship.

Intention

The truth is that while supervision can be a liberating process, it can also be condemning in that it shines a light on the darker sides of our self, at times illuminating the fears and insecurities that live within our inner critic. Skovhold (2012) refers to this enlightenment, an acknowledgment of these parts of our self, the personalities and interpersonal behaviours that impact a helper's professional work, as an inescapable "loss of innocence" (p. 286). If not handled in an intentional, supportive nature, this focused awareness can draw attention to the negative perceptions we hold of our struggles and inadequacies. It is a delicate process that warrants close consideration of how to introduce the intervention, especially when dealing with a group of professionals who may have little or no knowledge or experience of the process, as is

the case for many rural Northern practitioners. To further complicate matters, supervisors must contend with the fact that most practitioners struggle to identify their own therapeutic effectiveness (Walfish et al., 2012). Ironically, despite recognition of the value of clinical supervision in garnering insight around professional practice (Rice et al., 2007), developing new skills (Caras & Sandu, 2014), increasing job satisfaction (Bogo, 2011; Cole & Daining, 2004; Kavanagh et al., 2003), promoting professional development (Ben-Porat & Itzhaky, 2011; Bogo, 2011), and providing a safe, supportive environment to navigate ethical dilemmas (Vallance, 2004), most organizations lack policies, procedures, and intentional approaches to implementing this helpful tool in practical settings (Lynch & Happell, 2008).

Intentional Implementation. The absence of clear guidelines means that each healthcare setting is left to employ its own ideas about how to deliver supervision best. Again, as distinguished above, this denotes the importance of recognizing the differences between managerial and clinical supervision, differentiating and respecting the diverging roles and responsibilities, and appreciating each as a separate entity (Bond & Holland, 1998; Driscoll, 2000). Lynch and Happell (2008) emphasize the need for a straightforward, structured approach to avoid confusion and create a sustainable practice that considers the key factors of leadership and organizational culture.

Championing Change. Unfortunately, the specifics around organizational implementation of clinical supervision practices at the system level are in a state of infancy (Clifton, 2002; Driscoll, 2000), with our understanding only continuing to grow as attention is applied to this area. Recognizing the importance of providing guidelines around intentional implementation, supervision texts are dedicating portions to outline recommendations on approaching this issue and managing the process of putting the pieces in play (Bond & Holland,

1998; Driscoll, 2006). However, the range of healthcare settings and the diverse needs of practitioners make establishing standards extremely challenging, indicating again that context is critical, something we are only too familiar with in Northern practice. We know the significance of considering the prominent role of organizational culture in clinical settings when contemplating the implementation of supervision. Bernard and Goodyear (2019) believe supervision will likely be compromised without systematic intervention when its goals or values conflict with the organization's culture. Daly et al. (2014) echo this need for intentional planning when championing change, citing courage, creativity, vision, and effective communication as valuable constituents of the process.

    Sustainable Practice. Leadership becomes instrumental in conducting effective and enduring change, with an initial assessment of organizational culture recognized as vital (Bond & Holland, 1998; Clifton, 2002; Driscoll, 2006). Driscoll (2006) describes the push and pull factors that strengthen or weaken implementation efforts. One pull factor that can impede implementation is the resisting force of diminished trust. Participants in Lynch & Happell's (2008) study on implementing clinical supervision with nurses in a rural mental health setting in Victoria, Australia, spoke to this negative aspect of organizational culture with their doubts and disbelief that management could successfully sustain supervision services for staff. Marquis and Houston (2023) denote a lack of trust between front-line workers and the management or organization as one of the most salient features in resistance to change. In such a climate, external facilitators have contributed to shifting culture and encouraging engagement (Bond & Holland, 1998; Clifton, 2002). Driscoll (2006) and Clifton (2002) speaks further to this point, emphasizing the value of building a collaborative practice that incorporates the viewpoints of front-line workers such that they can contribute to the conversation centred on their needs,

effectively giving an opportunity to establish trust and transparency in the process that is being built for them, in partnership.

Therapeutic Trust. Bernard & Goodyear (2019) deem that the level of trust in a supervisory relationship correlates with the level of engagement on behalf of the supervisee; however, this occurs in a matter of degrees, where interactions within the alliance can either bolster or detract from a productive, collaborative endeavour, each exchange impacting the overall quality of the relationship. Hence, fair, ethical, and equitable dealings can foster a positive connection. However, this is not to say these environments are devoid of disagreement. In contrast, conflict can arise for various reasons, particularly in response to the evaluative, feedback-orientated nature of the supervisory relationship (Robiner et al., 1993), a natural consequence of working through sensitive, inter-intrapersonal issues. Perhaps paradoxically, these relational ruptures, if managed with immediacy and openness, can strengthen the therapeutic relationship that supervisees have with their clients through modelling effective strategies around relational repair (Patton & Kivligham, 1997). This highlights the intricate considerations surrounding clinical supervision and the bearing that the core conditions of therapy come to weigh on the effective implementation of this supportive service.

A Practitioner-Centred Design. We must humbly concede to the complex nature of psychological practice but equip ourselves against the challenge of implementation with an understanding that an effective design considers sustainable practice, utilizing strong leadership to build trust by shifting power dynamics and improving organizational culture. The pull factors that resist change need to be addressed, and the push factors that support change need to be embraced; most importantly, the practitioner needs to be central in the conversation, giving voice to dispel myths and speak truths, co-creating a realistic intervention from a place of intention and

purpose. Considering the external factors in the implementation of clinical supervision, we now focus on the specific relational factors that guide the interpersonal supervisory process and determine the quality of the relationship, along with the ensuing level of support.

Relationship

Delivering an advantageous supervisory experience has been likened to the therapy process in that the flow hinges upon a genuine, honest presentation and the capacity to be authentic and present, the worth ultimately dictated by the relationship quality (Majcher & Daniluk, 2009). Embedded within this belief, rooted deeply in humanistic psychology, echoes the wisdom of Rogers (1951), compassion and care cultivating the core conditions of therapy. There is overwhelming agreement among scholars that a shared trust and agreement on goals leads to a productive supervisory relationship (Ramos-Sanchez et al., 2002; Ronestad & Skovholt, 1993; Worthen & McNeill, 1996). While the presence of these conditions can enhance the experience, their absence has the potential to bring about significant harm through the loss of confidence, self-efficacy, and possibly even a general mistrust of the profession, in addition to the culminating adverse effects of added chronic stress (Nelson et al., 2008). These findings illustrate the absolute necessity of the supervisory working alliance and adherence to the tenets of sound relational practice.

Humanistic Undertones. When an appreciation for the multifaceted nature of professional growth in counselling is paired with a profoundly humanistic approach (Rogers, 1951), the connection is capable, both within and outside the supervisory relationship. This is a strengths-based approach that shifts not only the way the supervisee can see themselves but also how the supervisor perceives and works in collaboration alongside the professional, the relationship between client and therapist closely linked to client outcomes (Horvath & Symonds,

1991; Norcross & Wampold, 2011; Orlinsky et al., 1994). By emphasizing the clinician's innate resources, strengths, and values that drive their helping behaviour, their purpose can be magnified, an essential quality that provides direction, empowers change and honours an individual's unique developmental journey. It becomes integral for supervisors to craft a climate of curiosity, empowering personal and professional growth by infusing the environment with trust and safety, an ideal space to encourage exploration through narrative discourse.

Interpersonal Skills. Anderson et al. (2016) exemplify the poignancy of interpersonal skills, uncovering the noteworthy finding that a clinician's interpersonal characteristics are a potent predictor of psychotherapy outcomes. In fact, this social aptitude, especially concerning shorter-term counselling relationships of 12 sessions or less, is an even greater indicator of success in session than training received in a graduate counselling program. This discovery augments the argument that positions process over content, pointing to the challenge commonly faced with the complex characteristics of the social sciences and integrating theory (content) into practice (process). While a practitioner can cognitively wrap their mind around the effective elements of working with others, it is quite another thing to apply these understandings in a meaningful, practical sense while in the therapeutic space, knowledge conceding to the art of practice. Ultimately, the ability to connect rises above all else because without a relationship, and in the absence of safety, love, and belonging, the basic human needs outlined by (Maslow, 1943), no amount of theoretical knowledge will suffice to support clients with their needs. Enter Roger's therapeutic triad (Rogers, 1957).

The Therapeutic Triad. The value in forming relationships grounded in empathy, unconditional positive regard, and congruence is pivotal, seemingly as integral in psychotherapy as it is in clinical supervision for offering a foundational base through which counsellors or

supervisors can support clients or practitioners in discovering more about themselves, finding their voice, and putting thought into action.

Empathy. Empathy serves as a connection point, providing an emotional conduit to understand and be understood. This, in effect, reduces feelings of isolation, an unfortunate by-product of many clinicians' professional lives in Northern and remote practice. In terms of supervision, knowing and appreciating a supervisee's unique and collective experience is extremely important as the work is so incredibly nuanced, with preconceptions of the ideals of practice potentially clouding the realities of approaches necessary to support people in the region. Empathy is the critical bedrock upon which the therapeutic alliance rests, a fruitful environment for growing productive relational bonds of collaborative partnership. Just as the client-therapist alliance has received much acclaim for its prominent role in therapeutic outcomes (Castonguay & Hill, 2012; Gelso & Carter, 1994; Wampold & Imel, 2015), so too have researchers verified its equally dominant position within the realm of clinical supervision in supporting professional development (Milne & Watkins, 2014; Stoltenberg & McNeill, 2010), a critical component in the change process (Ladany et al., 1999). A solid supervisory relationship can contribute to greater supervisee disclosure and is a positive indicator of stronger supervisee-client relationships (Goodyear, 2014). Thus, in effect, empathy breeds more empathy, understanding and trust, fostering voice and giving space to speaking and being heard.

The Backbone of Relational Practice. Empathy is the backbone of relational practice, and supervision allows it to be seen and felt in the most intimate sense as a clinical supervisor supports a practitioner in facing these vulnerable parts of themselves in companionship, supporting their ability to do so with others, connection to self garnered through connection with others. In an area of the world afflicted by exceptional mental health conditions, where

practitioners are generally under-resourced, under-trained, and under-supported, it becomes imperative not to forget or diminish the power of foundational skills. While searching for solutions to complex problems, relying on the sage advice of learning to walk before you run may be beneficial. It is a marathon and not a sprint, and humanistic qualities grant us the capacity to endure the gruelling trials of professional growth, strengthening our resolve through connective practices, a formula that includes empathy as described above and the key ingredients of unconditional positive regard and congruence.

Unconditional Positive Regard. When empathetic understandings are processed through a lens of respect, acceptance, and non-judgment, a client or practitioner can be valued for who they are as a person, outside of their behaviours, beliefs and experiences that sometimes come to define them in the eyes of others. Watkins and Scaturo (2013) refer to the powerful, positive outcomes that can result from modelling these ways of being, chiefly disarming defence mechanisms, combatting supervisee anxiety and fear, easing access to learning opportunities, and fostering professional growth. With anxiety and fear being such a common developmental experience, as thoroughly outlined in the IDM (Stoltenberg et al., 1998), this is a significant consideration when seeking to implement adequate supervision in Northern settings, where worries of competency abound in environments commonly devoid of sufficient training and support. Aside from impacting a practitioner's ability to learn (Dombeck & Brody, 1995), anxiety also affects a supervisee's ability to perform in practice (Friedlander et al., 1986), as well as their quality of engagement in supervision (Mehr et al., 2015). Unconditional positive regard is one piece of the relational puzzle that works to moderate such ill effects and barriers to developmental growth. Equipped with warmth and a genuine nature, supervisors possess a greater chance of cultivating a growth-orientated climate of care that nurtures positive change.

Congruence. The final element of the humanistic trifecta is congruence, also known as genuineness or authenticity. This refers to when a therapist or supervisor brings more of themselves into the counselling space, acknowledging the power of relationship in facilitating change, self recognized as the key therapeutic tool at the practitioner's disposal. Authenticity has been shown to enhance the quality of the therapeutic alliance, contributing to beneficial client outcomes and the effectiveness of therapy (Kolden et al., 2018). An authentic presence establishes trust through openness and transparency, with honest insights lighting the way down an unpredictable path of professional progression. It takes vulnerability and acceptance of self, two compelling and essential personal qualities, to effectively help others on their journey of self-exploration. This nebulous notion of' doing things the right way' can sometimes challenge and interfere with a Northern practitioner's growth, an impractical task in such a complex field. This self-doubt can generate pressure, and the subsequent expectations can detract an individual from finding their true way, potentially stifling creativity as attempts are sometimes made to emulate how others do it or how they are told it should be done rather than revelling in one's inherent qualities and seeking to uncover their own path. Authenticity can equate to greater professional freedom, that is, freedom in expressing oneself in practice, settling into a deeper appreciation of self, and connecting to a personalized style that supports the creative art form that defines interpersonal work.

The Roots of Relationship. Beyond a theoretical orientation, a person-centred approach embodies a sense of being present and connecting meaningfully with others through the mindful application of necessary and sufficient conditions for therapeutic relationships, including the supervisory relationship. Altogether, the three humanistic qualities of empathy, unconditional positive regard, and congruence form a synergetic triad, each part amplified by the presence of

the other, the whole being more significant than the sum of its parts. A person-centred approach humanizes suffering, empowering individuals to use their voice to support themselves as the expert of their condition, tapping into their inner reservoir of strength and resilience. This quality of the humanistic approach is exceptionally salient in the supported development of a practitioner who relies on their voice to help others. Clinical supervisors can thus leverage the power of a deeply humanistic relationship, fostering a robust therapeutic alliance, enriching self-awareness, and facilitating personal and professional growth for the benefit of the helper. Remember that these conditions are less of a strategy or technique and more of an intrinsic set of qualities that individuals can cultivate within themselves to encourage therapeutic growth.

Fostering Intentional Relationships: The Centrality of Self

While ample attention is typically paid to relationships outside of self, especially for the helper, we must maintain the centrality of self within this process because it is through personal insight that we can learn and grow the capacity to be with others. Supervision supplies the opportunity to shift these scales of care, immersing the practitioner in a more balanced, sustainable approach to supporting others through self-exploration. Practitioners would be well served to contemplate how these relational factors pertain to building a therapeutic space with others and be encouraged to look inward, giving thought to the relationship with self. Unquestionably, there is unparalleled interpersonal value in holding empathy, unconditional positive regard, and congruence. Now consider the therapeutic significance of practitioners who can also empathize with their plight, accepting the doubts and uncertainty that naturally arise and embracing these insecurities with a relentless unconditional positive regard, all the while contently settling into their authentic, genuine self that guides them with clarity towards purpose, intimate knowledge of self informing practice. We are again reminded of the importance of

intention and relationship, two integral factors in connected practice, supporting the complexity

of the work and implementing an approach to clinical supervision that meets the complex needs

of the Northern practitioner.

Connection through Clinical Supervision: Integrating the Northern Helper

As this section closes, we reflect upon the Northern practitioners' developmental path, a

convoluted road of self-discovery littered with the trials, tribulations, and triumphs that come to

characterize this tumultuous time, an internal battle against self. The pivotal role that clinical

supervision has the potential to play in supporting and developing mental health practitioners'

relationship with self has been realized, rising to prominence in its ability to challenge and

champion professional growth. Northern voices have long echoed this call for action, helpers

envisioning a future in which rural and remote regions of BC receive adequate and consistent

supervision that honours their distinct context of care (O'Neill et al., 2016). In summary, the

successful implantation of supervision support can significantly increase morale, decrease stress,

and reduce burnout by targeting competency and self-esteem, lessening the emotional strain of a

challenging work environment, encouraging self-awareness through connection to self (Edwards

et al., 2006; Ho, 2007; Rice et al., 2007). Additionally, supervision functions to augment the

safety and quality of ethical care through monitoring decision-making (Vallance, 2004), an

incredibly nuanced facet of Northern settings that is important to consider. Furthermore,

supervision is intrinsically a reflective practice that increases clinical competency while

simultaneously stimulating professional identity development (Stoltenberg et al., 1998).

Integrating supervision into practice sites also takes advantage of its mitigating effects on

professional isolation by offering a connection to the community (Coleman & Lynch, 2006), an

especially relevant concern for Northern practitioners.

An Absence of Awareness

As the robust volume of literature showcases, the value of implementing clinical supervision into practice spaces is considerate, its beneficial effects spanning a vast array of professional domains. However, despite the extensive positive qualities impacting the client, practitioner, supervisor, and organization, there remains an alarming need for utilizing this comprehensive form of support and pedagogy in health authorities. This is partly due to a need for more specialized training in counselling processes among leadership teams and front-line workers, who, without, are left with a lack of awareness of the necessity and value of incorporating clinical supervision as a standard of practice. These misunderstandings and ingrained beliefs around best practices interact with the previously discussed challenges of geographic and professional isolation, limited resources and difficulties accessing professional development, and a lack of meaningful support emerging as a primary concern. Unfortunately, the multidisciplinary nature of mental health provision in health care settings further complicates matters because each discipline carries into practice its own set of attitudes, beliefs and values that guide clinical intention. One must consider the diverse personal and professional qualities, including skillsets, training, and educational backgrounds that all members carry into the therapeutic space.

A Vision of Clinical Supervision

In light of these obstacles, if attempted, efforts to implement clinical supervision are often deficient in the insight essential to navigating Northern practice's nuances. This set of understandings only serves to further recognize and highlight the need for an introspective, reflective process that targets developmental growth and the mindful integration of theory into practice. We witness policy and practice collide as the Northern practitioner must contend with

the unfettered demands from an overwhelmed system of care, often disconnected from the realities of front-line workers, who are left attempting to balance the expectations of theory versus practice. A vision of unity surfaces amid this chaotic environment where the complex nature of the work is conceptualized developmentally with the assistance of clinical supervision. These understandings help guide the intentional implementation of support with recognition of the centrality of the practitioner at the heart of the therapeutic process in clinical supervision and the critically crucial connective force of relationship, encompassing empathy, unconditional positive regard, and authenticity, the soul of relational practice. This is akin to working from a client-centred stance, positioning the practitioner at the core of care, with supervision offering the opportunity to hear an all too often silenced voice in the vital support of those who support others.

From Clinical Supervision to Professional Development

As the journey continues, new allies are revealed, and trust is sought in self. Supervisors materialize as influential collaborators in the quest to support counsellors in achieving professional growth and competency, as realized through an emphasis on personal development. While several alternative frameworks exist to help guide this process, the IDM is exceptionally sympathetic to the plight of the Northern helper due to its comprehensive and holistic approach to conceptualizing practitioner development. Despite undergoing a vast developmental maturation reflected in immense inter- and intra-personal growth, it becomes evident that the journey is far from over. Growth is an iterative, fluid process. As counsellors come to understand and accept the intricate parts of themselves that unify their experience, it is with an honest appreciation that they realize they have only scraped the surface, leaving much left to be explored. They have cautiously approached and gotten acquainted with their authentic self. Now,

the path advances beyond the realm of what has been written, providing an opportunity to chart new territory in creating a novel narrative. At this time, we are better equipped with the knowledge and understanding of the perils of our unique journey to develop further as practitioners, recognizing what will aid us along the way. We pack our bags with the necessities of unconditional positive regard, empathy, and authenticity, reflecting upon what will serve us best as we embark. We connect with like-minded companions, including colleagues and supervisors, who provide mentorship to support our practice. Still, most importantly, we connect with ourselves, employing reflective practices to allow an openness to curiously explore our experiences and those of the individuals we support. We arm ourselves with the introspective habits that will shield us along the way, setting out again to stretch beyond what is comfortable, wading alongside our clients in the uncertainty that clouds discovery.

INTEGRATION
project: a path to purpose and perspective

The 'Northern Vision' (O'Neill et al., 2016) shines as a beacon of hope for Northern practitioners, a compass capable of guiding practitioners along the path towards a deeper understanding of their unique helper experience. It signals the potential for change, the prospect for front-line mental health workers to see support that more accurately aligns with their needs. It entails a departure from the comfort of complacency, a challenge to the status quo that has normalized and accepted a disconnected workforce. It is a setting where minimal resources, lack of support, and abysmal effort to engage service providers have become standard practice because of its prominent position as known and familiar, contentment in the chaos we comprehend and ignorance in the intuition that offers opportunity. Progress demands a willingness to part ways with how things have been and an openness to embrace the uncertainty of what can be. We must infuse the nebulous crevices of the Northern counselling landscape with curiosity, inviting those most intimately affected to speak on behalf of their genuine reality, giving voice to their vision, such that we can together combat the deep-seated roots that have taken hold of this rugged land, imposing systemically stimulated barriers, in addition to those naturally occurring in a counselling climate, inevitably disrupting opportunities to enhance and improve practice. It is time to invite the anticipated discomfort accompanying change, a natural tendency, protective in nature yet restrictive in growth. It is time to pull it all together, travel the path to purpose and perspective, and integrate theory into practice.

A Northern Vision

Exceptional conditions call for radical responses, stark diversions from the norm, where novel approaches must contend with traditional worldviews that control and impact practice

models. This is a concept that those from Northern communities are well acquainted with, as innovative approaches are often required to respond to unique situations. Conventional means either fail to meet the community values, or worse, exert a negative influence on the people, whether the helpers providing care or the clients in need of support (Zapf, 1993). When addressing practical issues, such as the one before us, it seems imperative that sustainable change be anchored to the very values inherent in the people we aim to serve. It is through reliance on those with intimate knowledge of the contextual nuances of Northern practice, experiences moulding a distinct worldview that we can begin to anticipate the twists and turns of a complicated journey, a setting shaped and contoured by the characters and stories we need to immerse ourselves in to best appreciate the present narrative. In this sense, we can revel in the power of collaboration and community. Together, we stand a better chance of widening the depth and breadth of our understanding and using this knowledge for the practical purpose of actionable change. Collectively, we can ease the burden of support by redistributing the responsibility of this onerous task, enlisting front-line practitioners as the primary driving force behind professional development efforts. Through their thoughts, opinions, and perspectives, we can more effectively utilize the value of their voice to reveal the way forward for themselves individually and refine and ultimately realize our collective Northern vision of improved support for mental health workers in the NHA.

Now What? Moving Beyond the Who, What, Where, When, & Why

The Northern Vision provides a general map to the convoluted link between community, collaboration, and clinical supervision, the connective trifecta, tied together by the common thread of professional development. This is a vision of growth based on our protagonists' relationship amongst the respective vision points, support and development threatened by the

antagonistic forces brought about by nature, society, and self, conflict arising in a disruptive fashion to negate growth in the Northern practitioner. These connection points serve as a navigational siren, calling attention to the important landmarks along the way, which we have briefly touched upon, unveiling the 'who,' 'what,' 'where,' 'when,' and 'why' that form the core of our story, the protagonist and their plight illuminated. With the stage set, we venture forth into the unfamiliar terrain, relying upon the voices of practitioners to traverse the conduit of care, seeking to bring to life a vision of improved counsellor support grounded in a deep contextual understanding, something that only those intimately affected could truly shed light upon. We humbly plunge into the ambiguity that serves as a natural bi-product of growth, listening to our community with the hope of rising one another, a clarity of vision co-created in the democracy of knowledge, tethered to trust, an interconnectedness that binds us to the world, our work, and the people around us. This leaves the question of how? How do we tap into the heart of this issue, shedding light on new understandings of Northern counselling practice, and utilize these understandings to cultivate qualitative change in how practitioners are supported in the NHA?

A Passage to Purpose

While no clear path exists to guide us with ease toward a simple solution to this complex issue, there is profound power in pairing clinical supervision and storytelling, the essence of which is hoped to be distilled within this final project. As we conclude our discourse, we do so with a clearer vision of how to navigate the narrative landscape ahead, utilizing the emancipatory strength of clinical supervision to explore this vision of a new world orientated around stories. We move forward equipped with the structure and tools to traverse this conduit of care more confidently, anticipating the uncertainty of the path ahead, yet more prepared to handle the twists and turns of discovery in self and others. Hopefully, this comprehension will cultivate clarity,

creating conditions that offer insight and foster a future of improved practitioner support.

Together, we can co-create a vision for Northern care that centralizes front-line workers in the

process of generating understanding, granting access to their often-unspoken truths, and working

to reduce the tremendous gap between theory and practice. Armed with the rigour of relevancy,

the following resource seeks to redress this void, supporting practitioner growth by providing a

path to share the developmental journey held within these stories. It is time for these stories to be

told.

Stories provide the conduit to explore the rich intricacies contained within our relationships. Interpretation is held in the mind of the beholder, moulded by the prism of our experiences, with meaning diffused and refracted through the unique lens through which we view the world. This determines what elements hold personal significance and provide guidance. We integrate the unknown into our value and belief system, slogging through the muddy waters of hidden cervices to find clarity of mind, sometimes encountering more questions than answers, and being pulled in a multitude of directions in search of our truth. As we begin to make sense of our internal world through this complex interplay of self-reflection situated in our social context, a sense of wonder is inevitably tapped into, generating a curiosity for the world and how we fit within it. This natural and distinctly human quality of searching for meaning can elicit vulnerability yet give rise to substantial personal growth.

The Turning of Tales

O'Toole (2018) refers to humans as "storied beings," believing in the profound power of stories to transport us into the experiences of others, granting us a gateway to understanding. The inherent value of stories is witnessed through a long history of oral storytelling as a means of transferring the tales that have shaped our lives. As the journey endures, new allies will be discovered, and trust will continue to be sought in self. Supervisors materialize as collaborators in this quest to support counsellors in achieving these aims of professional growth and evolving competency, realized through an emphasis on personal development. We bear witness to a developmental process that explains the road travelled, the wheel of time grinding the gears of growth where development is facilitated by the turning of tales, stories lubricated with a

therapeutic presence, melding empathy, congruence and unconditional positive regard into an oil that eases the tension of progression. We are unbound by the internal and external restraints that slow progress, applying awareness as a key to unlocking personal autonomy and motivation for moving into new terrains with the confidence and courage to face unforeseen challenges.

Navigating a New World

An integrated developmental model that utilizes elements of narrative therapy is merely one such instrument available for supervisors to support conceptualizing the process and assisting counsellors in their efforts toward professional growth. In the tool to follow, you will witness how the narrative structure of storytelling can increase understanding, validate experiences and explore intricate elements of practice to generate meaning. Stories will provide a framework to explore the narratives that define the counsellor's trajectory of development, with the hero's journey (Campbell, 2014) emerging as a familiar landscape that allows people to draw meaning from their experiences and find companionship as they relate to the trials and tribulations commonly experienced, dispelling existential fears of isolation along the road. Stories remind us of our bond not only with those around us, but also, within us. There is tremendous power in stories and even more power as we take control of the narratives that guide our direction, freeing us from the constraints of the page and allowing us the self-determination to liberate the parts of ourselves that have remained suppressed. It is a time of openness and curiosity as we unfetter our inner voice, giving rise to the possibility of what can be and not being restricted by perceptions of what is or what needs to be. We witness an integration between our protagonist's social, personal, and professional parts that blend beautifully to form a unique contextualized character, affected by the narrative and environment they are deeply submersed within. Awareness is acquired about relational practice and what it truly means to be

with another through their suffering and loss, holding hope with an empathetic, genuine presence, and persisting beyond pain to empower and enlist others in the search for meaning and purpose in their lives.

Scraping the Surface

As practitioners come to understand and accept the intricate parts of themselves that unify their experience, it is with an honest appreciation that it is often realized they have only just scraped the surface, leaving much left to be explored. They have cautiously approached and gotten acquainted with their authentic self. Now, the path advances beyond the realm of what has been written, providing an opportunity to chart new territory again in the creation of a novel narrative. At this time, we are better equipped with the knowledge and understanding of the perils of our unique journey to develop further as clinicians, recognizing what will aid us along the way. We pack our bags with the necessities of unconditional positive regard, empathy, and authenticity, reflecting upon what will serve us best as we embark. We connect with like-minded companions, including colleagues and supervisors, who provide mentorship to support our practice. Still, most importantly, we connect with ourselves, employing reflective practices to allow openness to curiously explore our experiences and those of the individuals we support. We arm ourselves with the introspective habits that will protect us along the way, setting out again to stretch beyond what is comfortable, wading alongside our clients in the uncertainty that clouds discovery.

this story has only just begun…

References

Anderson, T., McClintock, A. S., Himawan, L., Song, X., & Patterson, C. L. (2016). A

prospective study of therapist facilitative interpersonal skills as a predictor of treatment

outcome. *Journal of Consulting and Clinical Psychology, 84*(1), 57–66.

https://doi.org/10.1037/ccp0000060

Barnett, J. E., & Molzon, C. H. (2014). Clinical supervision of psychotherapy: Essential ethics

issues for supervisors and supervisees. *Journal of Clinical Psychology, 70*(11), 1051–

1062. https://doi.org/10.1002/jclp.22126

Ben-Porat, A., & Itzhaky, H. (2011). The contribution of training and supervision to perceived

role competence, secondary traumatization, and burnout among domestic violence

therapists. *The Clinical Supervisor*, *30*(1), 95−108.

https://doi.org/10.1080/07325223.2011.566089

Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.).

Pearson.

Bischoff, R. J., & Barton, M. (2002). The pathway toward clinical self confidence. *American

Journal of Family Therapy*, *30*(3), 231–242.

https://doi-org.prxy.lib.unbc.ca/10.1080/019261802753577557

Bogo, M., Paterson, J., Tufford, L., & King, R. (2011). Supporting front-line practitioners'

professional development and job satisfaction in mental health and addiction. *Journal of

Interprofessional Care*, *25*(3), 209–214. https://doi.org/10.3109/13561820.2011.554240

Bond, M., & Holland, S. (1998). *Skills of supervision for nurses*. Open University Press.

Borders, L. D., & Leddick, G. R. (1987). *Handbook of counseling supervision*. American

Counseling Association.

Breen, D. J., & Drew, D. L. (2012). Voices of rural counselors: Implications for counselor

    education and supervision. *Ideas and Research You Can Use: VISTAS 2012, 1*(28), 1–12.

Campbell, J. (2014). *The hero's journey*. New World Library.

Canadian Counselling and Psychotherapy Association. (2020). *Code of ethics*. Author.

Caras, A., & Sandu, A. (2014). The role of supervision in professional development of social

    work specialists. *Journal of Social Work Practice, 28*(1), 75–94.

    https://doi.org/10.1080/02650533.2012.763024

Castonguay, L. G., & Hill, C. E. (2017). *How and why are some therapists better than others?*

    Understanding therapist effects. American Psychological Association.

Clark, P., Holden, C., Russell, M., & Downs, H. (2022). The impostor phenomenon in mental

    health professionals: Relationships among compassion fatigue, burnout, and compassion

    satisfaction. *Contemporary Family Therapy*, *44*(2), 185–197.

    https://doi.org/10.1007/s10591-021-09580-y

Clifton E. (2002). Implementing clinical supervision. *Nursing Times*, *98*(9), 36–37.

Cole, D., Panchanadeswaran, S., & Daining, C. (2004). Predictors of job satisfaction of licensed

    social workers: Perceived efficacy as a mediator of the relationship between workload

    and job satisfaction. *Journal of Social Service Research*, *31*(1), 1–12.

    https://doi.org/10.1300/J079v31n01_01

Coleman, D., & Lynch, U. (2006). Professional isolation and the role of clinical supervision in

    rural and remote communities. *Journal of Community Nursing, 20*(3), 35–37.

Corey, G., Haynes, R., Moulton, P., & Muratori, M. (2021). *Clinical supervision in the helping*

    professions: A practical guide (3rd ed.). American Counseling Association.

Daly, J., Speedy, S., & Jackson, D. (2014). *Nursing leadership* (2nd ed.). Churchill Livingstone Australia.

Dombeck, M. T., & Brody, S. L. (1995). Clinical supervision: A three-way mirror. *Archives of Psychiatric Nursing, 9*(1), 3–10. https://doi.org/10.1016/S0883-9417(95)80012-3

Driscoll, J. (2006). *Practising clinical supervision: A reflective approach for healthcare professionals* (2nd ed.). Balliere-Tindall.

Edwards, D., Burnard, P., Hannigan, B., Cooper, L., Adams, J., Juggessur, T., Fothergil, A., & Coyle, D. (2006). Clinical supervision and burnout: The influence of clinical supervision for community mental health nurses. *Journal of Clinical Nursing, 15*(8), 1007–1015. https://doi.org/10.1111/j.1365-2702.2006.01370.x

Enthoven, M., & de Bruijn, E. (2010). Beyond locality: The creation of public practice-based knowledge through practitioner research in professional learning communities and communities of practice. A review of three books on practitioner research and professional communities. *Educational Action Research*, *18*(2), 289–298. https://doi-org.prxy.lib.unbc.ca/10.1080/09650791003741822

Friedlander, M. L., Keller, K. E., Peca-Baker, T. A., & Olk, M. E. (1986). Effects of role conflict on counselor trainees' self-statements, anxiety level, and performance. *Journal of Counseling Psychology, 33*(1), 73–77. https://doi.org/10.1037/0022-0167.33.1.73

Gelso, C. J., & Carter, J. A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counseling Psychology, 41*(3), 296–306. https://doi.org/10.1037/0022-0167.41.3.296

Goodyear, R. K. (2014). Supervision as pedagogy: Attending to its essential instructional and

learning processes. *The Clinical Supervisor, 33*(1), 82–99.

https://doi.org/10.1080/07325223.2014.918914

Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health

therapists: Identifying protective practices. *Psychotherapy Theory, Research, Practice,

Training, 46*(2), 203–219. https://doi.org/10.1037/a0016081

Ho, D. (2007). Work discussion groups in clinical supervision in mental health nursing. *British

Journal of Nursing, 16*(1), 39–46. https://doi.org/10.12968/bjon.2007.16.1.22714

Holloway, E. L. (1995). *Clinical supervision: A systems approach*. Sage.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in

psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*(2), 139–

149. https://doi.org/10.1037/0022-0167.38.2.139

Imig, A. (2014). Small but mighty: Perspectives of rural mental health counselors. *The

Professional Counselor, 4*(4), 404–412. https://doi.org/10.15241/aii.4.4.404

Johnston, L. H., & Milne, D. L. (2012). How do supervisee's learn during supervision? A

grounded theory study of the perceived developmental process. *the Cognitive Behaviour

Therapist, 5*(1), 1–23. https://doi.org/10.1017/S1754470X12000013

Kavanagh, D. J., Spence, S. H., Strong, J., Wilson, J., Sturk, H., & Crow, N. (2003). Supervision

practices in allied mental health: Relationships of supervision characteristics to perceived

impact and job satisfaction. *Mental Health Services Research*, *5*(4), 187–195.

https://doi.org/10.1023/a:1026223517172

Kolden, G. G., Wang, C. C., Austin, S. B., Chang, Y., & Klein, M. H. (2018).

Congruence/genuineness: A meta-analysis. *Psychotherapy*, *55*(4), 424–433.

https://doi.org/10.1037/pst0000162

Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing

one's own incompetence lead to inflated self-assessments. *Journal of Personality and

Social Psychology, 77*(6), 1121–1134. https://doi.org/10.1037/0022-3514.77.6.1121

Kuhn, L. (2009). The lived-experiences of clinical supervisors in rural mental health settings

(Doctoral dissertation, Duquesne University). Retrieved from https://dsc.duq.edu/etd/788

Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee

self-efficacy, and satisfaction. *Journal of Counseling & Development, 77*(4), 447–455.

https://doi.org/10.1002/j.1556-6676.1999.tb02472.x

Lambie, G. W., & Sias, S. M. (2009). An integrative psychological developmental model of

supervision for professional school counselors-in-training. *Journal of Counseling &

Development, 87*(3), 349–356. https://doi.org/10.1002/j.1556-6678.2009.tb00116.x

Lynch, L., & Happell, B. (2008). Implementing clinical supervision: Part 1: Laying the

groundwork. *International Journal of Mental Health Nursing, 17*(1), 57–64.

https://doi.org/10.1111/j.1447-0349.2007.00511.x

Majcher, J. A., & Daniluk, J. C. (2009). The process of becoming a supervisor for students in a

doctoral supervision training course. *Training and Education in Professional Psychology,

3*(2), 63–71. https://doi.org/10.1037/a0014470

Marquis, B. L., & Houston, C. (2023). *Leadership roles and management functions in nursing:

Theory and application* (10th ed.). Wolters Kluwer.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396. https://doi.org/10.1037/h0054346

McNeill, B. W., & Stoltenberg, C. D. (2016). *Supervision essentials for the integrative developmental model.* American Psychological Association. https://doi.org/10.1037/14858-000

Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2015). Factors influencing trainee willingness to disclose in supervision. *Training and Education in Professional Psychology, 9*(1), 44–51. https://doi.org/10.1037/tep0000028

Milne, D., & Watkins, Jr., C. (2014). Defining and understanding clinical supervision: A functional approach. In C. E. Watkins, Jr. & D. L. Milne (Eds.), *Wiley international handbook of clinical supervision* (pp. 3–19). John Wiley & Sons Ltd.

Morrissette, P. J. (2000). The experiences of the rural school counselor. *Professional School Counseling, 3*(3), 197–207.

Nelson, M. L., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology, 55*(2), 172–184. https://doi.org/10.1037/0022-0167.55.2.172

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy, 48*(1), 98–102. https://doi.org/10.1037/a0022161

O'Neill, L., George, S., & Sebok, S. (2013). Survey of northern informal and formal mental health practitioners. *Circumpolar Health Supplements*, *72*, 135–141. https://doi-org.prxy.lib.unbc.ca/10.3402/ijch.v72i0.20962

O'Neill, L., Koehn, C., George, S., & Shepard, B. (2016). Mental health provision in Northern

    Canada: Practitioners' views on negotiations and opportunities in remote practice.

    International Journal for the Advancement of Counselling, 38(2), 123–143.

    https://doi.org/10.1007/s10447-016-9261-z

O'Neill, L., Sherry, J., Shepard, B., & George, S. (2015). In L. Martin, B. Shepard, & R Lehr

    (Eds.), *Canadian counselling and psychotherapy experience: Ethics-based issues and*

    cases (pp. 247–275). Canadian Counselling and Psychotherapy Association.

Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy: Noch

    einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and*

    behavior change (4th ed., pp. 270–376). John Wiley & Sons.

O' Toole, J. (2018). Institutional storytelling and personal narratives: Reflecting on the 'value' of

    narrative inquiry. *Irish Educational Studies, 37*(2), 175–189.

    https://doi.org/10.1080/03323315.2018.1465839

Patton, M. J., & Kivlighan, D. M., Jr. (1997). Relevance of the supervisory alliance to the

    counseling alliance and to treatment adherence in counselor training. *Journal of*

    Counseling Psychology, 44(1), 108–115. https://doi.org/10.1037/0022-0167.44.1.108

Ramos-Sánchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L. K.,

    Ratanasiripong, P., & Rodolfa, E. (2002). Negative supervisory events: Effects on

    supervision and supervisory alliance. *Professional Psychology: Research and Practice,*

    33(2), 197–202. https://doi.org/10.1037/0735-7028.33.2.197

Rice, F., Cullen, P., McKenna, H., Kelly, H. W., Keeney, S., & Richey, R. (2007). Clinical

    supervision for mental health nurses in Northern Ireland: Formulating best practice

guidelines. *Journal of Psychiatric and Mental Health Nursing, 14*(5), 516–521.

https://doi.org/10.1111/j.1365-2850.2007.01101.x

Robiner, W. N., Fuhrman, M., & Ristvedt, S. (1993). Evaluation difficulties in supervising

psychology interns. *Clinical Psychologist, 46*, 3–13.

Rogers, C. R. (1951). *Client-Centered Therapy: Its current practice, implications, and theory*.

Houghton Mifflin.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change.

Journal of Consulting Psychology, 21(2), 95–103. https://doi.org/10.1037/h0045357

Ronnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate

students of counseling and psychotherapy. *Journal of Counseling & Development*, *71*(4),

396-405. https://doi.org/10.1002/j.1556-6676.1993.tb02655.x

Schmidt, G. (2009). Supervision in remote settings. In R. Delaney & K. Brownlee (Eds.),

Northern and rural social work: A Canadian perspective (pp. 275–283). Lakehead

University Centre for Northern Studies.

https://fcssbc.ca/sf-docs/r2p/schmidt_supervision.pdf

Shulman, L. (2005). *The skills of helping individuals, families, groups, and communities*.

Thomson Brooks/Cole.

Skovholt, T. M. (2012). *Becoming a therapist: On the path to mastery*. John Wiley and Sons.

Skovholt, T. M., & Rønnestad, M. H. (1995). *The evolving professional self: Stages and themes

in therapist and counselor development.* John Wiley and Sons.

Snowdon, D. A., Sargent, M., Williams, C. M., Maloney, S., Caspers, K., & Taylor, N. F.

(2020). Effective clinical supervision of allied health professionals: A mixed methods

study. *BMC Health Services Research, 20*(2), 2020. https://doi.org/10.1186/s12913-019-4873-8

Stoltenberg, C. D. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*(1), 59–65. https://doi.org/10.1037/0022-0167.28.1.59

Stoltenberg C. D. (2005). Enhancing professional competence through developmental approaches to supervision. *The American Psychologist*, *60*(8), 857–864. https://doi.org/10.1037/0003-066X.60.8.85

Stoltenberg, C. D., & Delworth, U. (1987). *Supervising counselors and therapists: A developmental approach.* Jossey-Bass.

Stoltenberg, C. D., & McNeill, B. W. (2010). *IDM supervision: An integrative developmental model for supervising counselors and therapists* (3rd ed.). Routledge. https://doi.org/10.4324/9780203893388

Stoltenberg, C. D., McNeill, B. W., & Delworth, U. (1998). *IDM supervision: An integrated developmental model for supervising counselors and therapists*. Jossey-Bass.

Stoltenberg, C. D., & Pace T. M. (2008). Science and practice in supervision: An evidence-based practice in psychology approach. In B. W. Walsh (Ed.), *Biennial review of counseling psychology* (pp. 71–95). Routledge.

Thompson, J. M. (2004). A readiness hierarchy theory of counselor-in-training. *Journal of Instructional Psychology*, *31*(2), 135+. https://link.gale.com/apps/doc/A119611688/HRCA?u=anon~3d0738d0&sid=googleScholar&xid=2deea908

Vallance, K. (2004). Exploring counsellor perceptions of the impact of counselling supervision

    on clients. *British Journal of Guidance & Counselling, 32*(4), 559–574.

    https://doi.org/10.1080/03069880412331303330

Walfish, S., McAlister, B., O'Donnell, P., & Lambert, M. J. (2012). An investigation of self-

    assessment bias in mental health providers. *Psychological reports*, *110*(2), 639–644.

    https://doi.org/10.2466/02.07.17.PR0.110.2.639-644

Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what

    makes psychotherapy work* (2nd ed.). Routledge.

Warren, J., Ahls, C., Asfaw, A. H., Núñez, J. C., Weatherford, J., & Zakaria, N. S. (2014). Ethics

    issues and training needs of mental health practitioners in a rural setting. *Journal of

    Social Work Values & Ethics, 11*(2), 61–75.

Watkins C. E., Jr (1998). Psychotherapy supervision in the 21st century: Some pressing needs

    and impressing possibilities. *The Journal of Psychotherapy Practice and Research*, *7*(2),

    93–101.

Watkins, C. E., Jr., & Scaturo, D. J. (2013). Toward an integrative, learning-based model of

    psychotherapy supervision: Supervisory alliance, educational interventions, and

    supervisee learning/relearning. *Journal of Psychotherapy Integration, 23*(1), 75–

    95. https://doi.org/10.1037/a0031330

Weigel, D. J., & Baker, B. G. (2002). Unique Issues in Rural Couple and Family Counseling.

    The Family Journal, *10*(1), 61-69. https://doi.org/10.1177/1066480702101010

Wheeler, S., & Richards, K. (2007). The impact of clinical supervision on counsellors and

    therapists, their practice and their clients. A systematic review of the literature.

Counselling & Psychotherapy Research, 7(1), 54–65.

https://doi.org/10.1080/14733140601185274

Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of "good" supervision

events. *Journal of Counseling Psychology, 43*(1), 25–34. https://doi.org/10.1037/0022-

0167.43.1.25

Zapf, M. K. (1993). Remote practice and culture shock: Social workers moving to isolated

northern regions. *Social Work, 38*(6), 694–704.

A STORY OF NORTHERN COUNSELLOR DEVELOPMENT

Envisioning Professional Growth through a Narrative, Developmental Framework

TYLER RINGDAHL

A STORY OF NORTHERN COUNSELLOR DEVELOPMENT

Envisioning Professional Growth through a
Narrative, Developmental Framework

TYLER RINGDAHL

UNIVERSITY OF NORTHERN BRITISH COLUMBIA
December 2023

-dedication-

With immense gratitude, I offer thanks to the great many people who have shaped this work, playing pivotal roles in my life, influencing my journey and propelling me down a path of purpose.

I am honoured to be writing this resource on the traditional territory of the Lheidli T'enneh, part of the Dakelh (Carrier) First Nations, stewards of the land who have taught me of the deep interconnectedness that binds us all, an integral feature of human wellness. I thank my mentor, Linda, for teaching me humility and the importance of honouring the context we find ourselves in, striving to support the voices of those who have been silenced.

I thank my family. My wife, for teaching me of grace and acceptance, displaying such patience, passion, and purpose, forever in my corner, guiding me in the search to balance the scales of social justice, which pushes me onward. My children, for being a constant reminder of humanity, permitting my presence in their worlds of wonder and ceaseless curiosity. My brother Mike, for showing me that we can be vulnerable and strong at the same time. My brother Matt, for showing me that we can live our lives untethered to the demands of society, finding peace in the pleasures of this world. I thank my mother for her enduring compassion and relentless resiliency in the face of hardship. She is a symbol of strength and a true testament to the Northern spirit.

Lastly, I would like to thank my father, who is no longer with us, yet at the same time, always with us. I thank him for embedding in me a sense of selflessness, bestowing upon me a duty to serve others and fight for those whose voices shout silently into the void.

This story is dedicated to all those who suffer in silence.

It is now time to tell this tale...

· CONTENTS ·
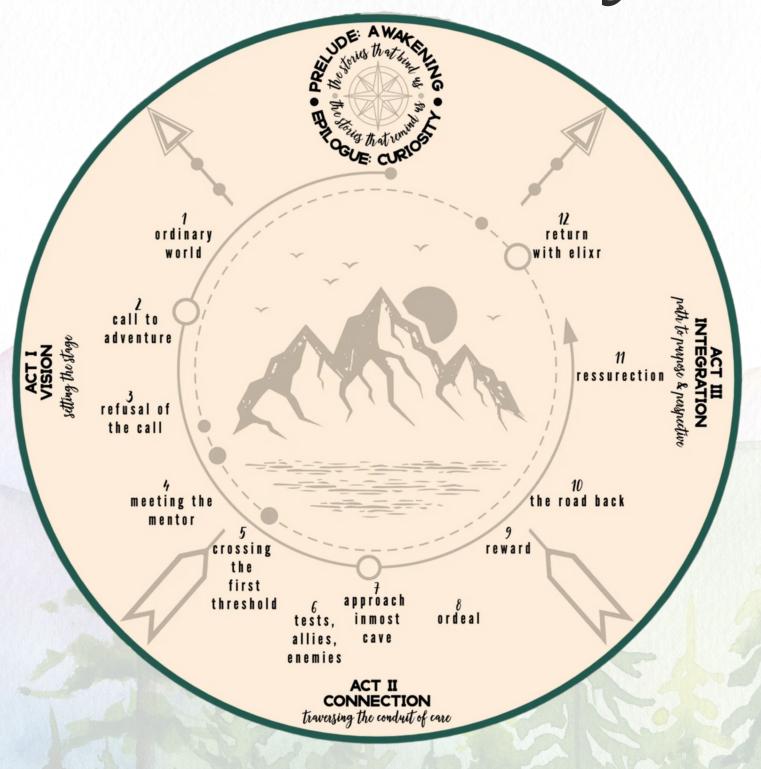
a map to...
The Hero's Journey

PRELUDE: AWAKENING

the stories that bind us

the stories that remind us

EPILOGUE: CURIOSITY

ACT I
VISION
setting the stage

1
ordinary world

2
call to adventure

3
refusal of the call

4
meeting the mentor

5
crossing the first threshold

6
tests, allies, enemies

7
approach inmost cave

8
ordeal

9
reward

10
the road back

11
ressurection

ACT III
INTEGRATION
path to purpose & perspective

12
return with elixr

ACT II
CONNECTION
traversing the conduit of care

PRELUDE

-AWAKENING-

the stories that bind us

the connection that intertwines us
the wonder that refines us
the narrative that aligns us
the path that designs us
the road that finds us
the truth that defines us

-awakening-

the stories
that bind us

Throughout time, people have held stories as sacred symbols representing the integral elements of what it truly means to be uniquely human. People are pulled into the depths of another's experience, submerged into the evocative language that gives shape to a complex inner world. Within this realm, individuals are subsequently left to make sense of their surroundings, carefully navigating a narrative journey, figuratively attempting to assemble the pieces of a puzzle that aids in understanding. Words are bound together with emotion and layered heavily with meaning, forming stories that draw forth a visceral response from those engaged in the text, capable of transfixing and transforming, opening a window into the many parts of ourselves. Through this ability to explore the substance of self, stories radiate this almost ethereal, magical quality, possessing the power to unearth meaning and purpose.

The Connection that Intertwines Us

The intricate tapestry of life is fabricated through tales told, with the act of storytelling emerging to weave cultures together in a universal, common expression that captivates and connects. Stories transcend differences among people, creating a bridge that brings diverse groups of individuals together and brings us closer to ourselves, granting access to our unique internal truths. We behold these truths in the presence of others, using stories as a medium to speak a common language, learning life lessons through collaborative co-construction. In this sense, discovering truth and purpose in life is bound to our connection to ourselves, others, and the world. As inherently social beings, human growth and development is intimately tethered to a connection to Mother Earth and the people who inhabit her. Traversing the mountainous terrain of life, it is through our interconnectedness to self, others and the world around us that we can strive to ascend higher peaks and endure the radical climates that can take hold, foregoing progress and forming barriers along the perilous journey of self-discovery. Alternately, detachment from the world and those in it can inadvertently strip away parts of our self, leaving our essence bare and vulnerable to threat, accentuating the critical need for connection.

The Wonder that Refines Us

Stories provide the conduit to explore the rich intricacies contained within our relationships. Interpretation is held in the mind of the beholder, moulded by the prism of our experiences, with meaning diffused and refracted through the unique lens with which we view the world. This determines what elements hold personal significance and provide guidance. We integrate the unknown into our values and belief system, slogging through the muddy waters of hidden cervices to find clarity of mind, sometimes encountering more questions than answers, being pulled in a multitude of directions as we seek our truth. As we begin to make sense of our internal world through this complex interplay of self-reflection situated in our social context, a sense of wonder is inevitably tapped into, generating a curiosity for the world and how we fit within it. This natural and distinctly human quality of searching for meaning can elicit vulnerability yet give rise to substantial personal growth.

The Narrative that Aligns Us

In designing this narrative piece, the aim was to leverage the deeply ingrained therapeutic value held within stories and employ the literary device of storytelling as a means to support human growth. I am proposing an integrative clinical supervision model that is constructed upon the unyielding compassion of a person-centred base, pieced together with elements of narrative therapy that form a framework for growth, all interpreted with an understanding of the nature of development, which serves as a blueprint for putting all the pieces together. Ultimately, this framework is intended to aid allies in conceptualizing change to assist counsellors in training with constructing meaning. Through telling and re-telling stories, people can better understand the various parts of themselves that make them who they are, providing structure and strength in this vital relationship. This distinct characteristic of storytelling embodies a reflective practice of seeking truth and generating insight, a fundamentally essential facet of counselling required to inspire growth, not only within the space practitioners hold with their clients but also within the space they hold within themselves. While this introspective space of personal discovery is undoubtedly challenging to navigate at times, allies are invaluable in aiding along the journey, helping to illuminate the possibilities that exist, and serving to connect and find clarity along the arduous path.

The Path that Designs Us

As we find our way in the world, those who enter the helping field to serve others can often attest to the seemingly inescapable happenstance of being led down the road to becoming a counsellor. While this path is intimately unique for all those who travel it, the hero's journey (Campbell, 2014) provides a means of conceptualizing the broader themes at play that influence and unify our experience. Utilizing the three-act structure, which includes the departure, the initiation, and the return, a format commonly found in storytelling, we can metaphorically envision the path practitioners will follow in their journey toward personal and professional growth. More specifically, as we deconstruct the process of change, we see a departure into the unknown, initiation into a new way of being after exposure to various trials and tribulations and a return into a new understanding of self, having changed and grown from the experience. For the purpose of this project with the goal of exploring practitioner development, these three acts will be redefined as vision, connection, and intention to more accurately depict the developmental path of a developing helper.

The Road that Finds Us

Expanding upon these three phases, Christopher Vogler (2007) refined each act to include several stages within each that illustrate every step along the way. Within the first act, we witness the ordinary world, the call to action, the refusal of the call, and the meeting of the mentor. As the story progresses into act two, the hero crosses the first threshold, is tested and learns of allies and enemies, approaches the inmost cave, faces an ordeal, and is subsequently rewarded. In the final act, we see the hero face the road back, endure a resurrection, and eventually return with the elixir. As they apply to counsellor development, these elements will be dissected in greater depth throughout the remainder of the paper.

The Truth that Defines Us

Understanding this rocky road that defines the developmental trajectory of professional growth, clinical supervisors can become further attuned to a counsellor's needs. The integrated developmental model (IDM) (McNeil & Stoltenberg, 2016; Stoltenberg et al., 1998; Stoltenberg & McNeill, 2010) serves as an excellent means of considering the various stages a counsellor moves through throughout their journey of professional growth. This is partly due to its robust description of supervisee processes and its applicable nature through suggested supervisor interventions, making it the most accepted and utilized stage developmental model of supervision (Bernard & Goodyear, 2019).

-prelude-

IDM
Integration

From an IDM perspective, counsellors progress through a series of four stages across the following eight domains: intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics. It is imperative to remember the iterative, non-linear nature in which individuals can progress in these areas, sometimes provoking feelings of dismay that give rise as certain competencies become better understood. The IDM identified self-other awareness, motivation and autonomy as specific markers indicating growth within the four stages. Self-other awareness refers to the location of an individual in terms of awareness of the client's inner world and self-preoccupation, focusing on the elements of cognition as it relates to thought content and affective components of emotional change. Motivation is indicative of where the supervisee sits in relation to interest and effort expelled in practice and training. Autonomy signifies the level of independence displayed. Based on predictable barriers, stages of growth, and processes within, supervisors can more effectively anticipate and plan for support of what is yet to come.
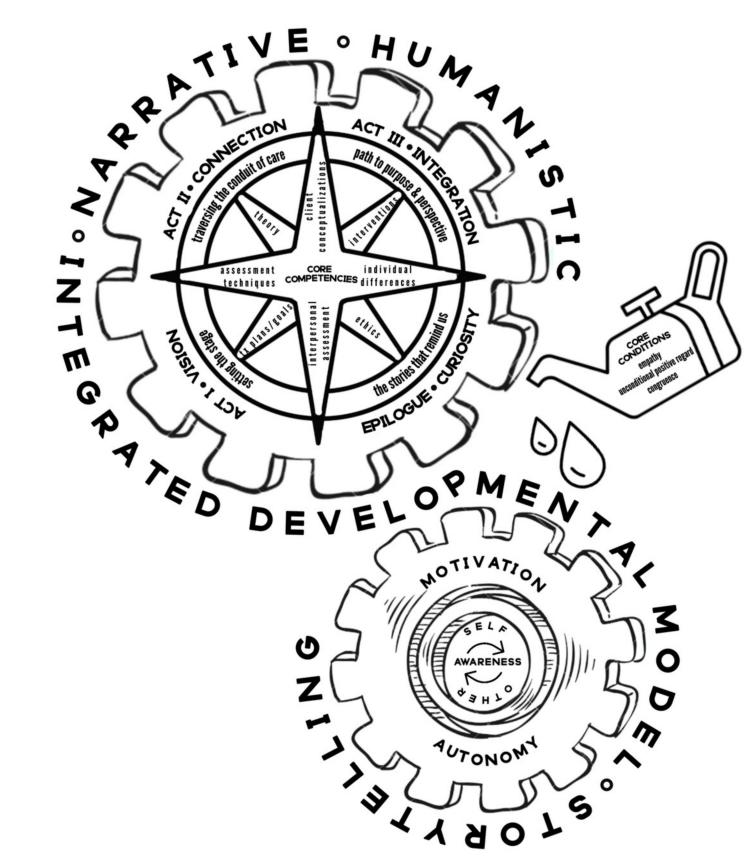
When this appreciation for the many facets and complicated nature of professional growth in the helping field is paired with a profoundly humanistic approach (Rogers, 1957), connection is cultivated. Supervisors can then explore a counsellor's journey within a narrative framework (White & Epston, 1990). using techniques that naturally lend themselves well in eliciting and thickening a progressing storyline, lending support to a protagonist as they travel down the road to self-discovery. While the domains listed above are critical for practitioner success within the counselling field, and attention to their development is important, the focus of this paper will centre on how to best conceptualize, foster, and support ongoing counsellor growth through introspective awareness within a supervisory context as envisioned through the hero's journey. The specific markers of self-other awareness, motivation and autonomy will be incorporated throughout the various steps along the hero's journey to contextualize and add depth of understanding to the experience of evolving as a professional counsellor.

an awakening...

THE HERO'S JOURNEY

PRELUDE · AWAKENING

-the stories that bind us-

NARRATIVE ∘ HUMANISTIC ∘ INTEGRATED DEVELOPMENTAL MODEL ∘ STORYTELLING

ACT II · CONNECTION
traversing the conduit of care

ACT III · INTEGRATION
path to purpose & perspective

theory

client conceptualizations

interventions

assessment techniques

CORE COMPETENCIES

individual differences

plans/goals

interpersonal assessment

ethics

ACT I · VISION
setting the stage

EPILOGUE · CURIOSITY
the stories that remind us

CORE CONDITIONS
empathy
unconditional positive regard
congruence

MOTIVATION

SELF
AWARENESS
OTHER

AUTONOMY

A Story of Northern Counsellor Development:
Envisioning Professional Growth through a Narrative, Developmental Framework

ACT I

-VISION-

setting the stage
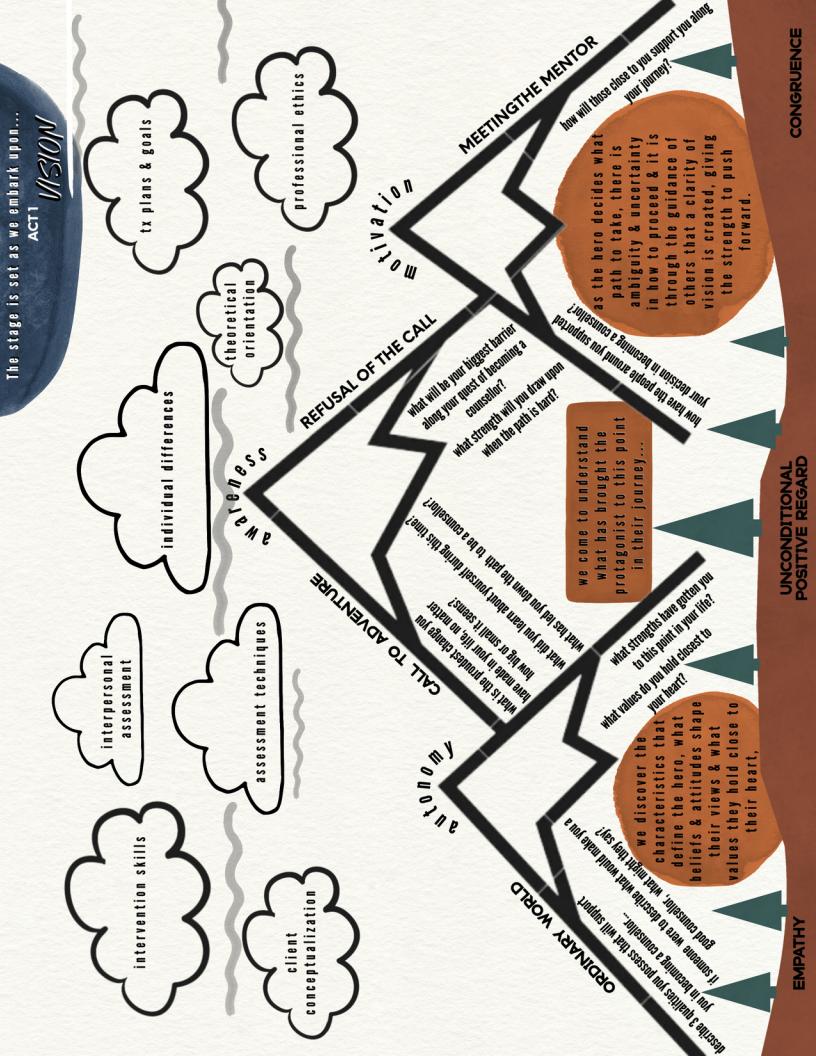
ordinary world
call to adventure
refusal of the call
meeting the mentor

-vision-

setting
the stage

The stage is set as we embark upon the first act, 'vision.' This act is defined by humble beginnings as the audience comes to understand what has brought the protagonist to this point in their life. We discover what characteristics define this individual, what beliefs and attitudes shape their views, and what values they hold close to their heart. As the hero decides what path to take, there is ambiguity and uncertainty in how to proceed, and it is through the guidance of others a clarity of vision is created, giving the strength to push forward. It all begins in an ordinary world, where our hero receives a call to adventure, which they are initially reluctant to accept, and they eventually meet a mentor to support them along the way.

VISION

The stage is set as we embark upon...

ACT 1

Clouds (left side):
- tx plans & goals
- professional ethics
- theoretical orientation
- individual differences
- interpersonal assessment
- assessment techniques
- intervention skills
- client conceptualization

MEETING THE MENTOR

Motivation

as the hero decides what path to take, there is ambiguity & uncertainty in how to proceed & it is through the guidance of others that a clarity of vision is created, giving the strength to push forward.

how will those close to you support you along your journey?

how have the people around you supported your decision in becoming a counsellor?

REFUSAL OF THE CALL

awareness

what will be your biggest barrier along your quest of becoming a counsellor?

what strength will you draw upon when the path is hard?

we come to understand what has brought the protagonist to this point in their journey...

what did you learn about yourself during this time? what has led you down the path to be a counsellor?

CALL TO ADVENTURE

autonomy

what is the proudest change you have made in your life, no matter how big or small it seems?

what strengths have gotten you to this point in your life?

what values do you hold closest to your heart?

we discover the characteristics that define the hero, what beliefs & attitudes shape their views & what values they hold close to their heart,

---

ORDINARY WORLD

describe 3 qualities you possess that would make you a good counsellor.

if someone were to describe what would make you a good counsellor, what might they say?

CONGRUENCE

UNCONDITIONAL POSITIVE REGARD

EMPATHY

–1–
Ordinary World

We are comforted by what is known and familiar. We seek predictable paths that present pleasing patterns to the mind. Here, we unearth an innate feeling of contentment in what we recognize, which grounds us in safety through predictability. Many counsellors are pulled to the helping field, drawn by a similar innate desire for an internal balance, yet this is found through the service and connection of others. We are familiar with suffering and thus seek to restore equilibrium, attempting to help discover new norms capable of comforting those around us. Working with others invariably demands that a counsellor also look inward, taking stock and analyzing aspects of self, dissecting why they carry forth. As counsellors share space, the clients are not the only ones left bare and vulnerable. This process reveals much about the individual's life and what matters to them. It allows a greater appreciation for their unique characteristics, setting them apart from others.

-2-
Call to Adventure

This step of the adventure sees the counsellor continuing to reflect on their own experiences to better understand the purpose behind the pursuit of such work. They discover the distinct qualities they are equipped with to handle the journey and what has transpired, bringing them to this point. The process of self-reflection sparks insight into the particular characteristics they possess that readily lend themselves to the support of others. At this point, an individual is confronted with the true reality of becoming a counsellor. They see the unique qualities that compose their character and, in many ways, have contributed to their involvement in the field before conscious awareness, an alignment between their personal and professional selves. A call to action is generated, forcing a person to push forward into unfamiliar terrain, generating hesitation as people become acutely aware of the demands placed upon them. The stakes of the adventure and personal goals are beginning to take shape as the individual is propelled beyond their comfort zone, weighing the costs of such an endeavour. The high value placed on the welfare of others stabilizes and grounds people in the purpose of this work, supporting an individual to withstand the reluctance that arises. This level of comfort allows one to endure the struggles that lie ahead, knowing that there is significant meaning in their work.

-3-
Refusal of the Call

Lying in wait beyond the call to adventure is the refusal of this call, a hesitance fabricated from uncertainty, casting a shadow of doubt over our heroes as they traverse unfamiliar terrain and begin to truly appreciate the gravity of the road that lies ahead. This stage may represent a time when an individual digs in their feet and wonders whether it is all worth it. The risks and perils give a person pause until they can find their footing to proceed, becoming better acquainted with the demands that will be required of them. This can be a time of internal conflict as thoughts and feelings vacillate within counsellors, and they process their decision to dedicate their lives to the service of others and whether or not it is for them.

–4–
Meeting the Mentor

After deciding to enter the counselling profession, the next question is exactly how to do so and in what direction. There is a pivotal moment when an individual so accustomed to helping and aiding others is put in the position of asking for help to engage in their work more effectively. This is where mentors enter the stage, assisting as key allies in the quest ahead. Alongside sufficient training, clinical supervision serves as a substantial source of support to buffer ill effects and guide counsellors along their journey of intra- and inter-personal connection. Supervision is the compass that orientates counsellors, provides guidance along unfamiliar roads, creates a sense of safety through experience, inspires confidence with increased awareness of self and others, maintains motivation with progress, and ultimately increases autonomy in the process of co-constructing truths on the path to purpose. Mentors can also appear in the form of colleagues, family, or possibly even objects such as theoretical orientations or reflective practices. Even more importantly, clients themselves function as a vital component of mentorship, providing an abundant source of invaluable information about counsellors and how they relate to others.

-act I-

IDM
Integration

Drawing upon the stage developmental model of IDM, this act represents a period of newness for the beginning practitioner who is adjusting to a novel role or perhaps focusing on developing a particular skill or therapeutic modality. Motivation tends to be high due to the presence of anxiety and the pressure to use the 'best' or most 'correct' approach while working with clients. Autonomy is guided by presenting needs but is inclined to include more structure to support confidence and include positive feedback, which fuels acceptance of self, an essential quality to handle the obstacle of self-doubt that arises. Awareness is in a stage of growth, with clinicians commonly experiencing a disconnect in the affective domain and a preoccupation with self. As a supervisor serving as a mentor, it is essential to focus on creating a healthy working therapeutic relationship which fosters honesty and trust, creating a safe environment capable of exploring vulnerabilities with openness and humility. The therapeutic triad of empathy, genuineness and unconditional positive regard (Rogers, 1957) becomes instrumental in achieving these ends, infusing the relationship with deeply humanistic qualities that honour the developmental stage of a beginning counsellor. By attending to the counsellor's needs and specifying how they approach the work, a supervisor can then build upon strengths and empower them in a time of need, where support and encouragement are as important as practical practice advice. Understanding and trust in self is the foundation upon which skills and competencies can be built. Once self-absorption is reduced, McNeill and Stoltenberg (2016) suggest using questions and probes to explore and focus on key areas, allowing for development in counselling competencies.

As the first act concludes, the stage is set to venture forth into the unknown with a clearer vision of what is to come. The hero has answered the call to adventure despite uncertainty creeping into the comfortable space of what is known and familiar. Equipped with a greater understanding of self, there is an acknowledgment of the foundations upon which their character rests and the pillars that will uphold their practice. There is an appreciation for the struggles of what is yet to come and an awareness of the people and tools that will serve the crucial role of providing guidance and support along the way.

a vision...

ACT II

-CONNECTION-

traversing the conduit of care
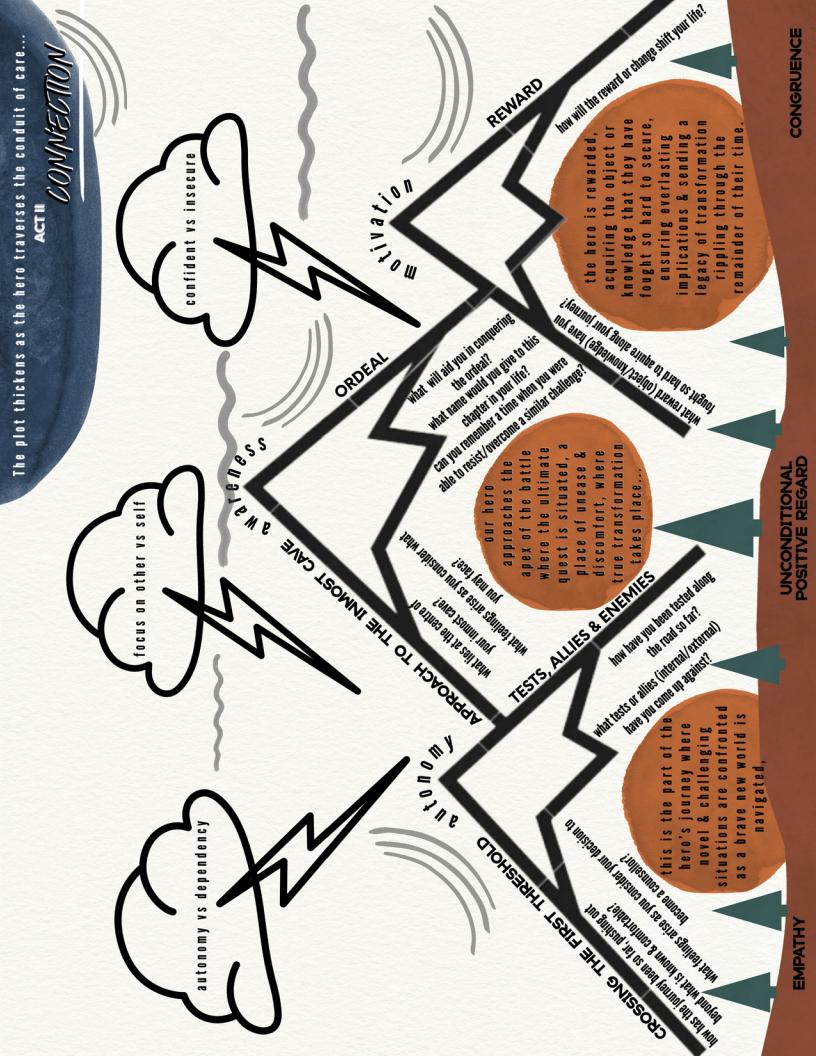
crossing the first threshold
tests, allies, enemies
approach inmost cave
ordeal
reward

-connection-

traversing the
conduit of care

The plot thickens as the hero presses onward in their journey, traversing the conduit of care, delving deep into the second act, 'connection.' This is the part of the hero's journey where they confront novel and challenging situations as they navigate this brave new world. Through these experiences, lessons are learned in how to share space with others and connect with people's stories in a manner that holds meaning, such that our stories become intertwined, and we co-construct truths for that which matters. This level of connection inevitably brings about substantial personal growth but is not without internal conflict as the process pushes the hero into uncomfortable expanses of their own psyche. We begin this leg by crossing the first threshold, encounter tests, allies, and enemies, approach the inmost cave, facing an ordeal, and are finally rewarded.

The plot thickens as the hero traverses the conduit of care...

ACT II

CONNECTION

confident vs insecure

focus on other vs self

autonomy vs dependency

REWARD

Motivation

how will the reward or change shift your life?
what reward (object/knowledge) have you fought so hard to aquire along your journey?

the hero is rewarded, acquiring the object or knowledge that they have fought so hard to secure, ensuring everlasting implications & sending a legacy of transformation rippling through the remainder of their time.

ORDEAL

awareness

what will aid you in conquering the ordeal?
what name would you give to this chapter in your life?
can you remember a time when you were able to resist/overcome a similar challenge?

our hero approaches the apex of the battle where the ultimate quest is situated, a place of unease & discomfort, where true transformation takes place...

APPROACH TO THE INMOST CAVE

what lies at the centre of your inmost cave?
what feelings arise as you consider what you may face?

TESTS, ALLIES & ENEMIES

how have you been tested along the road so far?
what tests or allies (internal/external) have you come up against?

autonomy

CROSSING THE FIRST THRESHOLD

how has the journey been so far, pushing out beyond what is known & comfortable?
what feelings arise as you consider your decision to become a counsellor?

this is the part of the hero's journey where novel & challenging situations are confronted as a brave new world is navigated,

CONGRUENCE

UNCONDITIONAL POSITIVE REGARD

EMPATHY

-5-
Crossing the First Threshold

Crossing the first threshold marks the initial stage of transition into the second act of the journey. The stage has been set, yet in many ways, there is a feeling that the adventure is just beginning. Although the hero has a sense of themselves, this notion will be challenged as they unfurrow their sails and set forth into even more remote lands. A practitioner or counsellor in training takes on the responsibility of a caseload, bracing themselves against the feeling of immense pressure as strangers entrust their welfare into their hands. In some ways, there is a feeling that there is no turning back, a level of commitment produced by having made it this far.

–6–
Tests, Allies, Enemies

This stage reflects significant personal growth as the hero enters a new world, facing predictable and unforeseen challenges. Consequently, there is a substantial shift in perspective as the hero comes to an enhanced understanding of their situation, recognizing the lay of the land and how to navigate the surroundings. This developmental stage is generally prolonged as individuals experience a series of frustrations in response to the challenge of new tests that reveal inadequacy or struggles in particular areas of competence. There are growing pains throughout this recursive process as an individual's drive for growth and development is contested by stagnation and confusion (Loganbill et al., 1982), which mercilessly knock confidence off-balance and make counsellors question themselves. This period also expands allies as counsellors recognize and refine their practice, realizing their particular skillset and the elements that will complement their work, allowing them to function optimally. As allies are identified, coalitions are formed, and a support network is built to enable practitioners to reach out in times of need. Consistent supervision provides an avenue for generating insight and awareness into self and others, sustaining motivation, and working towards greater autonomy.

–7–
Approach Inmost Cave

As the adventure continues, our hero finds themselves approaching their goals, an apex of personal and professional growth that has perhaps felt long out of reach yet always worked towards. These monumental gains symbolize the dedication and effort expelled during demanding times, with counsellors persevering in the face of adversity and reaching the summit of the battle where the ultimate goal of the quest is situated. This stage is representative of an approach to this setting of unease and discomfort, where true transformation takes place. In the story of a counsellor, this location is often figuratively positioned within their mind. It lives in the doubts, fears and anxieties that can grip practitioners, immobilizing their sense of ability to progress. Counselling is a profession so profoundly personal and built upon connection such that a counsellor's perceived inadequacies are habitually considered tantamount to a reflection of self and who they are as a person. The inmost cave, therefore, represents this space of uncertainty, a part of the mind where the battle of competence and contentment takes place.

–8–
Ordeal

Everything the hero has been working towards has led to this point in the story. The protagonist must now face off against the biggest test of all, conquering the barriers their mind creates. This stage is rife with internal conflict as the hero is met with the anxiety, fear and uncertainty that define personal growth and development within the counselling field. Despite the client being the centre of attention, a counsellor is subject to significant introspective reflection as they explore the qualities of themselves that allow them to function within the role as an agent of change. The preoccupation with self during the first act shifts to focusing on clients as clinicians garner an increased ability to empathize and attend. A key goal during this time is to become truly present, settling into a space of self-confidence that allows the counsellor to respond in the moment with a genuine, authentic manner while combatting a confidence that waxes and wanes between feelings of insecurity and competence. It becomes evident that one must know oneself to be present with others; in this way, self-awareness becomes an avenue for connection. Much like empathy, congruence and unconditional positive regard are the foundational building blocks for connection with others, these qualities enhance our relationship with self, which in turn supports us in establishing bonds with others. Intrapersonal blocks and barriers are a cognitive distraction, making it challenging to reach outside of self. Connecting to the heart and moving from a more cognitive framework to the affective domain grants us a pathway to producing authentic, genuine connection by being ourselves. Survival of this stage will inexorably lead to significant growth and transformation as a greater degree of balance is achieved, spawning a renewed sense of self.

–9–
Reward

The reward is the momentous stage of the quest, where the hero has acquired the object or knowledge they have fought so hard to secure. Once within their possession, the reward has everlasting implications, touching an individual in life-altering ways and sending a legacy of transformation rippling through the remainder of their time on Earth. The reward counsellors seek in their professional development is a place of contentment in their practice, where a certain level of competence has been acquired, leading to comfort in their approach to working with others. While there will always be room for growth, counsellors at this level have a keen awareness of their strengths and areas where they would benefit from development, as well as an acute understanding of self within the therapeutic context.

-act II-

IDM
Integration

As counsellors build upon their base of understanding of their selves, the second act is a time of refinement and growth. High dependence within the first act is replaced with increased awareness and understanding supporting amplified autonomy. According to IDM, motivation at this time is unsettled as counsellors fluctuate between periods of confidence, insecurity, and confusion. The cyclic nature of moving through these experiences marks this stage, at times debilitating counsellors who struggle with the instability of the change process. There is a certain level of independence at this stage, although we witness a similar vacillation found in motivation as individuals contend with needs for autonomy versus dependency, which can stress the supervisory relationship. A greater awareness of others is achieved, allowing the focus to shift from self in a positive manner, with the counsellor more adept at expressing empathy.

At the conclusion of the second act, we see the hero reach the apex of their quest. They began their journey setting forth from a familiar land and quickly found themselves in an unknown wilderness, prepared to take on what lay ahead with a sense of self and purpose, aided by allies. While the first act gave birth to a vision, the second act saw our heroes grow and develop in extraordinary ways, crossing the first threshold as they were bombarded with tests and challenges that taught them of friendship and fear. This stage bore witness to the primary crux of the developmental process. As the hero approached their inmost cave, they built up confidence to face what was most dreaded: professional inadequacy. Exposure to relentless pressure has refined the counsellor's presence, forming a unique gem forged in the fire of trials and tribulations and quenched in the glory of personal growth. This is the reward, growth, and acceptance through a deep connection to self and others, thus breathing life into the cause and reinforcing the decision to accept the call to adventure.

connected...

ACT III

-INTEGRATION-

path to purpose & perspective
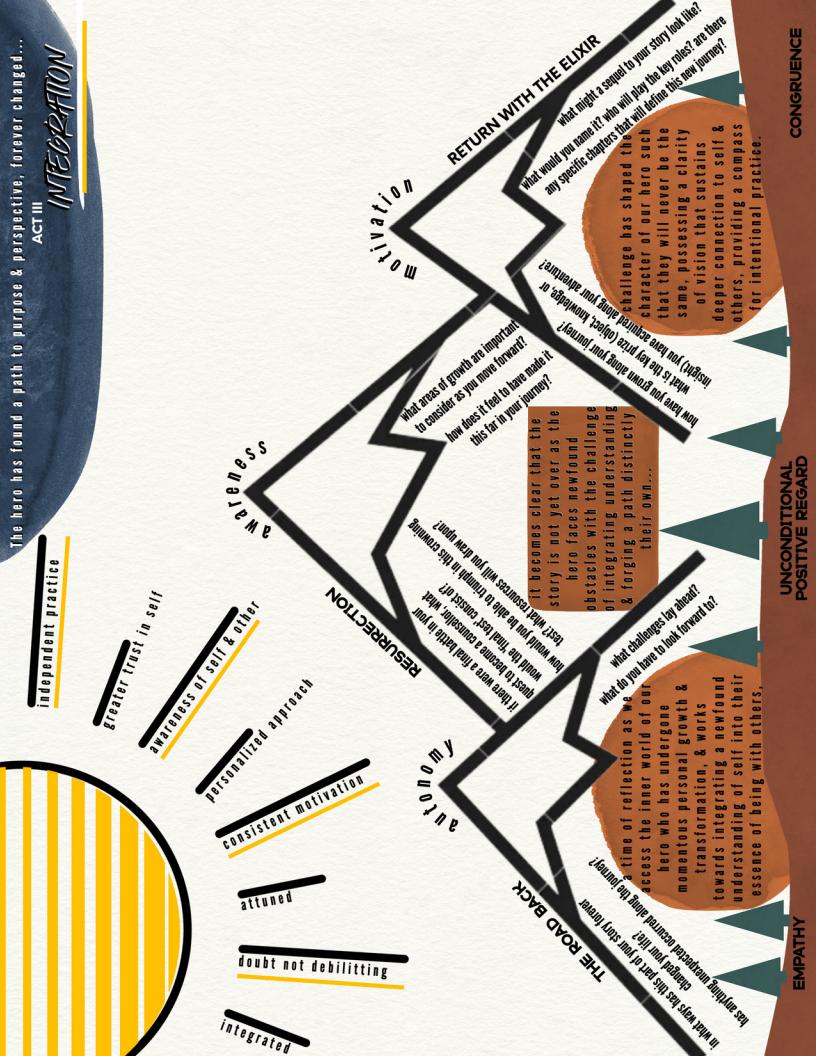
the road back
resurrection
return with the elixir

-intention-

path to purpose
& perspective

The final act of this journey encompasses a path to purpose and perspective, 'intention.' This leg of the adventure provides a clear window into the inner world of our hero, who has undergone momentous personal growth that has forever changed their life. We see our hero transformed as they integrate a newfound understanding of self, attained through experiential exercises, into their essence of being. Challenges have shaped the character of our heroes such that they will never be the same. They now possess a clarity of vision that sustains a deeper connection to self and others, subsequently providing a compass for intentional practice, revealing a path to purpose shaped by adversity, resiliency, and courage in accepting the call to action. At this point in the journey, the hero travels the road back, having attained the reward for their effort. It becomes apparent that the story is not yet complete and that the hero must face the consequences of growth, encountering newfound obstacles and the challenge of integrating previous understandings such that they can forge a path distinctly their own, navigating their autonomy. The culmination of this stage is the creation of a newborn sense of peace and contentment, crafted from connection and reinforced through reflective practice. This stage sees the hero progress along the road back, experience a resurrection, and finally, return with the elixir.

ACT III

The hero has found a path to purpose & perspective, forever changed...

INTEGRATION

RETURN WITH THE ELIXIR

what might a sequel to your story look like?
what would you name it? who will play the key roles? are there any specific chapters that will define this new journey?

motivation

challenge has shaped the character of our hero such that they will never be the same, possessing a clarity of vision that sustains deeper connection to self & others, providing a compass for intentional practice.

how have you grown along your journey?
what is the key prize (object, knowledge, or insight) you have acquired along your adventure?

what areas of growth are important to consider as you move forward?
how does it feel to have made it this far in your journey?

awareness

it becomes clear that the story is not yet over as the hero faces newfound obstacles with the challenge of integrating understanding & forging a path distinctly their own...

how would you be able to triumph in this crowning test? what resources will you draw upon?

if there were a final battle in your quest to become a counselor, what would the 'final test' consist of?

RESURRECTION

autonomy

what challenges lay ahead?
what do you have to look forward to?

a time of reflection as we access the inner world of our hero who has undergone momentous personal growth & transformation, & works towards integrating a newfound understanding of self into their essence of being with others,

THE ROAD BACK

in what ways has this part of your story forever changed your life?
has anything unexpected occurred along the journey?

CONGRUENCE

UNCONDITIONAL POSITIVE REGARD

EMPATHY

independent practice

greater trust in self

awareness of self & other

personalized approach

consistent motivation

attuned

doubt not debilitating

integrated

–10–
The Road Back

The road back highlights the reality that the adventure is not yet complete. Along the path home, there is a striking realization that the journey may never be over, as the world is wrought with challenge and hardship. Yet, this dire perspective is softened as the hero begins to view these obstacles as opportunities for gratitude and growth. Throughout this stage, there is continued learning and development as individuals integrate new understandings into their way of being with others. The consequence of substantial growth experienced in early acts is the development of an overwhelming awareness of how much one truly does not know. This may bring about feelings of insignificance within the profession as counsellors attempt to reorientate themselves and find comfort in their knowledge base and approach in practice. The need for continued professional development ascends as a necessity for sustained competency.

–11–
Resurrection

The resurrection symbolizes the true climax contained within the storyline. This becomes the culmination of everything our hero has worked so hard towards. They have created a vision, established greater connections with self and others, as well as integrated awareness into the various parts of their self. Our hero must utilize their complete arsenal of attributes and allies to support them, resisting the weight of this new challenge and conquering the battle that lay ahead. During this stage, counsellors are subjected to the burden of bearing witness. In this realm, compassion fatigue can spread its poison, taking hold and threatening to sever a practitioner from the connection to their profession, which provides them with such meaning and purpose. Helpers are constantly confronted with the challenge of supporting others with the need to retain an astute awareness of self, observing the intricate manner in which the nature of the work is continuously shaping views of themselves, the people around them, and the world they live in. To combat the ill effects of compassion fatigue, the antidote required is continued engagement in reflective practice, a process that facilitates ongoing awareness and appreciation of self and others.

-12-
Return with the Elixir

The final stage of the hero's journey is the protagonist's return with the elixir. While the hero has found their way home, it is no longer recognizable as they see their surroundings with a new perspective. Their adventure has forever changed them, stretching their comfort zone beyond the familiar walls of what was known. There is a new appreciation for how big the world is and how much is left to explore. The true elixir was discovered not in the skills and abilities developed but instead embedded within the complex interplay of processes in developmental change that saw our character grow and transform in inexplicable and brilliant ways. As counsellors come to appreciate the tremendous overlap between their personal and professional identities, they also come to an awareness of the vital importance of understanding self as a means to support others. The value of self-discovery as an avenue to authenticity aiding the ability to presence with others cannot be overstated. With this curiosity, interest in the field will be sustained, permitting continuous growth throughout one's career. Despite returning to a state of homeostasis where integration has led to an abundant space of comfort, it is clear that the adventure is far from over. There will always be something new to learn, and we hope our heroes will constantly strive toward ongoing professional growth.

-act III-

IDM
Integration

The final act reflects a phase of integration, with counsellors navigating towards an even deeper sense of self that brings about a personalized approach to conducting themselves in therapy. The IDM theorizes that a counsellor's motivation is now at a consistent level, with occasional doubt surfacing yet not impacting service delivery. A counsellor's autonomy has reached a peak as they venture out to begin independent practice, carrying greater trust in themselves and their professional judgment. Awareness again reverts back to self as in the first act. Yet, it is distinctly different in that counsellors can now attend to the feelings that surface within themselves, helping to conceptualize a client's issues and effectively attend in session. Counsellors become attuned to their strengths and areas that could benefit from refinement, thus providing a focus for subsequent professional developmental tasks.

As we conclude our hero's adventure, we fondly reflect upon the humble beginnings that have given rise to such strength and growth. A strong vision began the first act of the journey, with the individual taking stock of the purpose and meaning behind their decision to embark upon their goal of becoming a counsellor. This was a time of reflection as they considered the qualities that naturally suited them to successfully pursue such a profession, shaping their lives such that they were directed towards this endeavour. Connection marked the thematic focus of the second act, with our hero encountering significant internal conflict as they traversed the conduit of care, characterized by confidence, insecurity, and confusion. While the first two acts consisted of remarkable learning, the third act shifted to a place of incorporating and integrating these teachings into a new way of being. Our hero learns that change is one of the only things constant in life. Without ongoing, deliberate attention to shifting internal and external landscapes, a counsellor is at risk of debilitating consequences that impact their ability to function well within and outside their profession. Alternatively, thoughtfulness and responsiveness to our personal and professional needs will invariably safeguard longevity in the field, infusing our hero's life with meaning and purpose through the support of others.

integrated...

EPILOGUE

-CURIOSITY-

the stories that remind us

support through storytelling
navigating a new world
elements of evolution
scraping the surface

-curiosity-

the stories
that remind us

The road to becoming a counsellor demands much from the aspiring helping professional, stripping their soul bare as they tread down the unrelenting path towards purpose, leaving vulnerable parts of themselves open and exposed, susceptible to the fears that threaten to poison progress. It can be overwhelming considering the gravity of the work, especially in the initial stages of development, as the nature of this new habitat seems so wild and overgrown, making it difficult to traverse and frequently reminding a person of their inadequacies. Each step forward provokes intense personal scrutiny, often carrying the heavy weight of personal reflection, although subsequently building strength and allowing individuals to advance meaningfully. It is a time of growth and reintegration as a person prunes pieces of themselves that no longer serve a purpose. They refamiliarize themselves with aspects that have gone unattended as the focus shifts to what truly matters for the individual. While thickening the narratives that map this journey, our main character takes on a more active role in writing the script, moving beyond the boundaries of the character played for so long. A new setting provides the prospect for new ways of being, generating a stronger voice in our lead character, illuminating the possibilities that exist outside of what is comfortable. The ego is targeted as all elements of self are recognized, cleansing our being in the honest reality of the range of our human experience, humbly embracing the failures, losses, and pain that authentically define the human experience, cloaking us in a nature destined for personal heroics. We bear witness to the developmental process that explains the road travelled along the journey, the wheel of time grinding the gears of growth where development is facilitated by the turning of tales. These stories are lubricated with a therapeutic presence, melding empathy, congruence and unconditional positive regard into an oil that eases the tension of progression. We are unbound by the internal and external restraints that slow progress, applying awareness as a key to unlocking personal autonomy and motivation for moving into new terrains with the confidence and courage to face unforeseen challenges.

Support through Storytelling

As the travels continue, new allies are discovered, and trust is sought in self. Supervisors materialize as collaborators in this quest to support counsellors in achieving these aims of professional growth and competency, realized through an emphasis on personal development. An integrated developmental model that utilizes elements of narrative therapy is one such instrument available for supervisors to support conceptualizing the process and assisting counsellors in their efforts toward professional growth. In particular, the narrative structure of storytelling is capable of increasing understanding, validating experiences and exploring intricate elements of practice to generate meaning. Stories provide a framework to explore the narratives that define the counsellor's trajectory of development, with the hero's journey emerging as a familiar landscape that allows people to draw meaning from their experiences and find companionship as they relate to the trials and tribulations commonly experienced, dispelling existential fears of isolation along the road. Stories remind us of our bond not only with those around us, but also, within us. There is tremendous power in stories and even more power as we take control of the narratives that guide our direction, freeing us from the constraints of the page and allowing us the self-determination to liberate the parts of ourselves that have remained suppressed. It is a time of openness and curiosity as we unfetter our inner voice, giving rise to the possibility of what can be and not being restricted by perceptions of what is or what needs to be. We witness an integration between our protagonist's social, personal, and professional parts that blend beautifully to form a unique contextual character, affected by the narrative and environment they are so deeply submerged within. Awareness is acquired about relational practice and what it truly means to be with another through their suffering and loss, holding hope with an empathetic, genuine presence, and persisting beyond pain to empower and enlist others in the search for meaning and purpose in their lives.

Navigating a New World

The hero's journey thus serves to provide further structure within the narrative landscape, supporting the exploration of a new world, navigating the unexpected, and anticipating the twists and turns of self-discovery that are at times discombobulating yet hold so much value in giving shape to a clarity of vision that aids in an understanding of who we are and our purpose. As counsellors follow their professional path, it is with a natural sense of curiosity and an interest sparked in pursuing what lies in surprise beyond the next corner. Through the dust emerges a weary traveller, cloaked in lessons learned of life, invigorated by a place of peace in practice, paired with an awareness of self and others, the elements that allow for the attainment of the ultimate reward of connection. The lesson that rises out of the rubble, of a route riddled with reservation and revelation, is the realization that the road, rather than the destination, is what defines and influences the traveller along the way.

Elements of Evolution

Stories thus serve to guide and direct the support of counsellor development as an element of evolution, words painting a picture of the complex interchange inherent in the process of change. Storytelling humanizes the confusing experiences held dear within the trajectory of growth, giving shape to the expansive range of emotional impact that defines self-discovery, a key element in counsellor development. A humanistic approach becomes paramount in fortifying safety in the structure of exploration as supervisors work alongside beginning counsellors who are apt to face role confusion as they pursue the path to competency in the field. Meaning is discovered in the context of others, with narrative structures granting access to an individual's inner experience, providing a creative platform for examining the self. Storytelling is a uniquely human quality, providing a means of connecting and navigating concerns, revealing immense therapeutic value. As experiences take the shape of stories and storytelling is used as a literary device to share moments in time, messages take on a shape of their own, moulded and manipulated by the minds that mull them over. Our unique set of experiences determines what life the words will come to represent, capable of speaking distinct messages at distinct points in our lives. The words are alive and fashioned by the fluid context they are bred within. Stories will live on, representing the struggles and triumphs that have shaped lives, taking on an essence of their own, a legacy that extends well beyond the pages of any book and penetrates the minds of those open to interpreting the meaning contained within. They provide the conduit to explore and make sense of our professional experiences, such that we can pull apart the elements of our counselling practice and reassemble the pieces in a manner that holds meaning and allows us to engage in a practice that feels right.

Scraping the Surface

While the conclusion of act three signifies a period of significant personal transformation as our hero moves beyond the struggles that come to define them, albeit a naturally pleasing and picturesque way to conclude such an epic quest towards growth and change, the reality of the experience is not so neatly bound in the cliché happily ever after narrative. Despite undergoing a vast developmental maturation reflected in immense inter- and intra-personal growth, it becomes evident that the journey is not yet over. As counsellors come to understand and accept the intricate parts of themselves that unify their experience, it is with an honest appreciation that they realize they have only scraped the surface, leaving much left to be explored. They have cautiously approached and gotten acquainted with their authentic self. Now, the path advances beyond the realm of what has been written, providing an opportunity to chart new territory in the creation of a novel narrative. At this time, we are better equipped with the knowledge and understanding of the perils of our unique journey to develop further as counsellors, recognizing what will aid us along the way. We pack our bags with the necessities of unconditional positive regard, empathy, and authenticity, reflecting upon what will serve us best as we embark. We connect with like-minded companions, including colleagues and supervisors, who provide mentorship to support our practice. Still, most importantly, we connect with ourselves, employing reflective practices to allow openness to curiously explore our experiences and those of the individuals we support. We arm ourselves with the introspective habits that will protect us along the way, setting out again to stretch beyond what is comfortable, wading alongside our clients in the uncertainty that clouds discovery.

the story has only just begun...

-RESOURCES-

the story has only just begun

The stage is set as we embark upon...

VISION

ACT 1

VISION (sidebar)

tx plans & goals

professional ethics

theoretical orientation

individual differences

interpersonal assessment

assessment techniques

intervention skills

client conceptualization

MEETING THE MENTOR

m o t i v a t i o n

as the hero decides what path to take, there is ambiguity & uncertainty in how to proceed & it is through the guidance of others that a clarity of vision is created, giving the strength to push forward.

how will those close to you support you along your journey?

how have the people around you supported your decision in becoming a counsellor?

REFUSAL OF THE CALL

a w a r e n e s s

what will be your biggest barrier along your quest of becoming a counsellor?

what strength will you draw upon when the path is hard?

we come to understand what has brought the protagonist to this point in their journey...

what did you learn about yourself during this time? to be a counsellor?

CALL TO ADVENTURE

a u t o n o m y

what is the proudest change you have made in your life, no matter how big or small it seems?

what has led you down the path to be a counsellor?

what strengths have gotten you to this point in your life?

what values do you hold closest to your heart?

we discover the characteristics that define the hero, what beliefs & attitudes shape their views & what values they hold close to their heart,

ORDINARY WORLD

describe what would make you a good counsellor, what might they say?

if someone were to describe what would make you a good counsellor...

describe 3 qualities you possess that will support you in becoming a counsellor.

CONGRUENCE

UNCONDITIONAL POSITIVE REGARD

EMPATHY

ACT I
VISION

setting the stage

1
ordinary
world

2
call to
adventure

3
refusal of
the call

4
meeting the
mentor

describe the 3 qualities you possess that will support you in becoming a counsellor...

if someone were to describe what would make you a good counsellor, what might they say?

what is the proudest change you have made in your life?

what did you learn about yourself during this time?

what will be your biggest barrier along your quest of becoming a counsellor?

what has led you down the path to become a counsellor?

what strength will you draw upon when the path is hard?

what values do you hold closest to your heart?

how have the people around you supported your decision in becoming a counsellor?

how will those close to you support you along your journey?

REWARD

Motivation

confident vs insecure

how will the reward or change shift your life?

the hero is rewarded, acquiring the object or knowledge that they have fought so hard to secure, ensuring everlasting implications & sending a legacy of transformation rippling through the remainder of their time.

what reward (object/knowledge) have you fought so hard to aquire along your journey?

ORDEAL

awareness

focus on other vs self

what will aid you in conquering the ordeal?

what name would you give to this chapter in your life?

can you remember a time when you were able to resist/overcome a similar challenge?

our hero approaches the apex of the battle where the ultimate quest is situated, a place of unease & discomfort, where true transformation takes place...

APPROACH TO THE INMOST CAVE

what lies at the centre of your inmost cave?

what feelings arise as you consider what you may face?

TESTS, ALLIES & ENEMIES

how have you been tested along the road so far?

what tests or allies (internal/external) have you come up against?

autonomy

autonomy vs dependency

this is the part of the hero's journey where novel & challenging situations are confronted as a brave new world is navigated,

CROSSING THE FIRST THRESHOLD

how has the journey been so far, pushing out beyond what is known & comfortable?

what feelings arise as you consider your decision to become a counsellor?

CONGRUENCE

UNCONDITIONAL POSITIVE REGARD

EMPATHY

7

approach to
the inmost
cave

what occupies space at the centre of your inmost cave?

what feelings arise as you consider the challenges that you may face?

what name would you give this chapter in your life?

8
ordeal

what will aid you in conquering the ordeal?

how will the reward or change shift your life?

ACT II
CONNECTION

traversing the
conduit of care

9
reward

what reward (object/knowledge) have you fought so hard to acquire along your journey?

what tests or allies have you encountered?

5

crossing
the first
threshold

how has the journey been so far, pushing out beyond what is known & comfortable?

what feelings arise as you consider your decision to become a counsellor?

6
tests,
allies &
enemies

how have you been tested along the road so far?

The hero has found a path to purpose & perspective, forever changed...

ACT III

INTEGRATION

RETURN WITH THE ELIXIR

motivation

what might a sequel to your story look like? who will play the key roles? are there any specific chapters that will define this new journey?

what would you name it?

challenge has shaped the character of our hero such that they will never be the same, possessing a clarity of vision that sustains deeper connection to self & others, providing a compass for intentional practice.

how have you grown along your journey? what is the key prize (object, knowledge, or insight) you have acquired along your adventure?

what areas of growth are important to consider as you move forward?

how does it feel to have made it this far in your journey?

awareness

it becomes clear that the story is not yet over as the hero faces newfound obstacles with the challenge of integrating understanding & forging a path distinctly their own...

RESURRECTION

if there were a final battle in your quest to become a counselor, what would the 'final test' consist of? what 'resources' will you be able to triumph in this crowning test?

autonomy

what challenges lay ahead? what do you have to look forward to?

a time of reflection as we access the inner world of our hero who has undergone momentous personal growth & transformation, & works towards integrating a newfound understanding of self into their essence of being with others,

THE ROAD BACK

in what ways has this part of your story forever changed your life? has anything unexpected occurred along the journey?

independent practice

greater trust in self

awareness of self & other

personalized approach

consistent motivation

attuned

doubt not debilitating

integrated

CONGRUENCE

UNCONDITIONAL POSITIVE REGARD

EMPATHY

ACT III
INTEGRATION

path to purpose & perspective

10
the road
back

in what ways has this part of your
story forever changed your life?

11
resurrection

if there were a final battle in your quest to become a counsellor, what would the 'final test' consist of?

12
return with
the elixir

how have you grown along
your journey?

what is the key prize (object,
knowledge, or insight) you have
acquired along your adventure?

what might a sequel to your
story look like?

what resources will you draw upon?

what would you name it? who will play the key roles?

how would you be able to triumph in this crowning test? what resources will you draw upon?

what do you have to look forward to?

has anything unexpected occurred
along the journey?

what areas of growth are important to consider as you move forward?

what challenges lay ahead?

NARRATIVE THERAPY
lines of questioning

1

What does a client give value to?

How does the client know this value is true for them?

Tell me a story about how you know this, a story that validates this knowledge?

2

How does this touch your picture of yourself as a person - saying this, knowing this, being in touch with this idea?

Do you see how you have arrived at this place, this way of thinking, this realization about your life?

Can you relate to this? Tell me how you relate?

3

Have you experienced any recent developments or clues in your life about this?

What do you think this would be telling me about you?

What kind of step can you take that might be in harmony with what we're learning about you?

NARRATIVE THERAPY
sample questions

the steps of narrative questioning

the theory behind the questions

1
- Name the problem
- externalize the problem (see self as seperate from the problem)

2
- How does the problem affect life? influence family? interfere with work?
- map the influence of the problem in the person's life

3
- Can you remember a time when you were able to resist (the problem)?
- notice times when they were able to act differently from the pattern established by the problem (achieve a new outcome)

4
- How were you able to do this?
- make sense of the unique outcome (identify how they were able to act differently at this turning point)

5
- What does this tell you about yourself?
- ascribe significance to the unique outcome through redescription of self (see self in a different way)

6
- What do you see for yourself in the future if you continue in this direction?
- possible futures attached to the unique outcome redescription (create a different future)

7
- Someone you would like to let know about this new direction that you are taking?
- is there an audience to the new story (who is someone you would like to share this new direction?)

NARRATIVE THERAPY
sample questions

circular

storytelling

1

Start with problem saturated description (dominant/thin story)

ask clarifying, extending questions

2

Name the problem

give the problem specific words or names

3

Identify social & political issues that may be enmeshed with the problems people bring to therapy

free person from blame & guilt through examination of economic/social policies

4

Relative influence questions

influence the problem is having on the person, influence the person is having on the problem, & unique outcomes that contradict/modify dominant story

5

Deconstruction of unique outcomes

expand on the nature of unique outcomes, how this story does not fit with the dominant story

6

Person takes a position on the problem

person can decide to remain dominated by the thin story or take into account other stories

7

Use of therapeutic documents

letters, statements, lists, essays, contracts, certificates summarizing person's discoveries & perceived progress

8

Identify relative or friend who made a contribution

seek understanding of co-creators, allies or guides

9

Outside witness

identifying friends or family for person to tell their revised story to

STORYTELLING

NARRATIVE THERAPY
landscape questions

identity

1 What does this say to you about yourself - your values, purposes, intentions?

How do you know this?

2 How do you know this about yourself?

3 What do you give value to?

4 How do you know this value is true for you?

5 What do you think this would be telling me about you?

6 How does this touch your picture of yourself as a person saying this, knowing this, being in touch with this idea?

action

1 What kind of a step is this for you? How would you name it? What kind of step can you take that might be in harmony with what we're learning about you?

Have you witnessed anything that tells you this?

2 Can you relate to this, tell me how you relate to this?

3 Do you see how you arrived at this place, this way of thinking, this realization about your life?

4 What is the evidence?

5 Have you witnessed anything that tells you this?

6 What kind of a step is this for you? How would you name it? What kind of step can you take that might be in harmony with what we're learning about you?

-REFERENCES-

those who paved the path

References

Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.). Pearson.

Campbell, J. (2014). *The hero's journey.* New World Library.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist, 10*(1), 3-42. https://doi.org/10.1177/0011000082101002

McNeill, B. W., & Stoltenberg, C. D. (2016). *Supervision essentials for the integrative developmental model.* American Psychological Association. https://doi.org/10.1037/14858-000

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103. https://doi.org/10.1037/h0045357

Stoltenberg, C. D., McNeill, B. W., & Delworth, U. (1998). IDM Supervision: An integrated developmental model for supervising counselors and therapists. Jossey-Bass.

Stoltenberg, C. D., & McNeill, B. W. (2010). IDM supervision: An overview. *The Counseling Psychologist, 38*(8), 1050–1080.

Vogler, C. (2007). *The writer's journey: Mythic structure for writers* (3rd ed.). Michael Wiese Productions.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* WW Norton.

TYLER RINGDAHL