

THE TRAINING LIFE

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**LIVING AND LEARNING
IN THE SUBSTANCE ABUSE FIELD**

WILLIAM WHITE, BRUCE JOLEAUD, FELICIA DUDEK, BOB CARTY



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- Incest in the Organizational Family: The Ecology of Burnout in Closed Systems (1986)
- The Culture of Addiction, The Culture of Recovery (1990)
- Critical Incidents: Ethical Issues in Substance Abuse Prevention and Treatment (1993)

Dedication

This book is dedicated to the men and women who come to us every day in search of greater knowledge, greater skill, and greater sensitivity to carry the prevention and recovery message to those in greatest need. You are our heroes and heroines.

The Training Life
Living and Learning in the Substance Abuse Field

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Preface

Over the many years of my involvement as a trainer, I have been frequently approached and posed a wide spectrum of questions from persons interested in obtaining substance abuse training or exploring training as a full or part time career endeavor. There was very little in print that I could refer the questioners to that addressed the specificity of their concerns. In my early career development in substance abuse prevention and treatment, it was very difficult to find information about educational and training alternatives. In my own development as a trainer, it took years to master nuances of training technique and to get a full appreciation of the nature of the training life. These experiences bear testament to the lack of information on education and training resources in the field and information on the role and technique of the substance abuse trainer.

In the early summer of 1991, Bruce Joleaud and I began exploring the idea of filling this void with a monograph on the art and science of training. What evolved out of this exploration was a decision to create a "conversation on paper" about a wide range of issues related to receiving and providing training in the substance abuse field. As the topics we sought to cover expanded and the depth of treatment intensified, we expanded the pool of expertise to include Felicia Dudek and Bob Carty. Over the months, our little monograph grew in size to become this book.

There was a special synergy that made this collaboration particularly enjoyable—some attributable to friendship and collegiality of long duration, some due to our shared passion about the training craft. There will quite likely be better books on training in our field that will come along but it is doubtful that the authors will have as much pleasure in the creative process as Bruce, Felicia, Bob and I experienced in preparing this one.

Imagine that you have invited us to join you in the casualness and comfortableness of your living room to talk about your interest in substance abuse education and training. You begin by saying you want to know the most important things we've learned about training in the substance abuse field. The knowledge we would

share in response to this question fills the following pages. We hope at the conclusion you will have enjoyed the discussion as much as we have.

Bill White
Bloomington, Illinois
April, 1994

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Books are not created by the singular acts of their authors, but through the midwifery of many unseen persons. We would like to acknowledge our midwives and their contribution to this work. Much appreciation is extended to Joyce Thomas who, with great patience and skill, guided us through the many revisions of this text. Thanks go to Steven Guerra for his encouragement to explore the "conversation on paper" format of the book, Pam Woll for helpful formatting suggestions and to the following reviewers who were helpful in the editing process: Rita Chaney, Sandra Lott, Michelle Pillen, Faith Russell, and Mark Godley.

PART ONE

THE TRAINING LIFE

A CONVERSATION BETWEEN

BILL WHITE AND BRUCE JOLEAUD

ON TRAINING IN THE SUBSTANCE ABUSE FIELD

Chapter One

Becoming a Trainer / Developing as a Trainer

In this opening chapter Bruce explores with Bill the role of the professional trainer in the substance abuse field and how one begins and develops a training career. Discussion topics include pathways of entry into training, building an experiential background, learning training techniques, finding training mentors, pitfalls for new and seasoned trainers, special trainer issues for women and people of color, and a review of the basic literature of the substance abuse field. This chapter, like those which will follow it, references authors, texts, and studies. Complete citations for those resources mentioned in conversation can be found in the Bibliography at the end of the book.

Bruce: *I'm very excited to have the opportunity to engage you on a topic that is very dear to both of us. Perhaps we can begin our exploration of the training craft by focusing on the role of the trainer and your own history as a trainer. First, how would you describe your role today as a professional trainer within the substance abuse field?*

Bruce: *How does this role differ from a direct service role?*

Bill: There has been a dramatic explosion in new knowledge emerging from substance abuse research of the past two decades and an equally dramatic increase in knowledge emerging from the experience of front line prevention and treatment specialists. I think my primary role is to bridge the gap between these worlds of empirical science and folk science. Full time trainers like myself are a strange blend of interpreter of science, teacher, secular preacher, town crier, gadfly, coach, and cheerleader to the field.

Bill: I see myself as part of the chain of support that empowers the direct caregivers to touch the lives of addicts, families and communities. I also see myself as part of the chain of support to the managers and supervisors whose challenge is to

build healthy organizations out of which this healing process can be sustained. I'm still in service, but today my clients are the caregivers and the institutions within the field.

Bruce: *We're seeing a similar expansion of the definition of "client" within treatment settings. How do you perceive the training-related career opportunities that exist within the substance abuse field today?*

Bruce: *Trainers work out of a variety of different settings in the substance abuse field. They may be counselors who are involved in in-service training. They may work as independent training consultants. They may work in academic training programs. They may work in formal training programs or institutes. Do training roles differ widely across these settings?*

Bruce: *How did you first get involved in training*

Bill: Training as a full or part time endeavor can be an exciting discovery for persons who have filled other roles within the substance abuse field.

It represents an enriching but often unconsidered career option. Training-related positions range from training curriculum development to training coordination to training delivery. Such training positions can be found in state agencies, federal and state funded training resource centers, academic or independent training institutes, and the larger direct service agencies.

Bill: There is a broad spectrum of training roles that can fit the skills and lifestyle preferences of a large number of potential trainers. There are full and part time training roles. There are roles that involve enormous amounts of travel and those that involve no travel. There are roles that involve training formats of one hour units to roles that involve training units of several days or weeks. There are training roles that involve primarily lecture and information-giving formats to those which are primarily facilitative and group process oriented. There are roles which involve primarily the planning and management of training activities and roles which are all training delivery. The spectrum of roles and settings is diverse enough to appeal to a number of persons with different backgrounds, skill levels and styles.

Bill: Discovering training has been the major serendipitous adventure of my life. I solicited

within the substance abuse field?

opportunities to speak to community groups in the early 1970s as a way to obtain donations for substance abuse service programs before there was widespread public and private funding to support such services. In this role, I developed more preaching and pleading skills than training skills. When trainees inquire whether I have ever "preached", its those early revivalist days of organizing community awareness and support around substance abuse that they sense. During this same period of the early seventies, I began receiving requests to speak to other professional groups about addiction-related topics. I continued to provide short training sessions to other agencies while working full time as an outreach worker, a counselor and later as a clinical director. My technical knowledge of substance abuse was growing during this period, but I didn't even know there was such a thing as training technology.

In 1976, I took a position as a training specialist with the Illinois Dangerous Drugs Commission. This position put me immediately in contact with the growing nationwide training system being erected by the National Institute on Drug Abuse (NIDA). This was the first time I began to rub elbows with training system designers, master trainers, curriculum developers, career development specialists, and training evaluators. I mark the beginning of my career as a "professional" trainer from my first exposure to a training of trainers course sponsored by NIDA. It was an amazing discovery—there was actually a systematic way to go about doing what I had been doing blindly by instinct for almost a decade. It was one of the most humbling and exciting periods of my professional career. My emergence

and maturation as a professional trainer began during this period. I would later go on to work for one of the NIDA regional training centers and have the opportunity to work closely with the National Drug Abuse Center. Those were the Camelot days of substance abuse training in the United States, and I will be forever grateful for the learning opportunities provided to me during that period.

Bruce: *Do people choose training as a profession or do fields choose their trainers by calling people into the roles of teacher and guide?*

Bill: It depends on the kind of trainer. There are what I call generic trainers who don't have advanced subject knowledge but have often mastered an exceptionally high level of training delivery skills. The problem with generic trainers is that their knowledge of what they're training is only as good as the training curriculum which they're working with at the time. While generic trainers are sometimes impugned for their superficial knowledge and polished "Ken and Barbie" images, there is a role in every field for the skills of the generic trainer. I think many generic trainers choose the training profession rather than a particular field or discipline. They are drawn more to the pleasure they derive from the training process than to a particular subject matter. Master trainers differ from generic trainers in that they bring both strong educational and experiential preparation in the content of a field in addition to a high level of skills in training design and delivery. Most master trainers I know were called by their field into this special type of service out of respect for their technical expertise and some natural skills at communication. They would later have to supplement this content knowledge and natural communication skill with more technical skills in training delivery. People

can prepare themselves through skill development and by placing themselves in training roles, but it is ultimately the field itself — through the collective choices of its members — that will elicit and support one's long term status as a master trainer. The choice of a master trainer by a field is also revocable if the trainer loses the sensitivities and skills that led to his or her call to this role.

Bruce: *How would someone know if the role of trainer would be right for him or her?*

Bill: Training must first have elements within it that a person is drawn to and then the person must discover a special joy in the training process. There are all kinds of reasons for and against pursuing a particular career and people and circumstances pulling and pushing us, but I think ultimately we must find that activity that brings us joy, that lets us know we are doing that thing which we were meant to do. I think there is a natural trajectory to one's life and allowing others to pull us from this path is the ultimate form of self-betrayal. Pursue training if it's more a joy than a job, if it feels like this is what the other activities in your life have prepared you to do.

Bruce: *It's nice to have that attitude about the work you do. Is there a special kind of dedication required to be a trainer in the substance abuse field?*

Bill: No, I don't think the commitment required to be a trainer is really any different than that required for other roles in the field. Training for me is more an honor than a way to express dedication. It is a way to return to the field so much richness of personal and professional experience that the field has given me. I think the best of our trainers have been especially blessed with teachers and guides and feel some obligation to extend this tradition.

Jacques Barzun, the noted history professor from Columbia, once defined honor as "knowing how

little one brings and how much one has received, and feeling impelled to discharge the debt." Training — carrying the message of recovery at a professional level — is one way for me to discharge my debt.

Bruce: *Many prevention and treatment staff are already involved in different presentations to clients and community groups. What advice would you give to someone who was interested in becoming more involved as a professional trainer?*

Bill: I think there are several crucial steps to becoming a good trainer. The first would be to concentrate on mastering the basic content of the field — getting familiar with all the basic literature and getting experience in as many different modalities and settings as possible. A concurrent developmental activity is to cultivate a diversity of life experience — exposure to urban, rural and suburban environments, exposure to different regions of the country, and exposure to different ethnic and religious groups. Trainers need a deep well of experience from which to draw — the deeper the better. This wide range of personal and professional experience can enhance the trainer's appreciation of diversity and complexity and prevent the premature professional aging that a colleague of mine refers to as a "hardening of the categories."

Bruce: *What kinds of work settings would you recommend trainers seek experience within so that they can develop this wide range of personal and professional experience?*

Bill: Like a diversity of life experience, your direct work experience can never be broad enough. Except for those whose training is limited to a few specialty topics, the best trainers bring a rich exposure to an array of prevention and treatment modalities, experience in different environments and direct exposure to a wide diversity of geographical and cultural settings. They have worked in inpatient and outpatient treatment. They have plied their prevention or intervention craft in the school and the work place. They appreciate the different nuances of

prevention and treatment in both rural and urban settings and in different religious or ethnic communities. They have worked in or have educated themselves in the core knowledge of allied fields. Their experience is deep enough to make theory come alive through anecdote and story.

Bruce: *How does someone go about learning the techniques of training once this base of experience has been achieved?*

Bill: That knowledge can be best gained through formal training of trainer seminars. These seminars define, demonstrate and transmit the basic skill requirements of the training process. This training should occur early on so that training delivery mistakes can be corrected early before they become ingrained habits. Because I had exposure to this knowledge relatively late in my training experience, I had some poor training delivery habits that were very difficult to break. It's also important to get exposed to great trainers. The aspiring trainer needs to seek out opportunities to watch such trainers work. I still go to workshops in which my entire purpose for the day is not to master the content of the workshop but to closely scrutinize and learn from the technique of the trainer. The final step in preparing oneself for entry into the training profession is to seek out as many and as varied opportunities to train as possible.

Bruce: *Leaders in the men's movement have recently emphasized the importance of mentors in personal and professional development. How important are mentor relationships for men and*

Bill: The encouragement of mentors can get you through the early ups and downs of mastering the training craft. Mentors can help keep your feet on the ground when training succeeds and sustain your confidence and commitment when training fails. Through the mentor's consistent regard and encouragement, most of us can accept feedback from the mentor that we couldn't hear from others.

women who are pursuing careers in training?

The value we place in the judgment of the mentor makes their affirmation of our work exceptionally powerful. It is hard for me to imagine learning the training craft without mentors.

Bruce: *What early mentors encouraged your development as a trainer?*

Bill: There is a long held belief in spiritual disciplines that says, "When the student is ready, the teacher will come." That has been the story of my life through a long procession of mentors and guides. Each brought a different lesson and touched me in a different way. I had many mentors who guided and encouraged me through my early direct service years within the field — Anne Menz, Lem Upchurch, John Nolte, Jim Galbraith, Jo Major, Frank Stark, Dick Evans, and Drs. Bey, Chapman, Richmond, and Elkin. Dr. Ed Senay guided me through major gaps in my knowledge of substance abuse with great patience and skill. Key people within the National Institute of Drug Abuse's National Training System (NTS)- Lonnie Mitchell, George Zeiner, Barbara Bedford — were all good role models and important sources of encouragement. Betty Moore, Julius Jackson and other NTS trainers too numerous to name defined the apex of the training craft through their remarkable skills.

Bruce: *What do you most appreciate about these mentors?*

Bill: I think I appreciate their patience and tolerance as much as the technical knowledge they were able to convey to me. My work with Dr. Senay is a good example of this. Our relationship was always very formal but I always felt great affection for him and great appreciation for the gentleness with which he responded to my youthful judgments. These judgments, while set forth with great passion, were based on no academic foundation and a very narrow band of

clinical experience. He would listen politely and point me to the next books or studies to which I was to go. It would only be later that I would recognize how naive and ill-formed my initial pronouncements were and that I would come to appreciate the gentleness with which he had guided my intellectual maturation. I try to repay that indebtedness when young trainees approach me today exuding the same passion and naivete that characterized my own early career.

Bruce: *An experienced trainer like yourself has already experienced many mentor relationships. How can aspiring trainers go about developing such relationships?*

Bill: Mentor relationships during one's early career develop somewhat spontaneously. By the time most persons are exploring training as a career option, they have lost many of these early mentors. It is important at this point to seek out and cultivate new training-specific mentor relationships. First, you must find good trainers. When you find them, keep attending their workshops to master both the content of their material and the subtleties that characterize their particular training delivery technique. Try to make personal contact with them and seek out possible opportunities to work with them in an apprenticeship role. Sometimes you have to be a little bodacious in your approach to such mentors.

Bruce: *Describe what you mean by that from your own experience?*

Bill: In the mid-1970s, I had decided that I wanted to formally study different substance abuse specialty areas and that it would be best to study these areas under the tutelage of persons who had national reputations for such expertise. When I called each of these persons to explain my needs and my willingness to pay for their tutelage, nearly all of their initial responses were that they weren't sure they would have adequate time to assist me because of their schedules. (Of course

they were busy, who else would you want to work with?) I asked each of them to grant me a half hour interview to explain my proposed course of study and the role I wished them to play. In each case, they agreed to meet with me and eventually agreed to supervise a portion of my study. In most cases, mentors have to be convinced of your commitment and the importance of their potential contribution.

Bruce: *Beginning trainers may not have mentors available within their own agencies. What other persons outside of your work sites have served as role models for your work?*

Bill: There have been content mentors and training mentors who I didn't work with directly. There have been many figures whose ideas or personal modeling was important to my own development. There are a number of people whose work or style shaped my interests or the manner in which I conduct myself. Emile Jellinek's work had a profound impact on inspiring my more than ten years of research on the species of substance abuse. I'm still amazed at the number of people who spout his name but know nothing of the depth and subtlety of his work. I'm sorry I never got a chance to work directly with him. John Wallace was another early hero of mine. When I heard him speak on his concept of preferred defense structure for the first time it would forever alter the way I perceived, understood and interacted with alcoholics and addicts. Sidney Cohen and David Smith were other models for me, not for any particular idea or contribution as much as for their passion and the continuity and longevity of their work in the field.

Bruce: *The persons you've named are primarily clinical mentors? What*

Bill: Actually, I have had quite a few and what many would consider an unusual assortment. I constantly listen to audio cassettes while traveling

about training mentors?

and use this time to study the technique of the great orators. From the speeches of Winston Churchill, Martin Luther King and Malcolm X, I have tried to learn how to stir passion with my words. I have tried to emulate the idealism, undaunted hopefulness and disarming humor found in the speeches of John F. Kennedy. I often listen to speeches and interviews with Maya Angelou. Hers is the first voice I ever heard that touched me like a fine musical instrument. There is a joyfulness and gentleness in her spoken word that I find almost hypnotic. The lectures and interviews of Joseph Campbell have taught me much about how to convey complex ideas through the use of metaphors and stories. Campbell's insatiable and lifelong appetite for both learning and teaching places him foremost among my role models. Tom Peters is my primary role model as a management trainer. I try to emulate his high energy, directness and his ability to convey the impression that the axis of all future human history turns on the subject about which he is currently speaking.

Bruce: *I'm struck by the diversity of back- grounds in the people you cite as training mentors.*

Bill: Most of my heroes have been intellectual and/or social renegades. Most were obsessed learners, but often had to move outside traditional academia to achieve such learning. They refused to be bound by the territorial boundaries marking traditional disciplines of learning. They loved cross-fertilizing disciplines of knowledge. They all wrote in a language that opened up knowledge to those outside the argot-spewing clubs of the academic specialists. They listened to real people and they directed their voice to real people.

Bruce: *We've talked about*

Bill: There are several common pitfalls that can

learning from mentors; let's talk about learning from experience. What do you think are the most common pitfalls or mistakes made by persons who are first developing as trainers?

slow one's development as a trainer. A lot of common mistakes can be traced to the anticipatory anxieties of the beginning trainer. One common example is over-preparation — the inclusion of too much material in a workshop due to a fear of running out of material. Early success in a particularly narrow content area can lead to overspecialization. Becoming identified as a single-issue trainer can be very professionally constricting. You encounter a number of young trainers through your work at Grant Hospital. What pitfalls do you see?

Bruce: *The young trainer's I encounter are often so preoccupied with their content that they fail to build rapport with an audience before they begin the learning process. Some experience problems of poor pacing — moving too rapidly or too slowly through material. Some get lost in the training process and lose their subject focus. Another common pitfall is the presentation of a singular approach to a topic that has multiple sides and perspectives. It seems that many of these early problems are hard lessons that self-correct with experience. What was one of the hardest lessons for*

Bill: The hardest thing for me to learn was the balance between the structure of training and the process of training. I was so preoccupied with managing the technical details of the structure of training — the planned sequence of learning activities - that I often missed important aspects of the process of training that was occurring. By process, I mean the ability to keep all of one's senses alive to monitor the needs and responses of the audience and to alter the structure in response to those needs. I think the ability to balance structure and process is the essence of the training craft.

you to learn early in your training career?

Bruce: *We've talked about the beginning trainer. What are the special pitfalls for professionally mature trainers?*

Bill: I think some of these pitfalls are harder to recognize than the early pitfalls we have described. One of the biggest pitfalls is success. The trainer who becomes too successful is at risk of losing what brought that success. My earliest recognition, for example, came from two specific delivery formats: 60-90 minute keynote addresses at large conferences and 1-3 day intensive, skill-building workshops designed for 25-35 participants. My success in conducting these led to greater demands for training, but in a different format. One of the most frequent requests I get now is to conduct training for (speak at) 75 to 300 persons from three to seven hours. The skills that got me these requests are not entirely transferable to these new formats. These new requests are forcing me to develop new training designs and new training skills.

The mature trainer has obviously had success and recognition as a result of this work and such recognition generates its own risks. Because training can be such an abundant source of positive feedback, trainers are probably always high risk for ego control problems. Here again, success can be devastating if the trainer can't personally manage it. I've seen trainers get famous and then transform. Techniques became glitzy and cute. An air of aloofness and condescension inevitably crept into their presentation style. Spontaneity was replaced with slickness. They stopped listening. They became more important than their message. And many fell from grace within the field. There are

narcissistic and exhibitionist tendencies in every trainer — who else would agree to allow themselves to be the center of attention in such a sustained way? This narcissism poses risks and must be actively managed!

I've always been conscious of success as a threat to the kind of training I want to do and the kind of trainer I want to be. There are inherent dangers that seep into any experience of success — the danger that important personal qualities will be weakened or lost under pressure, the danger that material of complexity and substance will get transformed into the spiritual fast food of pop psychology, and the danger that work intended as a marathon will prematurely exhaust itself in the transient spotlight of a hundred-yard dash.

Bruce: *I think there could also be special dangers or obstacles for persons who bring to their professional roles historical disempowerment. The representation of women and people of color working in the chemical dependency field has increased significantly in the last decade. What might be the special dilemmas faced by women and people of color who wish to pursue a training career within the field?*

Bill: Although women, African-Americans, Latinos, Asian-Americans and American Indians have emerged as trainers within the field during the past decade, there are still barriers to their entrance and development as trainers. Although some have shot to national prominence through their tenaciousness and competence, I still see subtle forms of sexism and racism working to restrict the scope of training activities for women and people of color. It's as if the field says, "come on in," but then restricts one's range of exposure, expression and development. Trainers of color have broken into the field but can get restricted to training only multi-cultural issues. Many women trainers have the perceived range of their competence restricted stereotypically to gender-defined issues — women's special needs, family, children, co-dependency.

How would you feel as a budding trainer if everyone said, "Bruce, come talk to us about the special needs of White men" and that's all they ever asked you to talk about? You would start to think that all they saw was your whiteness and your maleness — that you had no substance other than this veneer. Women and people of color can become trapped by their own reputations as topic-specific trainers.

Bruce: *I've noticed that you have been involved in the training of women's issues and multi-cultural issues. Some people might be offended by a white male training on such topics.*

Bill: I train on topics that excite me — that I think are important to the field, and I think the feminization and cultural diversification of prevention and treatment is one of the most important issues facing our field. No trainer should be ignoring these issues. For me to do a workshop on a subject is my highest compliment — an act of respect and homage. It is a statement of importance — a declaration of a priority for me to seek knowledge in this area. I believe women and people of color have and will continue to provide the leadership roles in the education of the field on these issues but White men can and should play very important supportive roles. We must move gender and multi-cultural issues into the mainstream of the field from their status as specialty fringe topics.

Bruce: *To what extent does a trainer require an experiential foundation for the training he or she delivers?*

Bill: I couldn't say such experience is a prerequisite to the teaching role since most of us were educated in colleges and universities by persons who often possessed only a thin veneer of professional experience outside the university. In contrast to the academic teacher, I think the trainer has the charge of transforming knowledge into its most practical applications, and I think that skill requires the kind of experiential foundation you

are speaking about. Four trainers may train on the same topic — each bringing a different but equally rich pool of experience to the topic. I think it is through the broad exposure to such multiple perspectives that trainees acquire mastery of concepts and skills and the wisdom to guide their selective application.

I find myself using different bases of experience for different topics. While some of my seminars draw heavily on my experience as a clinician and clinical supervisor, others draw on my experience working in research projects and others draw on my experiences as a program consultant.

Bruce: *Must this experiential foundation always be present for good training?*

Bill: I used to think it did, but I have seen trainers in the last few years who had little direct experience with their subject matter but who had an incredible skill in presenting the experience of others. They could often present material with greater clarity and effect than the person who had developed the material. Their skills were not in creating the material, but in the synthesis and presentation of other people's ideas and approaches. The trainer must be able to make material come alive regardless of whether the material springs from their own experience or the experience of others.

Bruce: *You do research and train on so many different topics. What is the integrating motif that ties this work together?*

Bill: There are probably a couple of integrating themes. The first theme would be creative tension. I like to explore training topics in which there have been new breakthroughs in research and treatment or prevention technology. In these areas, training creates a tension between research knowledge and field practice. I see part of my role to be that of bridging that gap — raising tension to push the field into the future.

Perhaps a second integrating theme is the integration of knowledge from multiple disciplines. I try to tear down walls and build bridges between schools of knowledge. Much of my training and writing involves the cross-fertilization of disciplines: family systems theory is applied to professional and organizational health, cultural anthropology is utilized to elucidate the processes of addiction and recovery, or knowledge from the fields of psychiatry and substance abuse is cross fertilized.

Perhaps the overall theme to my work is change. My whole life seems to have been a sustained meditation on the theme of change. I have been transfixed on the question of how individuals, families, organizations, communities and whole cultures change — how they incite, control and adapt to change. I think my love affair with the addictions field stems in part because I have found in the addiction/recovery experience an illuminating metaphor about the nature of all transformation in life.

Bruce: *I've been struck by the number of disciplines from which the core knowledge of the substance abuse field is drawn. What literature would you recommend to provide a solid foundation for the aspiring trainer?*

Bill: Trainers must be familiar with both the classical literature which forms the foundation of knowledge within our field as well as the body of folk and pop literature that is likely to spawn questions or be referenced by workshop participants. While the latter are identifiable through their visibility, the classical literature is not as accessible.

Bruce: *What key resources would you recommend as the most*

Bill: The foundation would have to cover the bases of history, sociology and cultural anthropology, psychology, psychiatry, behavioral

important part of this foundation of knowledge?

Bruce: Let's start with history.

medicine and addictionology.

Bill: Rorabaugh's *The Alcoholic Republic* is a great single source on the history of America's ambivalent but oh so excessive love affair with alcohol. David Musto's *The American Disease* should be mandatory reading for anyone in the business. It details the history of the criminalization of a wide variety of drugs in the United States during this past century. Alfred Lindesmith's *The Addict and the Law* also provides good historical perspectives on how law and social policy have influenced treatment of addictive disorders in the United States. I think there are classic pieces of literature from all of the above fields that are essential reading.

Bruce: What classics would you particularly recommend?

Bill: I think some of the most important — and often neglected — resources would include:

All of the basic 12-Step literature (It's amazing how many people in the business have neglected such gems as *AA Comes of Age*; *Dr. Bob and the Good Old-timers*; *Pass It On: The Story of Bill Wilson and how the AA Message Reached the World*; and *Lois Remembers*. Ernie Kurtz's book *Not God: A History of Alcoholics Anonymous* is a particularly wonderful book.)

E.M. Jellinek's *The Disease Concept of Alcoholism* (Great stuff: often cited, rarely read!).

George Vaillant's *The Natural History of Alcoholism* (If you're going to read one book on alcoholism research, read this one).

Stephanie Brown's *Counseling the Alcoholic: A Developmental Model of Recovery* (A landmark study).

Dan Waldorf's *Careers in Dope*, Michael Agar's *Ripping and Running* and my own *The Culture of Addiction, The Culture of Recovery* (The best works applying sociological and anthropological perspectives to the treatment of addiction).

Ronald Siegal's *Intoxication* (Essential preparation for the 21st century).

Andy Weil's *The Natural Mind* and Thomas Szasz's *Ceremonial Chemistry* (For days you need your mind stretched).

Bruce: *There has been a biological revolution in the past quarter of a century in our perspectives on substance abuse. What basic texts would best acquaint the trainer with these developments?*

Bill: There are three books to start with which I would read in the order I will mention them. Dr. Donald Goodwin's book, *Is Alcoholism Hereditary?* provides an excellent review of the studies up through 1988 that have fueled the belief in a genetic role in the etiology of alcoholism. Dr. Sidney Cohen's *The Chemical Brain: The Neurochemistry of Addictive Disorders* and Dr. Kenneth Blum's *Alcohol and the Addictive Brain* provide the most readable, yet detailed, summary of this biological research from the genetic studies to the role of endorphins and THIQ to new understandings of cocaine and the emerging designer drugs. Anyone wishing to read how such fundamental discoveries are made will find the story of endorphins in Charles Levinthal's *Messengers of Paradise*, Jeff Goldberg's *Anatomy of a Scientific Discovery* and Solomon Snyder's *Brainstorming* a cross between scientific thrillers and exposés of the politics of academic and

medical research.

Bruce: *What sources would help the trainer accurately represent some of the more recent challenges to these biological perspectives on addiction?*

Bill: The two most recent challenges come from a philosopher — Henry Fingarette — and a social psychologist — Stanton Peele. Reading Fingarette's *Heavy Drinking* or Peele's *The Disease of America* would help the trainer summarize these challenges.

Bruce: *There are a growing number of emerging alternatives to 12-step oriented models of treatment and recovery. What texts would best acquaint the counselor with these alternative approaches?*

Bill: Jean Kirkpatrick's books *Goodbye Hangovers*, *Hello Life* and *Turnabout* are the basic texts for Women for Sobriety (WFS). Jack Trimpey's *The Small Book* outlines the basic philosophy and approaches of Rational Recovery (RR). James Christopher's *How to Stay Sober: Recovery Without Religion, Unhooked*, and *SOS Sobriety* all outline the major tenants of Secular Organization for Sobriety / Save Our Selves (SOS). A just published book that sets forth the need for multiple treatment and recovery approaches with remarkable clarity and passion is Charlotte Davis Kasl's *Many Roads, One Journey*.

There are also a number of emerging challenges to the co-dependency movement. Trainers can acquaint themselves with these positions by reading Stan Katz and Aimee Liu's *The Codependency Conspiracy* or Wendy Kaminer's *I'm Dysfunctional, You're Dysfunctional*. A feminist critique of the co-dependency movement can be found in Carol Tarvis' *The Mismeasure of Woman*.

Bruce: *What texts capture the evolution and innovations that have*

Bill: Two publications recommended by our prevention specialists at the Training Institute are Lofquist's *Discovering the Meaning of Prevention*

occurred within our prevention efforts?

and an Office of Substance Abuse Prevention Monograph edited by Hank Resnik entitled, *Youth and Drugs: Society's Mixed Messages*.

Bruce: How does a trainer stay abreast of current knowledge?

Bill: In a field of rapidly escalating knowledge, a trainer must either have a voracious appetite for reading or they must have people who read for them. I am very fortunate to have both. My own reading is supplemented by research associates from the training institute who conduct literature reviews and track down hard to find information in obscure reports and monographs. One of the best techniques for the beginning trainer is to gain access to the many clearinghouse services who often provide both automated literature searches and materials distribution. The National Clearinghouse for Alcohol and Drug Information (1-800-729-6686), for example, is an exceptionally helpful service. They will conduct literature searches and forward reports and monographs published by the National Institutes that can help in the preparation of workshops and other presentations.

Bruce: What are the parallel resources that help the new or mature trainer develop the training craft?

Bill: There are a broad assortment of training of trainers manuals that all cover basic aspects of training design, delivery and evaluation. There are journals such as *Training* which, although business focused, provide excellent material on various technical and practical aspects of the training craft. I think the harder material to master is a conceptual understanding of what the training process is all about.

Bruce: What particular texts would you

Bill: I think two basic texts that should be in every trainer's library are *The Pedagogy of the*

recommend that address this particular area?

Oppressed and *The Politics of Education*, both by Paulo Freire. My friend Steven Guerra recently introduced me to these works which eloquently present a philosophy of training and education that is both inspiring and provocative. The ideas of Paulo Freire challenge me and humble me. I highly recommend that trainers acquire and frequently revisit these texts.

Chapter Two

The Context of Training

In this chapter we will explore contextual elements that can enhance or undermine training success. Discussion topics include marketing of training events, contracting and negotiating fees, building trainer credibility, shaping the training environment, trainer image, hosting behaviors in training.

Bruce: *There is a lot more to training than showing up and giving a presentation. Let's turn our attention to some of the more contextual aspects of training. To begin with, how do you market your training and consultation services?*

Bill: The Lighthouse Training Institute (LTI) has been very blessed to sustain more work than we can handle without any significant marketing efforts. We began in 1986 with the philosophy that high quality training, consultation and research services would eventually market themselves through word of mouth reputation and that's precisely what has happened. Good training has a contagious quality — everybody wants to catch it. I couldn't offer any stronger advice on the business side of training than the adage that high quality training will always generate future training requests. If training quality isn't good, the fanciest and most expensive marketing campaigns will fail. A trainer breaking into the business may have to solicit opportunities for the earliest exposure — a kind of professional pump priming — but quality is the only thing that will assure sustained exposure.

Bruce: *How does the trainer then expand credibility?*

Bill: It is best to build a reputation on the topics of greatest mastery delivered to target audiences with which the neophyte trainer is most comfortable. Once training competence and comfort have been established in this arena,

credibility can be extended by slowly extending trainer expertise through expanded topics, extension into new formats and settings, and greater diversity in trainee audiences.

Bruce: *Written contracts are one way that the trainer establishes credibility. Describe the nature of the agreements that are usually involved in contracting for training services.*

Bill: The purpose of formal agreements or contracts is to avoid misunderstandings and clarify mutual role responsibilities related to a workshop or seminar. Imagine this scenario. You call up a trainer and ask if she can deliver a workshop in March on the special needs of adolescent clients, and she responds that she could do such a workshop for a fee of \$750. The fee is within the range you expected to pay for the workshop, so you schedule a mutually agreed upon date and you hang up the phone feeling you have completed the basic arrangements for the workshop. Some of the omitted items that should have been clarified that may be future sources of misunderstanding and conflict include things like the following:

- Does the \$750 include the cost of the trainer's travel, lodging and meals?
- Who bears the cost — the trainer or the sponsoring agency — of handout duplication, audiovisual equipment, etc.?
- What are the conditions under which the trainer or the sponsoring agency may cancel the workshop?
- Is there a limit on the number of participants that may attend the workshop?
- Are there knowledge and experience prerequisites for persons participating in the workshop?
- Are there special requirements regarding physical setting or room setup required for the workshop?

Items like the above can be formally spelled out in a written contract or simply negotiated through verbal agreement.

Bruce: *How does a trainer determine an appropriate fee for a particular training activity?*

Bill: Setting fees is always tough. A fee can represent excessive humility, inflamed grandiosity or a reasonable business judgment about the market value of a service. Fees should be based on a realistic appraisal of the real costs of training preparation and delivery. \$500 or \$1,000 seems like a lot of money for a one day seminar until you figure in the time it took to develop the seminar, the coordination time required to plan the seminar, the clerical time and contractual costs involved in the preparation of handouts or other learning aids, and the travel time. Most beginning trainers underestimate these costs. Mature trainers may continue such under-estimation out of a desire to keep their workshops cost-accessible to the majority of substance abuse programs.

Bruce: *What would be the range of fees an agency should expect if they wanted to bring a trainer in for a one-day workshop?*

Bill: The fees range considerably depending on the number of trainers used to deliver the workshop, the experience and reputation of the trainers and the kind of training setting they work out of. Part-time trainers for whom training is a pleasant break from full time direct service work usually charge less than the full time professional trainers. Whereas part time trainers have almost no overhead to support their training activities, professional trainers may be supporting an office, expensive computer and audiovisual equipment, clerical and technical staff, and a vehicle. Fees can range from \$250 to several thousand dollars per day. Lower fees can be found with persons just getting into training or from trainers who

provide some training on a donated or reduced fee basis.

Bruce: *How can agencies reduce or offset the costs of providing training?*

Bill: There are a couple of ways that agencies can maximize their training dollars. Many trainers will lower their daily rate if an agency is contracting for more than one day of training. This is an excellent strategy if an agency is working with a trainer skilled in the delivery of many topics. Another common way to offset training costs is to open the training up to other health and human service agencies. I have a number of agencies that I train for regularly who host such events and charge a small fee (\$15-\$40) for other health and human service professionals to attend. In many cases the full costs of providing the training are recouped and the agency makes some profit to expend on future training efforts. Through this strategy, these agencies get high quality training for their own staff, generate income for their program, and receive some marketing benefits through their promotion and hosting of the workshop.

Bruce: *Given the amount of time some trainers spend on the road, who handles these details of scheduling and fee negotiation?*

Bill: Your question raises a very important point about the unseen persons that are essential to the successful, full-time trainer. For most of the past eight years at LTI, Joyce Thomas has coordinated much of my training activities. While I handle the initial scheduling and fee arrangements, it is Joyce that completes much of the work surrounding communication with the sponsor of the training, arranging travel and lodging, preparing handout materials and all the other details that make up the unseen background of successful seminars. There are numerous other technical support staff at the Training Institute who help with such areas as

billing, research, purchasing, or computer expertise. The competency and rigorous attention to detail of such staff are absolutely essential to what I am able to do.

Bruce: *In spite of the best support, it has been my experience that the relative success of a training event can often be assured or undermined by contextual aspects of training that the trainer has little if any control over. Which of these aspects do you feel are most important?*

Bill: I think the physical environment for training and the type of hosting behavior exhibited at the training environment are exceptionally important.

The pleasantness or starkness of the physical setting of training, spaciousness, cleanliness, room arrangement, the degree of comfort afforded by chairs, lighting, ventilation, room temperature — all of these can, by their nature, set a foundation for a good training experience or can destroy the best of workshops.

Bruce: *I have seen you utilize a lot of different room arrangements in training. How do you match room arrangement to a particular training assignment?*

Bill: The physical environment of training must be congruent with the goals and instructional design of the workshop or seminar. Auditorium or classroom styles of arrangement create trainer-centered training processes, signal the expectation for participant passivity, and minimize participant-to-participant interaction. This physical arrangement suggests that the source of knowledge is at the front of the room. The trainer will fill us up with his or her experience. Our role is a receptive one. The same room filled with round tables of 5-7 persons sets the expectation for interaction and decreases the focus on the trainer. This latter design suggests that the source of knowledge is within our own experience; the trainer will help us tap that experience. The trainer should pay as much attention to designing the physical environment of training as the instructional content of training — the two must be

congruent.

Bruce: *How do you assure that the training environment is conducive to learning?*

Bill: When negotiating the arrangement to provide training, it is important to emphasize the kind of physical environment that is best for the proposed training, but there are times you just have to make the best of what you find. Sometimes this even requires changing the training design to fit the less than ideal physical environment. On a personal level as a trainer, you have to let it go. You can't let your anger at the poor physical conditions infect the positiveness of what you are about to offer the trainees.

Bruce: *You speak of the trainer's need to "make peace with the training environment." Explain what you mean by that?*

Bill: I compulsively get to training events very early in order to check out all kinds of potential problem areas. Making peace with the training environment is a ritual I use to acclimate myself to the physical space. I walk around the room, sitting in different chairs, to get a feel for what it will be like for trainees to learn in different areas of the room. I also try to fully explore the portion of the room I will be working in — and actually visualize myself working in this particular environment. I also try to check out all equipment and identify any physical hazards that I may encounter during the day.

Bruce: *What kinds of hazards do you try to identify?*

Bill: Most of the time I'm looking for cords that I might trip over, rickety easels that might fall the first time I try to write on them or things like columns that if I move from the center will block some trainees' view of me.

I have an interesting example of the potential danger of the physical environment. I recently conducted a workshop that was held in a large

auditorium at Rockford Community College. I could not get in the room until literally minutes before the training was to start because a college class was meeting in the room. The auditorium was in the science building and had steeply banked seats to afford students a view of experiments conducted in the front of the room. At the center of the front stage was a square table with running water and gas jets used for experiments. As I opened the workshop and looked up at more than one hundred workshop participants, I leaned back against the table and suddenly discovered to my horror that the table was on wheels. I barely caught myself without making too obvious a gaff. Can you imagine? If I had leaned any harder the table would have rapidly slid away as I fell flat on my back. I still speculate on what I would have said lying flat on my back looking up at 100 bemused participants. This story illustrates why a trainer must make peace with the training environment!

Bruce: *We've talked about the physical appearance of the training environment, how about the physical appearance of the trainer? The physical appearance of the trainer may also present a form of symbolic communication to the audience.*

Bill: I think trainers are ideally seeking a physical presentation that enhances their entrance into the culture within which they are training and which provides no significant distractions to the learning process. Aspects of the trainer's image may heighten their personal sense of individuality but may emotionally distance them from a training group and inadvertently undermine their effectiveness as a trainer. I once attended a workshop presented by a trainer with the longest ponytail I have ever seen on a man. As much as I was into the workshop topic, I must confess that I spent half the day staring at this guy's ponytail. His training material couldn't compete with his image for my attention. I'm not implying a rule

that no trainer should ever have a pony tail, but I am saying that the trainer with attention-diverting physical characteristics, unusual or inappropriate dress, behavioral tics, or affectations of language must be exceptionally skilled at the training craft to overcome such potential distractions.

Bruce: *How do different trainers feel about altering their appearance for a particular setting or audience?*

Bill: Some trainers take a "what you see is what you get" stance to the issue of dress and physical image. They have a particular way of dressing and refuse to alter that style for anyone. The danger in this stance is that the ego and image of the trainer become more important than the training. Let me describe a personal change in how I handle this issue.

My natural style of dress is very causal — Levis and T-shirts feel as natural as skin to me. I have always associated "dressing up" with pain and discomfort and had a particularly strong belief that anyone who would voluntarily tie anything around their neck was suffering from deteriorating mental status. My training image has gone through three distinct stages. In the early years, I flaunted my casualness refusing to dress up for anyone in the classic "what you see is what you get" stance. In the second stage, I dressed up for "important meetings"—training with particular groups like physicians or with federal or state agencies or private industry — and continued to dress down for training of front line substance abuse workers. After a period of feeling like Clark Kent jumping into phone booths to change my image, I began to feel like my casualness was a form of professional "slumming" - an inadvertent message of disregard, a message that my needs and comfort were paramount and would only be sacrificed for

certain people. Today I dress up — and tie things around my neck — as a sign of respect for those who have chosen to attend my training.

How I dress as a trainer today is a physical reminder that I am there to focus on their needs, not mine. Image can be sculpted as an act of narcissism or as an act of service.

Bruce: *Your focus on service seems to get to the heart of the issue of a trainer's attitude toward his or her audience.*

Bill: The master trainer never loses sight of the needs of this audience at this moment and the commitment to serve those needs. There can and should be confidence in one's ability to meet those needs, but there is an attitude of respect and humility that comes from this role of servant.

Bruce: *How does a trainer demonstrate this attitude?*

Bill: Service responsiveness is demonstrated by the trainer's rapport-building and knowledge of the audience, the personalization of the workshop content, the flexibility of training design, the openness to questions, and the trainer's personal approachability. Some great trainers have fallen from favor not from an erosion of technical skills but from the loss of this posture of respect and humility.

One of the things that makes the professional training of adult learners so different than other teaching environments is the fact learners in this environment are voluntary — there are no external laws or fears such as grades binding their physical and emotional involvement in learning. Voluntary learners can instantaneously withdraw their consent and their psychological and/or physical presence. They are with you only to the extent your skills and respect can sustain their involvement.

Bruce: *How does this theme of respect influence how the trainer views the trainee?*

Bill: Respect demands that the trainer value the experience of trainees and see them not as vessels to receive the wisdom of the trainer, but as active contributors to the learning process. Respect legitimizes the knowledge and experiences brought by the trainee. Respect shapes a process where there is a seeking of knowledge *from* trainees as well as a transmission of knowledge *to* trainees. Respect implies the desire that the learning process be reciprocal.

I think the best trainers also possess the ability to empower and inspire by energizing the best within each participant. Master trainers have an abiding faith in the capacity for competence and goodness within men and women. The belief in each person's value and each person's capacity to touch the world in ways that heal is a crucial part of this theme of respect.

Bruce: *You mentioned earlier the importance of hosting behavior to successful training. I think hosting is one of the most essential and often neglected aspects of training.*

Bill: Training should be a source of nurturing for our work force. Our best hosting behaviors — accessible locations, convenient parking, welcoming, efficiency and courtesy of registration, pleasantness of environment, personalized name tags and/or name plates, tending to physical needs through nourishing refreshments, and gifts (high quality training packets) are all ways to communicate appreciation and respect. Like an oasis in the desert, the training environment should be a source of concentrated replenishment. Training should be a way to say thank-you — to honor trainee's commitment to our historical mission. Hosting is a way of demonstrating our respect for our workers and our recognition of the nobility of

their work. The presence or absence of such hosting behaviors is one of the most important influences on a trainee's readiness to learn.

Chapter Three

Training Design

The discussions in this chapter explore the craft of designing learning experiences for prevention and treatment professionals. Topics include training as a source of motivation and inspiration, personal-professional growth as a training goal, identifying one's own personal issues in the training context, training as reality-testing, workshop topic selection, the steps in workshop development, different delivery formats, and preparation for workshop delivery.

Bruce: *I'd like to explore with you many of the issues that are considered in the design of good training. There is a lot of training in our field that leaves participants unchanged. What do you want people to carry with them when they leave your training?*

Bill: All trainers want participants to take away new knowledge and skills. I want people to walk away from my training believing that what they do is noble and that few things in this life are as important as participating in the transformation of another human being. I want them to walk away with their passion rekindled believing more than ever before that they can make a difference. In addition to new knowledge and skills, workers getting a day away from the rigors of direct services should have an opportunity to get refocused on the commitment to service that originally drew them to this business. I want to help re-fire their commitment in addition to enhancing their professional competence. I want to awaken or renew what Freud called "furor sanandi" - the healing frenzy.

Bruce: *Isn't such frenzy quite out of style today?*

Bill: It is not only out of style, through the overextension of the concept of codependency, we have started labeling such passion for service as pathology. I think it's time we stop pathologizing

the best within us and resurrect passion for service as the centerpiece of our occupational commitments. Training can help ignite and sustain those commitments.

Bruce: *So there are multiple levels to which training is directed?*

Bill: I think there are several parts of the self to which training should be directed. The first is the rational, methodical and logical self. Another is the instinctive, intuitive, sensing, feeling, nurturing self. As a trainer, I want you to know the training material in your head, incorporate that knowledge into your gut instincts and let my belief and energy fuel your passion to use that knowledge.

Bruce: *You have often talked about the importance of the ability of a trainer to empower his or her audience. What do you mean when you use this term "empower" in the training context?*

Bill: It's not enough for trainers to be dynamic. In fact, they can be too dynamic. What I once thought was some of my best training was in retrospect some of my worst training when measured by its effect on participants. I was too good! I wasn't training; I was showing off! They felt better about me but worse about themselves. This process may be ego-gratifying for the trainer, but it's not good training. The trainer must be able to build a bridge between his or her own knowledge and expertise and the level of each trainee. They must empower rather than overwhelm. By empower, I mean the trainer must enhance the trainee's knowledge and skills to perform key professional functions and the confidence in themselves to execute such functions. In a trainer ego-trip, the technology — the power and the magic — stays with the trainer. With empowerment, the technology and the belief in that technology passes to and is elicited from trainees. It is the accessibility of the message — the power that comes from knowledge — that is

important, not the trainer.

Bruce: *To what extent are you trying to personally effect the trainee?*

Bill: Empowerment entails breaking through the defensive shields many trainees carry that restrict and distort their view of themselves. These self-images, self-communications, and self-eroding styles of interacting must be touched in the learning process. You have to suspend "What if," "I can't," "I shouldn't," "yeah, but," and "maybe later" if training is to result in an immediate change in how participants perform in the professional arena. Where such barriers exist, you have to alter the internal image of what the trainee sees himself or herself capable of performing. I think the best trainers not only teach me how to do something, but also convey to me that I am the kind of professional who can and will do this function. To get me to learn and use a concept or a technical skill, you may have to first help me redefine how I see myself.

One way trainers empower is by validating what trainees already know. Training can be a self-discovery of one's own knowledge as much as a discovery of the new. I love it when a trainee says, "I knew that, but I didn't know that I knew it." That's a trainee who leaves training with an affirmed perception of himself or herself and a greater capacity to act. The best trainers enhance each trainee's sense of personal value and personal power.

Master trainers put people in touch with the best within themselves and the field. Training thus serves as an antidote to the disillusionment and despair that can result from repeated confrontations with any lethal illness.

Bruce: *Is this what you mean when you speak of instilling clinical courage?*

Bill: Yes. As trainers or researchers we can speak about conflicting views of what a counselor should or should not do in a particular situation. While we have the luxury of leisurely second-guessing, the counselor has a situation instantaneously arise in which he or she must act and act with full knowledge that the human stakes involved in his or her decisions can be exceptionally high. I think part of the trainer's role is to empower workers to have the courage to leap into this abyss of uncertainty. Building confidence and courage in the face of uncertainty is very much a part of the trainer's role.

Substance abuse trainers must be able to handle ambiguity and paradox. So much of what we know in this field is still at a very primitive level of development as scientific knowledge. Trainers must respect the tentativeness of this knowledge with the awareness that what we are teaching today as state of the art could change overnight. Handling ambiguity and paradox is the ability to doubt — to sustain skepticism and critical thinking — while having enough faith to convert today's knowledge — tentative as it is — into action. To do this, the trainer must blend the skepticism of the most cynical scientist with the faith of the most visionary child.

Bruce: *Instilling clinical courage is part of the counselor's growth process. Often in our field we speak of personal and professional growth as separate entities. At times,*

Bill: The line between personal and professional growth is particularly difficult to draw when you are training persons to work as change agents with individuals or communities. Perhaps part of our role is to make sure that there is a balance between personal growth and professional growth — to contribute to the trainee's development as a whole

I think this division is artificial. person.

Training is either an appointment with oneself or with the world, depending on whether the trajectory of training is inward or outward. Training can be a vehicle of self-inventory and self-awareness. It can be a stage where we assess how the personal influences the professional. Personal growth experiences provided through the medium of professional training have been an important dimension of what I've received from training throughout my career. The ability to touch people's lives in such a personal way is shared by both clinicians and trainers, even though the functions of these two roles are very different.

Bruce: *What are some ways training can explore this personal-professional link?*

Bill: I think one of the most crucial areas in preparing counselors involves an understanding of the special chemistry between the counselor's background and that of the client's. When clients bring dimensions of character and experience similar to one's own, such as in the case of an addict seeking help from a recovering counselor with a very similar life history, it is very natural for the counselor to recognize and capitalize on this sameness. While such sameness enhances counselor empathy, it can also reflect a narcissistic mirroring that programs the client's experience through the counselor's own defense structure and pattern of recovery. Training that helps us avoid such psychological fusion is crucial. While sameness can be the basis for empathic identification, it is through our recognition of the differences between ourselves and our clients that allows us to free them from our potential coercion to pursue their own path to freedom. Every personal experience that grants the therapist

special insight into, and empathy with, a client is also a source of potential distortion and blindness.

Training can help instill this lesson and teach us enough about ourselves to operationalize it.

Bruce: *Have you ever been concerned that you were having too much of an effect on the lives of trainees?*

Bill: This question sparks some vivid memories of the period when I first started doing workshops in which I described closed, incestuous organizational systems and how sustained involvement in such systems undermines one's personal health and relationships. I began receiving letters from people who wrote to say what a great workshop I gave, that it was just what they needed and most importantly that it gave them the courage they needed to leave the sick system in which they were working. Those letters terrified me. The fact that people were walking out of my workshops making decisions which would affect the rest of their lives provided a chilling realization of the potential effect of my words as a trainer. My first instinct was to call them up and say, "Don't quit!" While I would come to understand that this effect can flow out of a healthy process of empowerment, I still believe that the trainer must have a deep appreciation for his or her potential influence on trainees and guard against impulsive or manipulative challenges to action.

Bruce: *Substance abuse training is designed primarily for knowledge and skill acquisition but I have observed participants who identified their own substance abuse problems in response to the training.*

Bill: I'm glad you asked that because it gives me a chance to talk about something I don't think has been described anywhere in our professional literature. During the last five years I have been involved in conducting a lot of presentations on substance abuse to supervisors in private industry, judges, physicians, nurses, and a broad assortment of workers from allied human service fields. Now

What has been your experience in this area?

these are not community seminars. These are seminars for people who need to know about substance abuse from the vantage of their professional roles. Nothing in these workshops was consciously designed to provoke a self-assessment of the participant's own alcohol or drug use. Well, I have been shocked at the number of responses I get from people who call up afterward and say, "You described me in a way I couldn't stop thinking about. I think I need some help and I need to know where to start."

Bruce: *What is it about training that is able to penetrate the normal mechanisms of denial that would prevent such self-identification?*

Bill: I think part of it is the environment. Trainees can sometimes hear things as part of a group they could never hear in a one-to-one communication. The latter would trigger an instantaneous arousal of their defense structure. They're in training in their professional role — we're talking about what to do with other people — rather than their own personal situation. It's like passive confrontation — information penetrates the defense structure before there is recognition of a threat.

Bruce: *How much of this self-identification results from the content of the presentation?*

Bill: When an alcoholic or addict hears for the first time a cold, analytical description of the etiology and characteristics of addictive disorders — a presentation that strips away all the popular myths that help people sustain active addiction, it can be overwhelming. I have seen individual participants — managers, physicians, judges, lawyers — almost dazed into a state of shock following such a presentation. When I see that special look on their face, every cell in my body knows they're chemically dependent and that they have just realized that fact beyond a shadow of a doubt.

Bruce: *What you're saying is that every substance abuse trainer should be aware of the potential presence of the still suffering alcoholic or addict within his or her professional audience. How does the trainer respond to this person who suddenly sees himself or herself so clearly?*

Bruce: *You stated in one of your books that training activities can be important for the health of substance abuse workers and substance abuse agencies even if the workers learned nothing from such events. Say a little more about this.*

Bruce: *What kind of reality testing?*

Bill: I think trainers that provoke that kind of breakthrough have a responsibility to be accessible to help people with the confusion that comes with this new knowledge — to link them to the next step that follows this knowledge. When people say, "could I talk to you for a minute at lunch" or "could I call to ask for some advice," we must say, "yes." If we've provoked the personal question, we have a responsibility to help find the personal answer. I think anytime we lecture about addiction, we must also talk about the hope of recovery and the first steps of recovery. We must talk to that one person in the audience who wants that answer but whose fear and confusion will keep them from approaching us.

Bill: In *Incest in the Organizational Family*, I discussed how training could be utilized to maintain a healthy and open organizational system and how training could be used as a tool to help open systems that had become professionally closed. Participation in training can serve many functions in addition to the acquisition of technical knowledge and skills. Training can be used as a reward for achievement. It can be used as a time-out period for replenishment. It can serve as a ritual to reinforce one's connectedness to the field. Relationship building at training events helps workers develop a sense of professional identity that transcends their current work site. Training is also an important forum for professional reality testing.

Bill: I'll give you an example of some very special areas. Many problems and conflicts inside substance abuse programs are interpreted as issues

of personnel or personality that are really systemic issues within the broader field. If staff have no contact with this outside world, problems of structure and process get misdiagnosed as problems of particular people. This can often lead to disenchantment, conflict, and scapegoating of organizational members and leaders. I might, for example, begin to believe that my Director is making irrational, arbitrary and destructive decisions only to discover — at a training event — that the directions she is plotting are being driven by broader forces within the field. It is through building relationships with staff from other programs and sharing stories that I am able to separate problems of persons from problems of systems. I discover that my Director is perhaps not suffering from a micro-psychotic episode as I had suspected — that he or she is, in fact, preparing the agency to meet dramatic changes in a very turbulent ecosystem.

Another area of reality testing is related to treatment philosophy and technology. I have described how closed incestuous systems develop rigid treatment ideologies that become unchallengeable. Treatment practices in such agencies, because of staff isolation, can drift into areas that undermine the health of both staff and clients. In short, they evolve into toxic systems — an evolution unchallenged by staff because they no longer have contact with mainstream clinical practice in the field. Training is probably the most important vehicle of reality testing that allows each staff person and the organization to evaluate themselves in light of current and emerging clinical and business practices.

Bruce: *I'm concerned that there might be some danger that training can be used to keep systems closed and that there sometimes is a thin line between training and indoctrination.*

Bill: Training becomes indoctrination when it is utilized to reinforce dogma. In-service training in closed systems functions more as affirmation rituals than a medium for new knowledge and skill acquisition. Whole fields, during times of challenge, can move to such closure by restricting members' exposure to ideas that fall outside the mainstream of approved thought.

Closed systems can also create rituals around outside training that assure no new ideas penetrate the system. Let me give you an example I see frequently. Five trainees arrive at the workshop from the same agency. They rode together to the workshop. They sit together at the workshop. They go to lunch together. They avoid any significant interaction with other trainees. On the way home, they debrief the workshop, noting the inadequacies of the trainer, noting how none of the ideas presented is applicable to their setting and concluding that they should have been the ones doing the training. Now, that's a closed system on tour!

Bruce: *When you are called to do an in-service, what methods do you utilize to sort out whether you are being brought in for purposes of training or indoctrination?*

Bill: I don't have control over the motivation of persons who invite me into their organizations to conduct training, but I do have control over the span of ideas and approaches I include within any given topic. What I try to do is get a feel for the host program's dominant treatment ideology and provide material that will both enhance that approach and challenge that approach.

Bruce: *Let's go back to look at some basic elements of training*

Bill: The workshop topics I select are based on two criteria: one is a deep personal interest to pursue an area in more depth and second is a

design. How do you select the topics that will eventually be developed into workshops?

judgment that I have enough base of experience to adequately train the topic. Some topics are chosen for me by those who contract for me to do training. If someone requests a workshop I haven't done before and the scheduling allows enough lead time for adequate development, I will agree to do it if it meets the other criteria of interest and sufficient experience.

There is also a kind of serendipity to my involvement with different subject matter. It's as if the subjects choose me and for an intense period of time obsess me and define me.

Bruce: *Could you give a recent example of this?*

Bill: I began my involvement in research on the special needs of addicted women in 1986, working on several treatment outcome studies and program evaluations over the intervening years. In the past six months, ideas and perceptions from these experiences have come together in some new models of understanding women's addiction experiences and treatment needs. To test and validate these models, I have absorbed myself in the literature on women and addiction and have talked to a large number of specialists in this area. This intense effort will result in a few papers and new training handouts and perhaps a new workshop. When my current questions on this issue have been answered to a reasonable extent, I will move on to a new area and it will obsess me in a similar way.

Bruce: *Describe the normal process you utilize in developing a workshop.*

Bill: Of course this differs considerably from workshop to workshop. There are workshops that are very concept and information focused. There are workshops that are very value or attitude focused. There are workshops that are very skill-

oriented. Most of my workshop designs begin with a sketch of what I want the trainees to know or believe or do. This defines the content of the workshop. That content is then organized into learning modules that often reflect four distinct stages of the workshop: the historical, the theoretical, the practical and the personal. This first work constructs the skeleton of the workshop.

The next step involves designing the kinds of activities that will result in the acquisition of these ideas, beliefs or skills within each learning module. I think the primary challenge of designing training is the transformation of information and ideas into experience — the conversion of knowledge into action. No matter how concrete or how abstract the training material is, the trainer must anchor this material within the experience of the trainee. When the trainer sees heads nodding, light bulbs coming on, and knowing smiles of recognition, he or she knows this anchoring process is taking place — new learning is getting linked to old learning. The trick is to design the training process to make sure that the material comes alive within the experience of each trainee.

Bruce: *How would you describe your preparation for a particular delivery of a workshop or seminar?*

Bill: My primary preparation for the actual delivery of a workshop involves sketching out the sequence of training activities for the day — it is my own workshop itinerary that lists the sequence of activities and the activity choices I can make over the course of the workshop. This itinerary helps me manage the timing of various activities and the overall flow of the workshop. The second preparation activity involves the memorization of any key areas of information so that my reliance

on notes during the day is eliminated or minimized.

Bruce: *What differences are there in preparation and technique between a one hour keynote presentation and a one day workshop?*

Bill: The keynote address is very different than a workshop and, for me, a much more difficult preparation process. The keynote is such a constrained medium — constrained by time and constrained by the one-way flow of communication. The speaker must make connection with the audience, address complex issues in a simplified form, entertain and inform, touch a broad range of emotions — all in a format restricted by time, physical movement and interaction. Some of the best trainers I know are horrible at keynote addresses and some of the best keynoters I know are horrible trainers. Persons who are good at both are rare.

Bruce: *In most of your workshops I have attended, there is a foundation laid through a review of the history of how the particular topic has been addressed in our society or in our field. Comment on the strong historical emphasis found in your workshops.*

Bill: The transience of our field produced by high staff turnover robs us of a sense of continuity and tradition. Enormous time is wasted rediscovering that which is already known. What I try to do with my emphasis on historical review is to provide a sense of continuity — to pinpoint where we are at in a long process of professional evolution.

Bruce: *You seem to also use that history as a way to inspire and motivate.*

Bill: If there is anything the history of our field teaches, it is the potential influence of a single individual who possesses skill and uncompromising commitment. Our history is filled with heroes and heroines whose lives profoundly altered the course of our evolution. Where would the field be today if there had not

been a Bill Wilson or Dr. Bob Smith? Where would our progress on de-stigmatizing alcoholism be without Marty Mann? Where would the community based treatment system be without Harold Hughes? Where would the treatment of opiate addiction be without Vincent Dole and Marie Nyswander? Where would early intervention strategies be without Vernon Johnson? Where would our work with families and children be without the Sharon Wegscheider-Cruses or the Claudia Blacks? Where would our concern for special populations be without the Peter Bells and the Jean Kirkpatricks? The artful presentation of this history can be very empowering.

I think history can also temper professional arrogance and instill a sense of humility. History has taught me that what we view as science today can be viewed with great scorn and ridicule as superstition tomorrow. Just as we look back with condescending indictment on the historical "treatment" of alcoholism by public humiliation, leaches, psychosurgery, moral exhortation and every known drug, future generations may look back on our current "state-of-the-art" as ridiculously primitive. History can instill a respectful skepticism toward our "state-of-the-art" and nourish an openness to continued breakthroughs in new ways of seeing and responding to addictive disorders.

Chapter Four

Training Delivery Technique

This chapter offers an extensive review of the training delivery craft. In discussions ranging over several days, some in Chicago and some at Bill's home in Decatur, we explored the detailed nuances that go into the training delivery process. Topics include entering diverse training cultures, managing stage fright, effective openings, relationship-building techniques with audiences, reducing resistance to learning, the role of trainer enthusiasm, improving speaking and facilitating skills, training without notes, body movement in training, training delivery techniques, handouts and visual aids, the experiential workshop, trainer self-disclosure, responding to questions, managing the disruptive participant, handling controversial topics, effective closings, training evaluation, and trainer style.

Bruce: *We've already talked about the variety of settings in which you train. How difficult is it as a trainer to enter into so many different environments?*

Bill: It's relatively easy to work within different environments as long as those environments share the same type of organizational culture. I have found that there is not a great deal of difference between various organizations within the substance abuse field. But venturing outside as a substance abuse trainer into other systems and working as a management training specialist in a wide variety of public and private organizations requires the ability to rapidly adapt to significant differences in organizational cultures. Trainers often succeed or fail not based on their degree of technical expertise, but their ability to translate this knowledge within particular cultural environments. How many trainers have failed — without ever knowing why — because they violated a cultural taboo of the training setting?

Bruce: *Failures can be great learning experiences. Give an example of such a failure or near failure.*

Bill: I could share a very recent near failure of my own. I was asked to make a one hour presentation on substance abuse by persons with disabilities. Although my slant on this subject had come from my interest in concurrent substance abuse and psychiatric disorders, I was aware that I was entering an audience composed of persons from primarily physical rehabilitation settings who dealt primarily with the blind and visually impaired, the deaf and hearing impaired, and other persons with severe physical disabilities. I conducted a detailed literature review to prepare for my treatment of the subject and prepared a detailed outline of my presentation. I titled my presentation "Substance Abuse and the Disabled: Trends, Etiology, and Treatment."

When I arrived to make my presentation, two staff members of the host organization let me know that some participants were likely to be upset with my workshop title and then proceeded to orient me to the history behind the shift from use of the term "disabled" to use of the term "persons with disabilities" within the field of physical rehabilitation. My technical review of the field — accomplished through literature reviews and a small number of interviews — had not oriented me to changes in the culture of the field which I was entering. This is not just a matter of "politically correct language." It is the ability of a trainer to demonstrate knowledge of, sensitivity toward, and respect for the professional culture which has offered the privilege of the podium. In the example above, I failed to demonstrate these important elements.

Bruce: *How does one recognize such subtleties and translate training content and delivery with a sensitivity towards these cultures?*

Bill: The trainer must enter the training environment with the eyes and ears of an anthropologist. You must quickly absorb nuances of language and speech, rituals of interaction, assigned status and power of group members, subtleties of intergroup conflict, tribal agendas, and the group's receptiveness to outsiders. Once you've read this environment, you can adapt your presentation methods accordingly. In-group vocabulary can be incorporated into your presentations and dialogue — it communicates your knowledge and respect for this culture. Great care is taken in identifying politically correct and incorrect language that will enhance or destroy relationship-building activities of the trainer. Sources of power — potential sources of sabotage — are acknowledged and protected to the extent possible. Reference to in-group heroes and heroines are used to buttress learning. Group learning styles — formal versus informal, cognitive versus affective — are mirrored through the trainers presentation methods. Jotting notes on such nuances to be used for future reference can be very helpful. By reviewing such notes, the trainer can achieve rapid and smooth re-entry into this culture at future training activities.

Bruce: *What story comes to mind of special hazards or opportunities involved in this entry process?*

Bill: Many years ago, I was involved in my first work training on an American Indian reservation. I had arrived early to orient and acclimate myself specifically to how the material I was to present should be adapted to this setting. As might be expected, I was immensely fascinated with my first on-site exposure to Native American culture. I was fortunate to have with me an American Indian co-trainer who I had worked with before to guide me through this exposure. On the night

before the conference started there was a ceremony of drumming and dancing that was preceded by my first exposure to Native American food. The assorted foods were arranged in buffet fashion and I, along with my Indian co-trainer, were encouraged to sample a healthy portion of each offering. As we ate together I asked him various questions about the food and its preparation. I found some of the food quite delicious, other dishes somewhat tasteless, and the buffalo meat embarrassingly difficult to chew. This meat was so grisly it seemed to grow to several times its original size as you chewed it. Since this was the first time I'd ever had buffalo, I guessed this was how it was supposed to be. After I had made several positive comments on various food dishes, my Indian co-trainer began to elicit my opinion about the buffalo: "What did I think of its flavor? What did I think of its texture? Did I like its chewiness?" After watching with interest my attempts to respond positively to each of his questions, he reported that this was the toughest buffalo he had ever had in his life. We had a good laugh that my need for his acceptance had led to a less than honest critique of the buffalo meat. My co-trainer christened me "Buffalo Bill" for the remainder of the conference. This early experience would be built upon by many others that would teach me that openness to another culture does not require an abdication of honesty or a blind and inevitably patronizing acceptance of all that is within that culture. Whether entering ethnic culture or organizational cultures, I have struggled to be open to the rhythms of these cultures without losing my own culture and my own sense of self in the process.

Bruce: *It occurs to me that conflicts may occur between the values of the trainer and the culture of the participants.*

Bill: There are dangers in both a trainer's ethnocentric condemnation of a culture and the blind and patronizing glorification of a culture. While the trainer must stay focused on his or her contractual responsibilities, this doesn't call for a cultural relativism that denies one's own values or broader universal values. After all, human sacrifice, slavery, genital mutilation and the systematized sexual victimization of children have been elements of culture. Paulo Freire made this point very eloquently when he once said, "My respect for the soul of a culture does not prevent me from trying, with the people, to change some conditions that appear to me as obviously against the beauty of being human." The trainer cannot escape the need to question such conditions. Respect is not a blank check of endorsement of all that a culture is or does. It is openness to the culture's richness, complexity and contradictions.

Bruce: *This discussion raises the issue of trainer sensitivity to cultural or gender issues in the training environment. What special issues must the trainer be attuned to in this area?*

Bill: All training should be gender and cultural sensitive to the extent that the training material is modified for incorporation into the emotional and intellectual fabric of each trainee's personal and professional life. Failure to seek out or grasp the nature of this fabric is the ultimate insult to the trainee. There are cultural subtleties that can arise in training particular ethnic groups that can influence the training process. These can range from value paradigms to language to learning style issues.

Bruce: *At times there may be pressure to slant or select material that will agree with the attitudes and beliefs of particular*

Bill: Caving in to such pressure is the easy path — the path without courage. If the primary purpose of a presentation is to be liked and get stroked, it is tempting to simply mirror the values and beliefs of the audience. In my early career, there were many

trainee groups. How do you balance the need to be sensitive to the culture and at the same time not violate the integrity of the training content?

Bruce: *Another area where aspiring trainers need courage is confronting stage fright. How do you minimize or manage the normal fear most people experience being in front of a group?*

times when my lack of courage and confidence led to an avoidance of certain topics or the softening of material. There are times I still question whether I have the courage to present the needed message to a particular audience. As trainers mature personally and professionally, this courage and confidence builds. Each trainer must find a source of strength to empower his or her courage in such circumstances.

Bill: While each successful training diminishes the sense of vulnerability one experiences in front of a group, a certain amount of fear and anxiety is normal and necessary for optimum performance as a trainer. I still experience such anxiety. Although I am rarely conscious of such anxiety, I can sense it in my inability to sleep, in the tightness of my body, or in the altered pitch of my voice.

I think the trick is to use the energy generated by anxiety and fear and channel it into the training process. It takes time to learn how to tap the adrenalin of fear to give you that special edge that good trainers are always seeking. One of my favorite techniques is drawn from acting. Actors are often taught how to reach back into their past to pull forward emotions to use in a particularly scene. In my more apprehensive moments before a training event begins, I visualize scenes from several of my best training efforts — focusing on the feelings of power, confidence, and competence — and try to let the memory of those feelings infuse me.

One of my mentors once told me that the best strategy to deal with fear is to laugh at it. When

we fight against fear it gets stronger; it feeds off our insecurity. He said it is best to extend the fear — to exaggerate it, to mock it, to make a caricature of that which we fear. There are days I can laugh at the pettiness of my fear. But there are still days when the fear laughs at me.

In the long run, mastery of the content of training and mastery of training delivery technique are the ultimate antidotes to fear.

Bruce: *How often do you experience that kind of intense fear?*

Bill: I still feel intense anxiety at the beginning of some training events, but at this point in my life, I am more likely to experience fear and apprehension off the stage than I do on it. I am often awkward and uncomfortable at luncheons, professional receptions or other informal events surrounding my training work. Those are the situations that are most stressful for me. I think it's because I am primarily an introvert when I step out of my professional role. I feel more vulnerable at a reception than I would at a lectern before 500 people. This obviously reflects issues of personal style related to intimacy and control. By knowing those dimensions of the trainer role that evoke the most intense feelings of vulnerability or discomfort, one can seek new skills and special supports to get through these more difficult situations.

Bruce: *How much trainer fear and anxiety comes from the unpredictable in training?*

Bill: Perhaps this is a good time to talk about predictability and the training process. In my early days as a trainer, I hated the unpredictability of training. In fact my idea of preparation and training design was to structure training to eliminate unpredictability. It took a long time to understand that learning comes as much from the process as the structure. Today I know I'm doing

good training when I experience new perspectives and ideas in the training process, when I have experienced the surprise of new territory. Where there is no surprise for the trainer, training is a manipulation of ideas rather than an exploration of ideas.

The enemy of effective training is monotony. Monotony poisons training. Spontaneity and variety are the antidotes. We are all drawn to the unfolding of change. Changes in our environment capture our attention. Unpredictable variations — shifts in the ebb and flow and media used in training — catch our senses and are the hallmark of good training.

I think what we are seeking is a kind of spontaneous combustion in the training environment. We stir the training process to bring together fuel and oxygen and wait to see if our old oily rags will catch fire. And yes, as trainers we must manage our own fear that we will not be able to control the fires we ignite.

Bruce: *Developing a predictable structure to open training events is one way to reduce fear and uncertainty. What ground rules do you have for opening a training event?*

Bill: I have developed several. My rule for introductions is keep them short. An introduction that is long and profuse in its praise will not overcome bad training, and great training will almost instantaneously overcome the most inept introduction.

My second rule for opening a training event is to personally introduce yourself to create identification with your audience.

My third rule is get'em involved and get'em excited. I believe the personal goal-setting of each

trainee, the clear articulation of the training itinerary, and the immediate infusion of the trainer's enthusiasm about the day are particularly important.

My fourth rule for opening is to never apologize or in any way discount what you are about to offer.

Bruce: *Although you use humor in your workshops, I have noticed that you almost never use jokes as an initial icebreaker the way many trainers and public speakers do.*

Bill: I don't tell jokes because I can't tell them well. Also, there's something gimmicky and artificial about the use of jokes as an opening gambit of training with which I've never been comfortable. It's one of those style issues. I am very comfortable using humorous stories to teach and I enjoy playful banter with trainees, but telling jokes has never been my forte.

Bruce: *You have said that master trainers develop special relationship-building techniques with their audiences. Describe a few examples of such techniques.*

Bill: Let me describe to you a master trainer building a relationship with an audience. She learned the process, one technique at a time, but today integrates them automatically without conscious thought. She arrives early at the training site to acclimate herself to the environment. She moves the podium off to the side. She will use it sparingly if at all, recognizing that it poses a physical barrier between her and the seminar participants. She polls information from the seminar organizers on who will be attending today. She uses this information and her observations of participants as they arrive to sketch the composition of her group by age, sex, ethnicity, and professional discipline. She works the room in the half hour before the training starts — unobtrusively making eye contact and saying good morning to persons engaged in conversation around the coffee table. She has asked that her

introduction not be overly long or formal — knowing that an over-presentation of her credentials will incite defensiveness rather than receptiveness to learning. She begins by asking participants to introduce themselves to her, maintaining eye contact and thanking each person as they finish. She follows the introductions with a brief goal setting exercise for the day — her way of saying this day is yours and I will respect your needs and wishes. This task-oriented small group exercise allows persons to meet those around them and reduce participant isolation. She outlines the days itinerary — the workshop content — incorporating as many of their goals as possible. She describes the learning methods that will be used with enough detail as to reduce any anxieties or fears — she is very conscious about participants' needs for psychological safety in the training environment. As she begins moving into the substance of the workshop, you might notice a number of things. She conducts the workshop with a minimal reliance on notes. She understands that every time she looks down she breaks contact with her audience. She uses the whole room with her eyes and her movements. She moves forward and back into the group as a pattern of increasing intimacy and refrain. Her gestures seem to reach out and touch the audience and pull them into her material. She floats through the room quietly, listening to conversations during small group exercises. By mid-morning break, she has been in close physical proximity and made eye contact from close quarters with everyone in the room. Her presentation of information is interspersed with questions to her audience, her responses indicate she both clearly heard and appreciated the

responses offered. By break time, people are already wondering aloud about the number of names she remembered from the morning introductions, each person wondering if she will remember their name. Her accessibility and approachability is obvious throughout the day — at breaks, at lunch and at the end of the day. A growing number of persons seem to be seeking her out for a brief question — perhaps a few of them with questions of a personal nature as they seem to approach her when others are not around. She has several times through the course of the day empathized with the difficulty of their task and affirmed its importance. She seems to have been able to coax people into excitement about new ideas without shaming the old ideas. She ends the day on a particular personal note expressing her appreciation for their invitation — as if each one had personally invited her — and thanks them for their attendance and their active participation.

Now that's a master trainer at work. That's how you build relationships with a group of trainees. That's how you lower resistance to new learning. That's how people in training feel empowered to use new knowledge and skills. When you watch someone that's really skilled at this process, it is an art form.

Bruce: *How is this relationship-building process sustained throughout the training process?*

Bill: Relationship-building is occurring at two levels simultaneously. The trainer, through the day or over the course of contact, is seeking to build a relationship with each trainee and at the same time is building a relationship with the group. The group is a living organism that encompasses and yet transcends the individual

identities of the group members. Watching a master trainer respond to every subtle ebb and flow of emotion and energy within a group or watching a master trainer build intimacy with a group by exposing his or her own vulnerability is amazing. Master trainers respond to groups the way a Michelangelo responds to marble. This ability to build relationships at both levels is the foundation of their craft.

Bruce: *What are the obstacles that prevent this relationship building between a trainer and his or her audience?*

Bill: Perhaps the major obstacle is the normal resistance to learning brought to the training event by participants. In any training group, there are many persons whose readiness to learn must be kindled rather than assumed. Some are at the workshop to get away from work for a day. Some are there for required continuing education hours. Some are there to personally validate or refute the trainer's reputation, with perhaps minimal interest in the workshop topic. Some will have major distractions in their personal or work life competing for their attention. Others will bring special resistance to the new ideas and skills opened up by the trainer.

Such observations do not imply that learning will not occur, but it does underscore that the trainer must stimulate participants' openness to learn. Any trainer can train a group completely filled with highly motivated learners. The master trainer removes the distractions of the resistant learners and gets them caught up in the training process in spite of themselves. The trainer must build relationship bridges to the trainees and then use his or her own energy and enthusiasm to jump start the low batteries in the audience.

Bruce: *Briefly describe*

Bill: To engage the least involved trainees

this battery-jumping process.

requires a combination of high energy and trainer enthusiasm, a very active training process that makes passivity impossible, personal contact and encouragement by the trainer, and a fast training pace.

Bruce: *Would you agree that high quality training poses more threats and challenges to participants than poor quality training?*

Bill: Definitely! Trainees who out of frustration or burnout or skill-deficiency have resigned themselves to passive, role-stereotyped behaviors, may have their resistance to learning particularly activated in training that is both hopeful and challenging. Some trainees come to training seeking confirmation of their hopelessness. Whereas poor training poses minimal threats to this existential position, good training challenges this position and creates the expectation that the trainee will be able to and should affect their environment in a new way. The hope and enthusiasm of the trainer is both desired and fought. The job of the trainer is to tip the scales of this ambivalence toward learning and recommitment to service.

Bruce: *It seems to me that there is always a degree of resistance to any new learning. Isn't some resistance an inevitable component of the learning environment?*

Bill: Many years ago Kurt Lewin proposed a three stage model of social change that I've always thought was a perfect model to describe the training process. Lewin said that all social change involves the steps of unfreezing, changing and refreezing. I think effective training involves the same steps and the discomfort involved in each of these steps can trigger resistance. Our task is to break through the cliché of limited experience — to break through the oversimplifications that breed professional myopia and arrogance. Unfreezing old ways of perceiving, thinking, feeling and behaving disrupts the security of human inertia. The awkwardness of trying new ways of seeing,

doing, and being involves great psychological discomfort. Trying to integrate new learning into daily practice is unsettling until the new becomes habitual. The critical dimension in each of these stages is the self-esteem of the trainee.

Bruce: *Give an example of how this self-esteem issue might manifest itself through the course of a workshop.*

Bill: First of all, it's important for the trainer to recognize the implications of the power imbalance that exists in the opening moments of the workshop. Trainees enter in a one-down position — admitting the lack of knowledge in a particular area by their presence at the workshop. The trainer is in a one-up position because he or she supposedly is an expert in the trainee's area of weakness. If this power discrepancy is not decreased — if the distance between trainer and trainee is widened inadvertently by the trainer — tremendous trainee resistance to the learning process will be elicited. Trainees will resist unfreezing, and their aroused defense structures will seek to equalize the relationship by discounting the trainer. If we don't equalize the relationship, trainees will reject what we have to offer. If trainees aren't given power, they will take power from the trainer. One of the trainer's first jobs is to reduce the power imbalance and the psychological distance between trainer and trainee. This gift of power is offered to the trainees as a welcoming tribute from the trainer.

Bruce: *How is this gift given?*

Bill: The trainer offers power by treating trainees as colleagues rather than students, by defining the learning process as a partnership, and by legitimizing the knowledge and experiences of the trainees. The trainer, through his or her rapport building, diminishes the power inequity and creates a collegial bond of "we-ness" within the

training environment.

Bruce: *The unfreezing that must occur for new learning must be filtered through the self-esteem of trainees. How can self-esteem serve as an obstacle or resource in this unfreezing process?*

Bill: There can be an implicit and shame-inducing indictment in the learning environment that while unspoken can arouse resistance to unfreezing. If a trainer suggests that I must change a belief or an action from point A to point B, does that mean that I was wrong to be at point A? Does it mean I am a bad person, that I have lacked professional competence and integrity? Shame-based indictments in the training environment, no matter how unintended or how subtle, inhibit unfreezing by threatening the self-esteem of trainees. Where shame is implicit, the trainee is disempowered — they feel less capable and less worthy of using new knowledge and skills. The art of training is the ability to move each trainee forward into new areas of knowledge and skill development without shaming the past. If the trainer can convey to trainees that their participation in continuing education represents the apex of professionalism and a boldness to move into new and uncharted territory, then self-esteem can be an ally to this process of unfreezing.

Bruce: *What strategies or techniques can the trainer use to actually protect trainee self-esteem through the unfreezing and changing stages?*

Bill: Unfreezing habitual patterns of perceiving, thinking, feeling and behaving can best be done in an atmosphere of psychological safety. This means that unfreezing does not occur until the trainer has engaged in rapport-building, group warm-up and the establishment of a learning structure that emphasizes such safety. Comfort must be established before provoking the discomfort of unfreezing. Discomfort is minimized when it is shared. The use of trainer modeling and group support enhances unfreezing.

The ability of the trainer to reward trainees through verbal praise for self-inventory and the exploration of new ideas is another important dimension. I think perhaps the most important support for unfreezing is the trainee group's trust of the trainer's skills. Where such trust exists, the trainer can call for and receive a commitment for openness and experimentation in the training environment. The trainer must build trust with each trainee and the group in the same manner that a therapist builds trust with a client and his or her family.

Bruce: *I have seen you tell stories in which you laugh at your own mistakes of perception or action. Does this ability to laugh at yourself help establish trust and safety in the training environment?*

Bruce: *Briefly describe the stage of refreezing and trainer interventions that help solidify new learning.*

Bruce: *Many people who have been to your training*

Bill: Laughing at yourself can serve many purposes when strategically utilized by the trainer. First, it brings the trainer off the pedestal and helps equalize the power in the trainer-trainee relationship. An important question in training is how to promote each person's capacity for self-perception and self-inventory. Buried within the storytelling of the trainer can be found a demonstration of those precise skills. By telling stories about oneself, the trainer gives permission and shows the trainee how to conduct and disclose this professional self-inventory.

Bill: Refreezing is a process of closure through which elements of new learning are integrated into the trainee's repertoire of behavior. It is the bridge between the training environment and the trainee's life in the outside world. New learning — these fragile experiments in new ways of thinking and behaving — will constitute only fleeting diversions from what one brought to the training environment if this refreezing doesn't occur.

Bill: I think my primary source of excitement is the fact that I am truly in love with what I do. I

seminars comment on the enthusiasm and excitement that you bring to your workshops. How do you keep that up?

feel like one of the luckiest persons on earth. I'm doing on a regular basis what I love to do more than anything else — research, teach and write — and I get paid to do it! I keep this edge of excitement on a day to day basis by only training on material about which I am interested and passionate. When I find myself getting bored delivering a particular seminar or the seminar has gotten too polished — I've lost my spontaneity and genuineness — then I stop doing the workshop or redesign it. If a trainer can't be excited about what he or she is delivering, then how can they expect a group of fifty people to get excited about it?

Bruce: *What is the difference between trainer enthusiasm and trainer egotism?*

Bill: Robert Johnson makes a wonderful distinction between enthusiasm and inflation in his book *Ecstasy*. He notes that the word enthusiasm comes from the Greek words (en-theo-ism) meaning "to be filled with God." To be enthusiastic is to be filled with power from outside the self. With enthusiastic trainers, the energy flow moves outward toward trainees at the same time energy is being elicited from the trainees. Inflation, on the other hand means to be filled with air - usually hot air. When trainers are filled with enthusiasm, they lose themselves in the material and the training (service) process. When trainers are inflated, the puffed up ego insulates them from seeing and responding to trainee needs. The teaching by the inflated trainer is narcissistic and masturbatory. It is mirrored to the self rather than sent to others.

Bruce: *How important is this ability to generate healthy enthusiasm to the training craft?*

Bill: There is a principle of biology called heliotropism — it refers to the unrelenting movement of plants to seek the energy of the sun. I think a similar principle drives the attractions of

humans. The job of the trainer is to be like the sun — a source of energy, light, and warmth. All of us draw sustenance from those kinds of people. The trainer must give the gift of his or her energy.

Bruce: *Where does this energy come from?*

Bill: I'm not sure I know. In my own case, there is a special synergy between myself and a training group. It's like the paradox preached about recovery — to get it, you gotta give it away. When I expend energy in training, I always seem to walk away with more energy than when I started.

Bruce: *How do you hold people's attention through a full day's training or in some cases through two to three days of training and how is this related to the trainer's energy?*

Bill: There is a rhythm — an ebb and flow — that must be designed into good training. I design most of my training in a series of one and one half hour modules. Each module must stand on its own — it must build to a climax and then a release. Tension must build and then it must subside. If the energy level is sustained too high for too long, you wear trainees out. Learning shuts down from stimulus overload and emotional exhaustion as trainees begin mentally speculating on the trainer's need for lithium. If the energy is maintained too low, you lose them to doodling, shopping lists, daydreams or sleep. Trainees can also get lost in the training — lose touch with where the training is going and intellectually and emotionally disengage from the training. To prevent this, each module must have a beginning, a middle, an end and a hook to tease out some anticipation for the next module. Trainees need a road map of the training and constant trainer directives that say: "You are here!" The modules themselves are paced in terms of degree of intensity and they are woven together like a tapestry, with the trainer making frequent references to the big picture and how each piece fits into the whole. This creates a

natural sense of movement through the training process. The relationship-building activities described earlier must be sustained throughout the training time. The trainer must hang on to the audience with his or her eyes and voice and gestures and physical proximity.

Bruce: *There seems to be so many serious problems confronting our field. How do you sustain the positiveness and hope that permeate your workshops?*

Bill: I get upset over issues within the field just like anyone else, but two things sustain me. The first is a deep appreciation for the history of the field. My beginnings in this field predate the emergence of community based treatment. I remember what it was like to walk onto units of state psychiatric hospitals and meet addicts who had been lobotomized, shocked, hydrotherapied, drugged beyond coherence, and mechanically restrained and secluded all in the name of progressive treatment. I remember attending the funerals of alcoholic clients who hung themselves in jail cells before public intoxication was decriminalized. I remember as an outreach worker standing with alcoholics and addicts in emergency rooms of hospitals where they were routinely refused admission for medical treatment — hospitals that 25 years later have inpatient addiction treatment units and aggressive marketing campaigns to attract these same persons. I remember how few tools and few resources we had to heal. That history has taught me how far we have come. I try very hard to not take for granted our achievements and to recognize that those achievements would not have happened if key individuals had abandoned the struggle in frustration and despair.

Bruce: *You mentioned two things sustain your hope.*

Bill: I've spent almost a quarter of a century in this field and, for better or worse, I'm in it for the

What is the second?

duration. That commitment to the future sustains me in the face of drug wars that come and go, reform programs that fail to reform, reorganizations that mask incompetence, and the perennial fiscal crises faced by the prevention and treatment field. Progress in any social movement ebbs and flows. What is personally important is the ability at low points to extract lessons from failure and crisis. This ability is rooted in the understanding that you will use that acquired knowledge to strengthen your continued work in the future. Perhaps there's a thin line between unrelenting hope and stubbornness. When you've committed yourself to a particular endeavor, there's a special empowerment that comes from that commitment. That commitment requires a long-term vision—like seeing the process as a marathon rather than a hundred yard dash. Part of my hope comes from this commitment.

There's a wonderful Japanese proverb that says, "Fall seven times, stand up eight." I have a special admiration for the traits of resilience and endurance.

Bruce: *Perhaps we can shift gears a bit and explore some of the special techniques that can be utilized by trainers to enhance learning. What changes have you noticed in your utilization of such techniques during the course of your career?*

Bill: I use less planned techniques within my training than I did ten years ago, but there is a much greater freedom and spontaneity in my selection or creation of a technique within a particular workshop. I think my whole philosophy about the use of techniques has changed. Salvador Minuchin, in one of his many books on family therapy, described a wonderfully astute observation made by Carl Whitaker about family therapy techniques that is perhaps worth sharing here. Whitaker had noted the many episodes in which "THE TECHNIQUE" had been

discovered in family therapy only to fade into obscurity as the latest "THE TECHNIQUE" gained prominence. After seeing generations of such techniques come and go, Whitaker recognized that each technique was valuable only as long as it stimulated the excitement and curiosity of the therapist. I believe that in training, as in therapy, it is the trainer's passion and excitement elicited by a technique that makes that particular technique work.

Bruce: *Humor and entertainment are common techniques integrated into the training process. How important is humor in your approach to training?*

Bill: The effective use of humor can enrich the training process. It can be used strategically to lower learner resistance, break tension or anchor the learning of conceptual material. Like any training technique, humor is best when it fits the natural style of the trainer. Some trainers are marvelously gifted in their use of humor; for others, it appears awkward and artificial.

Bruce: *What are the pitfalls in the use of humor in training?*

Bill: The dangers lie in the overuse of humor — shifting the focus from teaching to entertainment — and the injudicious use of humor. Great care must be taken in assuring that humor doesn't demean or diminish persons or groups. Humor can bolster participants' involvement in training, but it can also offend and lead to their detachment from the training process.

Bruce: *There seems to be two fundamental skills in training: speaking and facilitating. How does one develop and enhance these skills?*

Bill: They are quite separate skills — speaking and facilitating — and they aren't often found as natural skills in the same person. I think there are two approaches to developing presentation skills. One is exposure to and careful study of great speakers. The other is the mastery of technical skills inherent within different types of presentation formats. Great speaking requires both the mastery of language and the mastery of

delivery.

Bruce: *Elaborate on what you mean by the mastery of language.*

Bill: I think the great speakers — the spellbinders — somewhere in their development must fall in love with words and the power of words. Some of the great speeches — Lincoln's Gettysburg address, Kennedy's Inaugural Address, King's "I Have a Dream" speech — while expertly delivered contained language that was overwhelming in its clarity and beauty. When Jessie Jackson calls graffiti the "hieroglyphics of destitution," his language forces us to reframe individual acts of vandalism into cultural expressions of pain and hopelessness. I think some of the best trainers have the ability to select words and construct phrases that create powerful breakthroughs in perception and thought.

Bruce: *Is good oratory synonymous with good training?*

Bill: It can be a blessing or a handicap. Great orators, because of their gift, may find themselves speaking when they should be facilitating and listening. Trainers who lack the gift of riveting speech may have to rely on superior facilitation skills. Each trainer must capitalize on his or her own strengths and mask weaknesses within a highly individualized style of training delivery.

Bruce: *What special voice techniques can improve training delivery effectiveness?*

Bill: There are several basic dimensions of speech that trainers may have naturally or must work to refine. The developing trainer should self-critique and solicit feedback from others on each of these dimensions. First is voice projection and enunciation. The ability of the audience to hear and to clearly understand the words of the trainer are paramount. Second is voice pitch — the ability of the trainer to vary the rise and fall of speech to create interest — to break the monotone

pattern of delivery so hated by trainees. Third is pace — the ability to vary training delivery pace to the subject matter, time of the day, or energy level of the group. Pace involves the speed and rhythm of speech. Fourth is voice energy — the ability to convey emotion and generate excitement and involvement through speech. The fifth is stamina — the ability to sustain the above qualities for long periods of time — from hours to a long series of consecutive full days of training. Each of these five dimensions represent areas of evaluation and potential self-improvement for the trainer.

Bruce: *Describe how the developing trainer could best conduct this self-critique and solicitation of feedback which you recommend.*

Bill: I think the beginning point is to recognize that the need for this kind of self-scrutiny and self-development never stops. It's not an issue of "learn it once and now you've got it." Trainer styles drift sometimes toward decreasing effectiveness. Trainer skills can decay from lack of use or proper refinement. The propensity for drift in style or decay of skills demands a continual process of refocusing and skill renewal. All trainers regardless of their level of skill mastery can benefit from this continued fine-tuning of training delivery skills.

There are several ways the trainer can go about this process of self-critique. Self-critique of the above dimensions of voice can be made through analysis of audio-tape, or preferably videotapes of training deliveries. It can also be helpful to have speech or training specialists critique and offer suggestions for improvement related to particular dimensions of voice described above. This kind of assistance is the counterpart to what counselors receive in the process of clinical supervision.

Bruce: *I once heard you say that the first commandment of training was, "Never read to your audience!"*

Bill: Trainers should never read anything to an audience unless they have the dramatic voice of a James Earl Jones or the charisma of the most spellbinding preacher who ever walked a stage with an open Bible "reading" scripture, but saying every word from memory and never breaking visual contact with the audience. Unless the reading is for dramatic or emotional effect, it is the ultimate insult a trainer can give to his or her audience.

Bruce: *What about the use of notes? I have been struck by how many full day informational workshops you give without any reliance on notes.*

Bill: When lecturing, the trainer must hold the audience's attention with his or her eyes, voice, and physical movement. I try to minimize my reliance on notes because contact is broken each time I pause to seek the aid of notes. By breaking visual and verbal contact to consult one's notes, the trainer loses contact with the audience and in that moment opens the door to stimulus diversion — trainees shifting to thoughts beyond the training arena. It takes a while to master the art of training without notes.

Bruce: *How did you learn how to present without notes?*

Bill: When I first began training, I wrote all my lectures out word for word. I then moved to speaking from detailed outlines. I finally arrived at the place where I prepare and memorize the overall presentation outline and then memorize key pieces of information that are part of each module of the presentation. This gives me the overall flow of knowing the topical sequence of the presentation and the details of dates, names, places, book titles and other details that fit within each module of the outline. By briefly rechecking notes or outlines during participant exercises or during breaks, I rarely have to utilize notes during the training process.

Bruce: *What techniques of using the body parallel the voice techniques we have been discussing?*

Bill: The first task for most trainers is to eliminate ways in which body movement can distract rather than enhance learning. There are a lot of pitfalls related to body movement in training.

Bruce: *What are some of those frequent pitfalls?*

Bill: The pitfalls include the extremes of movement — either no physical movement or movement that is so excessive it visually wears out the trainees. Pitfalls include weak gestures or the use of excessive gestures that come across as distracting affectations rather than exclamation points of speech. Pitfalls include speaking with your back to the audience while writing on a flip chart or speaking with a hand over your mouth. They include drifting away from microphones without the voice projection that will allow everyone in the audience to hear. They include a lack of familiarity with or awareness of equipment — the trainer who stumbles over cords or who cannot skillfully operate training equipment. They include physical clumsiness — the shuffling through overheads that reveals a lack of preparation and organization. It may seem surprising but there are a number of otherwise good trainers and sometimes experienced trainers — whose training effectiveness is diminished by one or more of these common mistakes.

Bruce: *Once you've eliminated these pitfalls of physical movement, how does the trainer use his or her body to enhance training delivery?*

Bill: The use of movement is obviously very different in a one hour keynote than in a seven hour seminar. When lecturing or participating in dialogue with the audience, the trainer must strike a balance between no movement, which creates stimulus deprivation, and too much body movement, which distracts the learner. I think

variety is a key to sustaining attending behavior, particularly in full or multiple day seminars. Variety in body movement involves not working from a fixed point in the room — I use alternating movements across the front of the room as well as alternating patterns of movement toward and away from the audience. The best trainers touch every nook and cranny of the training environment, leaving every trainee with the experience of closeness with and accessibility to the trainer. It's hard to coach new trainers about movement and gestures, but the use of videotape has provide a powerful learning tool to assist trainers in the development of a style of movement that is both natural and effective.

Bruce: *You mentioned two basic training skills — speaking and facilitating. Let's talk about facilitating.*

Bill: Facilitation skills are so different from presentation skills that there can be difficulties making rapid transitions from one to the other during the course of a workshop. While presenting, for example, the trainer may want a fairly high level of adrenalin to add power to the delivery of his or her words. While facilitating, this same adrenalin must be contained. The desire to interject oneself into the process via speech making must be checked. When facilitating, the goal is that participants feel good about their own experiences and ideas, not the trainer's. The best presenters may lack some of the core facilitation skills: reading group dynamics, listening, reflecting, summarizing, probing, questioning, eliciting, instructing, and recording. In my own case, I found much of my training in group and family therapy that was transferable to the facilitation of learning in groups. Most training of trainers courses include core modules on group dynamics and facilitation skills. I would highly

recommend participation in such courses.

Bruce: *How do you choose between presenting and facilitating during a particular training event?*

Bill: Some of this is defined by the number of participants, the training topics, or the overall training design. What's great about training is that it never happens the way you've designed it. You can do the same workshop 20 times and it is never exactly the same. The reason is the constant monitoring and refinement of the training process. To use a stage analogy, training is the simultaneous process of performing and directing. It is a synthesis of action and analysis — one half of you doing, the other half watching, guiding, evaluating, and editing. You're rewriting script and altering tempo second by second while the process unfolds. This training process, like the counseling process, becomes easier and more fluid with experience.

Bruce: *Describe approaches and techniques to involving an audience in the learning process.*

Bill: Marshal McLuhan once described media as either hot or cool depending on a media's capacity to elicit our sensory and experiential involvement. I think the best trainers find ways to make training hot. In the selection of material and the energy the trainer brings in the exploration of that material, a joy for learning is kindled from spark to flame. As we heat up the training environment, we create what Robert Johnson has called a "transformative fire." The heat of the training environment produces a kind of contagious curiosity and a thirst to test the boundaries of our capacities to understand and act. Training media that are hot engage multiple senses and actively involve trainees in the learning process.

Bruce: *I'd like to explore your thoughts about a*

Bill: Lecture is the training medium least likely to generate heat. Someone (I think it was Mortimer

variety of training delivery techniques by naming them and having you share the first thing that comes to your mind regarding the benefits or hazards in their use. Let's start with trainer lecture.

Adler) once said with great wit that lecturing was the process through which the notes of the teacher become the notes of the student without passing through the minds of either. As a sustained learning medium, the lecture is effective only when used by the most skilled blend of riveting content and spellbinding delivery. Its difficulty makes it a surprising choice as the most used (perhaps we should say abused) training delivery medium. The exclusive use of lecture as a training medium creates a unidimensional learning process in which monologue suppresses dialogue.

Bruce: *How would you warm up this medium?*

Bill: Lectures can be heated up with carefully selected audio-visual aids, by maximizing techniques of audience participation, and by enhancing sensory variety through trainer gesture, movement and variation in voice tone and volume. Lectures are one of the hardest mediums to master. In general, a trainer will need to be as manic as Robin Williams or have the story-telling skills of a Mark Twain if he or she is to hold all their audience for a lecture of more than 75 minutes.

Bruce: *Brainstorming exercises.*

Bill: Fun. Energizing. I use them a lot. The trick is to brainstorm a question or problem area that is within the experience of the participants. Brainstorming to capture and label shared experience or ideas is a highly effective training technique, but can be frustrating and de-energizing if it focuses on concerns beyond trainee knowledge and experience. In such a case, trainees feel they are wasting time sharing stupidity on a technical area about which the trainer should be teaching.

Bruce: *Expert panels.*

Bill: Expert panels are a great way to outline diverse experiences and perspectives. I think they must be extremely well-planned, with each panel member coached on the specific areas they are to cover, and designed to maximize interaction between panel members and the trainee audience.

Bruce: *Discussion groups.*

Bill: I like to use very task-focused discussion groups in training. They provide a forum for the articulation of trainee experience and an opportunity to verbally explore and digest new ideas. They provide wonderful mediums for the refinement of problem solving and strategy development skills.

Bruce: *The seminar.*

Bill: I believe the Socratic method of conducting seminars is the most powerful medium for learning, in general, and enhancing critical thinking and creativity, in particular. Socrates is the model teacher and yet he never taught in the didactic sense of that word. He posed questions and structured experiences that incited the curiosity and imagination of those around him. The dialogues of Plato which describe this process make excellent reading for the aspiring trainer.

Bruce: *Structured role playing.*

Bill: They can be an extremely effective learning tool as long as great care is taken to assure the psychological safety of the trainee within the learning environment.

Bruce: *Skill demonstrations.*

Bill: There are certain skills that are almost impossible to verbally describe in ways that trainees can actually understand and master. By minimizing verbal description and maximizing live demonstration or video presentation of the skill, learning can be greatly enhanced. The

trainer's willingness to participate in such demonstrations also models the kind of openness to experimentation and vulnerability within the group being asked of trainees.

Bruce: *Case studies.*

Bill: I love them and use them extensively in my training. It's a way of personalizing and detailing theoretical constructs. It's a way to constantly remind trainees of the human dimension — that people's lives can be irrevocably affected by our actions or inactions. The detailed case study is one of the most useful ways to build bridges between the trainer's and trainee's clinical experiences.

Bruce: *Trips and tours.*

Bill: Trips and tours can be wonderful mediums of experiential learning. Seeing and hearing and smelling and feeling a prison is worth a hundred lectures and discussions. Trips and tours when properly selected and designed can drive learning from the abstract to the deeply experiential.

Bruce: *Films.*

Bill: There are too many films of poor quality, and I think they are overused as a time-filler in training sessions. I think films can be an effective learning tool — they can provide an exceptional level of visual learning, but the trainer must find a way to break the passivity of the trainee inherent within passive visual media. The key is to provide an assignment to find certain things in the film, critique some aspect of the film, or interrupt the film with short discussions of key issues — anything to get the participant do something other than passively receive the film's message.

Bruce: *I've noticed an increased use of storytelling as a training*

Bill: I have changed my thinking about the value of stories and anecdotes in training. I used to see stories as a break from the content of a workshop

technique in your workshops. Is this something you've consciously worked to increase?

— a way to lighten the atmosphere before plunging again into the serious business of learning. Today, I see stories as one of the most important vehicles of learning. This change in view resulted from trainees' feedback over the years about how essential a particular story was to mastery of a particular concept or approach.

Bruce: *What makes the story such a powerful medium for learning?*

Bill: Perhaps it's because sharing stories in a group is the one of the oldest forms of human learning and, for most of us, a medium that has been emotionally imbedded since our early childhood. The well-constructed and well-presented story makes information come alive. It brings concepts to life. The well-chosen story allows participants to experience the concept in action. By illustrating concepts through stories, the trainer allows the trainee to bring all of his or her senses to the acquisition of the concept.

Bruce: *We have talked about all kinds of nuances related to the mechanics of training delivery. How would you respond to the person called upon to teach or train who believes that what's important is the content of his or her training, not these superficial aspects of the training delivery process?*

Bill: It is precisely because the content is important that so much care must be taken to assure that its presentation will result in knowledge and skill acquisition. The content will live or die based on the quality of the medium through which it is presented. Great ideas have perished because of incompetent presentation and stupid ideas have flourished because of the skill with which they were introduced. If someone cares about the content of his or her message, it is unconscionable to neglect the mechanics involved in its presentation.

Bruce: *What is your philosophy about the proper use of handouts and*

Bill: An important training principle is that learning is enhanced through the involvement of multiple senses. The acquisition and retention of

visual aids in training?

knowledge and skills can be magnified through the strategic use of learning aids. As a trainer you want to involve the learner in varied sensory activities: seeing, hearing, speaking, doing. The use of multiple media—video, slides, overheads, flip charts, visual demonstrations—are all highly recommended. This can be one of the most difficult tasks to master for the trainer who conducts a wide variety of workshops and travels extensively. The logistics and expense of media preparation, the logistics of traveling with large amounts of materials and equipment, the unreliability of hotel and conference center equipment—all pose obstacles to high quality media support for training. I have great admiration for the single topic trainer who has developed exceptionally high quality audio-visual supports for his or her presentation. Delivering workshops on more than 40 separate topics per year, I have been forced to rely more on high quality handouts than on the more expensive and logistically difficult audio-visual aids. I feel the use of training outlines and graphic aids incorporated into handouts is a particularly effective medium to anchor trainee learning during and after a workshop.

Bruce: *How important are experiential workshops aimed at counseling process or technique in preparing persons to be professional helpers?*

Bill: Experiential training is not only essential but one of the most consistently missing elements in the preparation of substance abuse counselors. This type of preparation can help screen out persons who are constitutionally unsuited for the helping professions. Such training promotes the emotional health of our work force and most importantly sensitizes professional helpers to personal issues that can contaminate the helping process with clients.

Bruce: *What are the special concerns regarding experiential training?*

Bill: I think we have to be meticulously clear on the distinction between training and therapy and rigorously guard the boundary between the two. The ultimate responsibility we have in the training environment is to assure the physical and psychological safety of our trainees. While process-oriented training may be essential, we need to focus on how to conduct such training and maintain psychological safety. A closed training group which may involve exceptionally high levels of intimacy, self-disclosure and emotional catharsis is, for example, very different than the environment of a two hour seminar or one day workshop. Experiential processes of training can result in psychological casualties specifically because the training contract is missing the very structure designed to assure safety in therapy — assessment and diagnosis that precedes intervention, informed consent, confidentiality, continuity of contact with the therapist, therapist credentialing, and clinical supervision. I think process oriented training can be particularly violating when conducted under the auspices of mandatory staff training within a particular organization. Such violations are often part of the broader incestuous processes in closed organizational systems within our field.

Bruce: *What kind of safeguards would assure this protection of psychological safety.*

Bill: I think the most crucial dimension is a kind of "truth in advertising" related to the kinds of instructional methods that will be utilized within particular training events. Trainees have a right to informed consent in the same way clients in therapy do. Trainees should know ahead of time precisely the nature of the training experiences and any unpleasant side-effects potentially

emanating from such experiences. With such knowledge, trainees can make an informed choice about whether or not to participate. Perhaps the ultimate violation is an informational seminar being transformed into an experiential process by a trainer without the informed consent of participants.

Bruce: *There are other situations other than process oriented groups that can threaten the psychological safety of trainees. I'm thinking about the use of role playing or other structured exercises that may focus group attention on a particular trainee. How can this dimension of safety be assured when such training techniques are utilized?*

Bill: The trainer insures safety in such techniques by building sequentially from low risk to high risk learning experiences and by constructing the learning exercises in a way that decreases vulnerability.

Bruce: *Give an example of how a trainer could do that?*

Bill: Let's say we are teaching a particular interviewing technique. The learning sequence will include a description of the elements or steps in the technique, a demonstration of the technique and practice by participants with feedback. A high risk training technique is to select two individuals to demonstrate the technique via role play in front of the trainee group and receive feedback from the whole group. This fishbowl effect can be extremely anxiety provoking and may severely impede learning by many trainees. An alternative approach is to break the room into triads with each member of the triad alternating the roles of counselor, client and observer. By

having skill-practice sessions going on concurrently throughout the room, we avoid the fishbowl effect and lower trainee vulnerability. The goal is to protect the psychological safety of the learner and to minimize the effect of performance anxiety during the early stages of skill acquisition.

Bruce: *I have noticed that many of my students who enter the field out of a recovery background use a great deal of self-disclosure in their counseling and teaching. Discuss the pros and cons regarding the use of personal self-disclosure as a training technique.*

Bill: There are direct parallels between the issues involved in counselor self-disclosure and those involved in trainer self-disclosure. There are both potential benefits and hazards involved in self-disclosure in both situations. Trainer self-disclosure can be a means of enhancing identification between trainer and trainee and anchoring particular discussion points. I often use self-disclosure regarding mistakes in professional counseling to lower trainee defensiveness and model the appropriateness of professional self-inventory. A danger of trainer self-disclosure is that the trainer's attention is potentially diverted from the needs and experiences of the group into his or her own experience. Another danger is that inappropriately intimate self-disclosure by the trainer may trigger defensive, distancing reactions from training group members. Self-disclosure when utilized by the trainer should be used strategically to achieve a particular learning gain such as providing an emotional anchor to a discussion point. The ultimate tests for the use of self-disclosure by a trainer are the following questions: whose needs are being met through the use of this self-disclosure — mine or those of the trainees? Is this teaching or public confession? Is this teaching or shallow exhibitionism? Is this a teaching technique for them or a therapy technique for me?

Bruce: *What knowledge or skill areas have you found the most difficult to train?*

Bill: In the late seventies and early eighties I was involved in training hospice nurses — it was a tremendously exciting and personally fulfilling project. One of the training modules was on communication and of course the trainees were hoping to learn the special words that would bring comfort to the dying patient and their family members. I think the hardest training I've ever done was to teach what we would come to call the eloquence of silence. The challenge was to help each trainee quiet their own anxiety in confronting death through their relationship with the dying patient and find a peaceful place within themselves through which they could use the grace of their own physical and emotional presence to offer comfort and support. Training nurses to be with, rather than talk to, dying patients was one of the most difficult training challenges of my career.

Bruce: *What other topics have posed similar challenges?*

Bill: There is a basic body of factual knowledge in such areas as physiology and psychopharmacology that every substance abuse counselor must know. I have spent the past twenty years experimenting with how to make such technical information come to life in the training environment. The difficulty teaching this material is not in mastering the technical content but in finding ways to humanize it. Other difficult topics include any material which is going to challenge the major belief systems of your audience.

Bruce: *I have noticed that many beginning trainers are very nervous about*

Bill: I think the first thing is to encourage and reward questions. There is some threat to the psychological safety of the questioner when he or

their ability to handle questions from the audience. What guidelines or suggestions could you offer on responding to questions from the audience during a training event?

she poses a question to the trainer. The job of the trainer is to drastically reduce this threat by soliciting and expressing their appreciation for each question.

The response to a questioner seeking information should include both a focused and brief response to the question, an identification of where the questioner may find additional information and an opportunity for the questioner to pose a follow-up question.

It's also important to read the tone as well as the content of a question — to hear the question or comment behind the question. The trainer's response should be qualitatively different if the tone is hostile or challenging as opposed to inquisitive. If a participant asks with obvious hostility for the trainer to repeat the last point, they really aren't seeking information. They're using the format of a question to express their disagreement with what was communicated by the trainer. In such a situation, the trainer might respond by restating the point with some elaboration, expressing whether the source of the point was the personal opinion of the trainer or that of a particular author or study, and then asking whether the participant wished to express a thought about the point. Active listening — the reflection of the questioner's implied thoughts or feelings — is sometimes the best response to a question.

Bruce: *What approaches are there for handling mistakes during the training delivery process?*

Bill: First of all, mistakes are inevitable. They may get fewer and be more subtle with master trainers but they always occur. There will be errors of speech — the ability to laugh at oneself

and quickly self-correct is essential. There will be periodic errors in execution such as in giving incomprehensible directions for an exercise. This requires the ability to acknowledge the poor directions, back up and restate them. There can also be errors in training strategy in which particular learning exercises do not meet their designed expectations. The trainer must be attuned to these aberrations in training process and make constant refinements and revisions.

Bruce: *In my own experience, many so-called mistakes in training turned out to provide unexpected opportunities for learning.*

Bill: Yes, and some of these spontaneous learning opportunities may produce learning of a higher quality than was possible with the original training design. The trainer can't be so compulsive about the schedule of training activities that he or she fails to fully exploit the benefit of such opportunities. Training design is not so much a formula as much as the skeleton of a process that must be constantly monitored and refined.

I also think that the trainer's openness to take personal risks in the training environment is an important dimension of modeling. If we are asking trainees to open themselves up — to unfreeze fixed patterns of perceiving, thinking and acting — then we should model precisely that kind of risk-taking.

Bruce: *What experiences have you had with disruptive participants who interfere with the training process?*

Bill: Trainers occasionally run into the participant from hell sent by unknown powers of good or evil to provide lessons in humility to trainers of all levels of experience. Such participants involve themselves intrusively in the training process through inappropriate and diversionary questions, editorializing on training content or process, extended efforts at speech-making, exhibitionist

self-disclosure, or exotically distracting facial expressions and behavioral tics to express their moment-by-moment response to the trainer or their fellow trainees. All trainers have had some experience with such participants. Any trainer with any time in training has probably had experience with some of the more extreme variations of such disruption as well. Handling such individuals with skill and sensitivity is one of the greatest arts of the professional trainer.

Bruce: *What guidelines have you utilized in handling the disruptive participant?*

Bill: The first thing to realize is that the disruptive participant must be managed at several levels. The disruptive participant challenges both the trainer's capacity for empathy and his or her capacity for addressing issues of power, control and safety in the training environment. How the trainer manages the individual disruptive participant either strengthens or weakens the trainer's relationship with the training group. This is an example where one can win the battle but lose the war. One can manage the individual but do so in a way that detracts from the trainer's continued potency and effectiveness with the group. One can over-respond to the needs of the disruptive participant or be unduly harsh in controlling such a participant. Either approach can result in the group's rejection of the trainer and a disengagement from active participation in the learning experience.

Strategic intervention to manage the intrusive participant requires some judgment about the kinds of needs the participant seeks to be met through their behavior. For some, such behavior may represent immature attention-seeking behavior. For others, it may represent adolescent

struggles with power and authority. For others, it represents a transference of immediate emotional content — anger at one's spouse — to the training environment. For others, intrusiveness may represent attempts to gain therapy from the training experience. For others, intrusiveness represents competitive struggles with the trainer for center stage. In still other situations, it may be the particular content of the workshop that has activated some primitive elements of the participant's personal or professional defense structure. Some instinctive judgment on the part of the trainer about where the participant's intrusiveness is coming from determines the choice of intervention technique.

Bruce: *What intervention options are available?*

Bill: The actual management strategies include recognition and affirmation by the trainer to decrease the intrusive participant's need for narcissistic displays. There are interruption techniques to break off participant speech-making. There are diversion techniques through which intrusive comments are deflected through solicitations of observations from other group members. Some trainers will attempt to use re-scheduling techniques — channeling attention getting behavior to breaks, lunch, or after training. Others will attempt confrontation techniques which point out the incongruency between expected standards of participant conduct and trainee's behavior. Trainers may also use contracting techniques such as negotiating agreements regarding specific trainee behaviors such as length of comments. Some trainers will also attempt to manage the intrusive participant through narcissistic manipulation ("Your comments are far above the level at which I must

conduct this workshop today but if you keep track of those questions I would be happy to have you call me after the workshop so we could discuss them.") I have never had to have a trainee removed but I have talked to trainers who were forced to use this extreme action as a last resort in the case of a participant whose impairment and/or disruptiveness was severely sabotaging a training event.

Bruce: *At the other end of the continuum, it seems the great trainers always have trainees who become "fans." As a trainer experiences success, what should be his or her response to this phenomenon?*

Bill: If by fan, you mean a trainee who admires the trainer, seeks out opportunities to participate in the trainer's workshops, and who seeks to shape themselves and their careers in the image of the trainer, I think master trainers will always attract such persons and that this process of idealization can be a normal stage in the professional maturation of many workers. I have gone through a fan stage with many persons who later became professional mentors and professional peers. Such hero worship is the beginning of many healthy mentoring relationships through which we find qualities in others that we seek to incorporate into our own self. I think the trainer should be honored to receive the trainee's admiration at the same time they recognize this process of idealization. The master trainer can genuinely appreciate the accolades of the trainee while steadfastly refusing to financially, emotionally or sexually exploit such idealization. The master trainer avoids the opportunity to intoxicate their own ego on the idealized praise of the admiring trainee and instead uses such encounters to speed the maturation of the trainee.

Bruce: *How is this done?*

Bill: The master trainer seeks to equalize power and value within the relationship. In its most

extreme form, the "fan" phenomenon leads to the trainee overvaluing the trainer and, inevitably, undervaluing themselves by comparison with this idealized image. The master trainer bridges this distance by letting the trainee see the "chinks in the armor" and by validating the knowledge and experience of the trainee. The master trainer uses his or her status to personally encourage the development of the trainee. When the master trainer's book is referred to as the trainee's "Bible," the master trainer recommends other parallel works. When the trainee acknowledges the master trainer's ideas, the master trainer solicits the opinions and judgments of the trainee. Where the glazed-eyed fan wants to solicit pearls of wisdom from his or her hero, the master trainer rejoins with questions about the trainee, reinforcing separateness and reciprocating value. This is essential to turning the fan-hero relationship into a professionally mature mentor or collegial relationship. If power and value aren't bridged in this relationship, the fan is left in a discounted position from which they must eventually rebel. When the fan has overvalued the trainer and the trainer has accepted this ascribed power and value discrepancy, a day inevitably comes when the trainee must devalue and reject the trainer to claim his or her own power. The job of the master trainer is to minimize idealization by turning the beginning fan-hero relationship into a professional peer relationship.

Bruce: *Another area many trainers encounter is their response to controversial issues and topics within the field. What advice would*

Bill: I think there are two principles to which a trainer must adhere in dealing with controversial issues in the training environment. The first is the principle of objectivity; the second is the principle of sensitivity.

you offer in this area?

A trainer should be free like any man or woman to participate in partisan debates within the field and take whatever positions they so choose outside the training environment. Inside the training environment, however, the trainer must be a statesperson representing all sides of any professional debate with the greatest possible objectivity and balance. The principle of objectivity implies that the trainer is ethically bound not to exploit the privilege of the training environment for personal or ideological gain. This would obviously not apply to a situation where a trainer has been asked specifically to expose trainees to a particular approach or viewpoint. Many trainers have found it ethically preferable to declare simply and straightforwardly the nature of values or biases implicit within a particular workshop. There are always hidden aspects to training assumptions, values, judgments, beliefs. This skeletal architecture needs to be investigated by the trainee if not exposed by the trainer.

The principle of sensitivity demands that the trainer be cognizant of the emotional, as well as the cognitive effect of his or her material on trainees. Ideas become personalized. They become woven into the fabric of who we are. It is important for the trainer to recognize that personal beliefs for some trainees represent important anchors to their continued recovery or emotional health — that some issues within the field may be experienced as personal survival issues rather than issues open to casual intellectual debate. The trainer must be sensitive to the personal meaning attached to new knowledge and help trainees

integrate new information in appropriate and health-enhancing ways. If ideas — no matter how ill-conceived or ill-founded — have served as anchor points for a trainee's health, we must approach the unfreezing of these ideas with great respect and gentleness.

Bruce: *I believe the closing of a workshop is as important as the rapport-building you described to open the workshop. Perhaps there is a parallel between the termination process in counseling and the process of bringing a training event to a successful termination.*

Bruce: *What are some approaches to achieve such closure?*

Bruce: *Expand your thoughts on this transition from the training environ-*

Bill: The final moments of a one hour keynote address or a three-day workshop are particularly important because they determine whether the learning experience is brought to an appropriate cognitive and emotional closure. I think your comparison to the clinical situation is a very apt one.

Bill: I think there are three things that must be accomplished in the closure process. The first is a summary of key points to reinforce and anchor retention of learning. The second is an expression of appreciation to the trainees for their participation and contributions. This is intended to affirm the importance of the work that has been done. The third is the issuance of a charge or challenge to the participants. These final words are intended to fire the commitment of the trainees to use the new knowledge they have acquired. The challenge must focus on how the transition will be made from the training environment to the service environment.

Bill: I have seen trainees experience "training bends" coming up to quickly from an intense training experience. The trainer must provide as

ment back to the real world.

part of the closure process a conceptual bridge back to the real world of the service setting. The trainer must help the trainee determine how the new information is to be used responsibly — how new skills can be integrated. The trainer must help the trainee re-enter existing professional relationships with his or her new perspectives. Training can be disorienting in its intensity; effective closure assures reorientation and smooth re-entry. In a full day workshop, at least thirty minutes should be devoted to this closure process.

Bruce: *You've talked about the importance of both opening and closing training. What are the critical periods in between?*

Bill: There are several ways to look at critical periods. We could talk about the stages of group development and processes that occur during training. We could also talk about the ebb and flow of trainer and trainee energy during training. Perhaps the most obvious example of this is the period between 1:30 and 3:00 in the afternoon following a buffet feast provided at the training site. Add a warm room and you will have the training twilight zone. It takes an enormous amount of trainer energy and good, active training design to sustain learning through this period.

Bruce: *I've noticed you almost never eat when you are conducting full day workshops. Is there a special reason for that?*

Bill: I get sluggish — just like the trainees — when I try to train after eating so I either don't eat or eat very light. I eat early and eat late but rarely ever eat in the middle of a training day. That way I'm assured of a continuing high energy level at the exact time group energy is at its lowest.

Bruce: *It seems that persons attending every conference or training event are asked to fill out evaluations on different*

Bill: Evaluations are one of the things that make training somewhat unique. Many people never have their performance evaluated. Many have their performance evaluated once a year and even these often consist of glib generalities. I am

aspects of the training event. What do you do with such information?

evaluated almost every day on eight different dimensions of trainer effectiveness in addition to any additional comments participants wish to make about my training delivery and their training experience. Being evaluated every day at that level of specificity can be very useful in refining ones training technique. It can be very demoralizing. It can be very affirming. Most of all, it places enormous pressure to sustain a high level of excellence. Training is one profession where there is no ability to coast on your laurels. Training success is very transient. It's not like writing in the sense that if you write a great book it could last forever. At the best training in your life, you are famous for a day. If you aren't up the next day, there will be anywhere from 30 to 300 individual evaluations that will document that failure.

What you look for in the evaluations are specific areas of feedback that can help in the redesign of a particular workshop or you look for trends across various workshops that begin to reveal areas of weakness in training technique. The experience of feedback from anonymous evaluations can be a bit brutal while trainers are learning their craft, but most trainers, including myself, thrive on the pressure to perform and the instantaneous feedback. What I appreciate most are the comments from participants that come months or years later about how a particular workshop I conducted proved to be so helpful to them. Those comments confirm a trainer's desire to transcend the sometimes superficial and transient training high to actually have a sustained effect on people's personal and professional lives.

Bruce: *How does the trainer use the more negative evaluations to develop skills without taking such feedback personally?*

Bill: First of all, anyone who tells you they don't take negative evaluations personally is lying! Let's say you conduct a workshop and 34 evaluations are very positive and one is extremely negative. How do you view this last evaluation? One option is to write this one person off as a hostile psychotic, whose opinion has obviously been compromised by their mental status, and bask in the feedback of the other 34 participants. That will assure a minimum of psychic discomfort but it will also eliminate the opportunity for some new discoveries. In contrast to this position, let's give the 35th participant every benefit of the doubt. Let's first of all review the day and try to identify any actions we may have taken that so alienated one of our participants. Secondly, let's assume that each of the 34 persons who responded so positively to your workshop each had one thing they felt could improve the workshop but didn't note it on the evaluation because their overall response to the training was so positive. Let's further assume that the negative evaluator — regardless of the source of his or her negativity — may be verbalizing important areas of feedback that the trainer should examine. After all, just because the person is a hostile psychotic doesn't mean that what he or she is saying isn't true! By opening oneself up to seriously examine such feedback, the trainer may get glimpses of useful information that would otherwise be discounted. Trainers will rarely ever make everyone happy — some trainees love group exercises, others hate them — but buried within the normal range of evaluative comments may be gems of feedback that can be particularly helpful. Sometimes you just have to let it go, as in the case of a recently highly evaluated workshop which contained one

evaluation that said, "He's a jerk. It was all mumbo jumbo." I haven't figured out how to use this feedback to improve my craft.

Bruce: *Can a trainer ever take too much responsibility for the outcome of a training event?*

Bill: Yes they can. The issue at the end of the day is not simply, "How did I do as a trainer?" The issue is, "How did we do — the trainer and the participants? Were we able to generate something that was meaningful?" The trainer and trainees both share responsibility for the outcome of the training process. The trainer's job is to self-evaluate those portions of the training process over which he or she has control.

Bruce: *How is the trainer's self-evaluation of his or her work different than the kind of information received from participants?*

Bill: I think the best trainers develop an ability to step outside themselves — to observe themselves with the cold objectivity of a scientist staring into a microscope — and use the results of what they see to self-correct and refine their training craft. Videotape is an invaluable tool, by the way, for those of us who lack this natural ability.

The trainer's self-evaluation is not only different from participants' evaluation, it is often based on much higher performance standards than those shared by most training participants. I think master trainers get that way by conducting an autopsy of every training event — examining areas of improvement in even the best of their training deliveries. While the good trainer is basking in the glory of a well-delivered training event, the master trainer is critiquing how it could have been better, selecting out what he or she would do differently in the future given a similar opportunity.

Every training event has a life of its own and

recapitulates the stages of life. At the end of a training day it is appropriate that we do a kind of post-mortem to review its birth, life and death. Some training events die prematurely before the end of the day. Those are the ones that really need an autopsy!

Bruce: *What are some of the things you are currently working on to improve your training deliveries that resulted from trainee feedback or self-evaluation?*

Bill: There are several things I am consciously working on at the current time. I have a tendency to discourage questions by providing extended answers to questions. By over-answering questions — almost responding with a mini-workshop — I, along with my trainees, get diverted and rob time from our primary task. I'm trying to work on answers to questions that are clear and succinct.

I also drift into the overuse of certain techniques. I just critiqued some videos of my recent workshops and noticed an over-reliance on Socratic questioning of the audience during my presentations. Such techniques are like fine seasoning — they must be used selectively and judiciously.

Another area I am working on is pacing my seminars and workshops to assure adequate time for an appropriate process of closure at the end of the day. I have been drifting into shorter and shorter closings due to poor time management.

Areas like the above don't represent new knowledge or things that a trainer permanently fixes, but dimensions of style and craft that must be forever refined and re-tuned.

Bruce: *Elaborate on the*

Bill: Training style should be developed after the

need for each trainer to develop his or her own training style. How can the aspiring trainer develop his or her own personal style?

core training skills have been mastered, not before. Each trainer must forge a personal style out of an inventory of his or her strengths and weaknesses experienced through a wide diversity of training topics and formats. The selection and refinement of this style requires an openness to experimentation and a receptiveness to external feedback as well as to a regular self-examination of the personal fit of a particular training style. I think the most important questions that go into the development of trainer style would include things like:

- 1)What size groups are you most comfortable working with?
- 2)What training formats do you prefer: keynote addresses, one hour lectures, 1-3 hour workshops, full day workshops, multiple-day workshops?
- 3)Where do you draw the boundary line between topics you will and will not agree to train?
- 4)What is your ideal balance between facilitation and presentation within a training event?
- 5)Where on the trainer-trainee relationship continuum from personal to formal are you most comfortable?
- 6)Do you prefer to work alone or with co-trainers?
- 7)Do you prefer very skill-based training or more informational training?
- 8)Do you prefer introductory courses or advanced courses?

Bruce: *I think there is also a danger that a training style can get too fixed in concrete.*

Bill: The danger is that in relying on what has been successful, the trainer limits his or her exploration of additional skills. Each trainer wants to maximize the number of choices available to respond to certain training

opportunities. The broader the number of skills the trainer has mastered, the more likely he or she will be able to match the best technique to each particular training situation. I usually learn the most from my exposure to trainers whose training delivery style is very different from my own.

Bruce: *What are the dangers in trying to copy the style of another trainer you admire?*

Bill: I think you can incorporate ideas, stories, words, techniques, exercises, and other such elements from another trainer into your work — as a group, we are notorious for stealing from one another. I don't think you can copy style. Style brings together too many personal characteristics and skill elements that can never be fully duplicated between two trainers. Things that work exceptionally well for one trainer may not work at all for another trainer.

Chapter Five

The Training Lifestyle

This chapter is designed to acquaint the reader with the training life. Discussions in this chapter span such topics as "good days" and "bad days," experiencing success and failure, the rigors of the road life, physical and emotional demands on the trainer, trainer self-care, the trainer as role model, defining the "master trainer," managing personal beliefs and biases, the trainer as change agent, and ethical issues in training.

Bruce: *Perhaps we can shift our attention to look at the many dimensions of experience surrounding the role of the professional trainer. To begin with, how important is it that persons who are involved in training substance abuse counselors have some continuing contact and involvement with clients?*

Bruce: *What's the lifestyle of a trainer like? Some persons would think your job is great because of the opportunities to travel and meet so many different*

Bill: I think this involvement is particularly important. The full or part time clinician for whom training is a part time activity is assured of such contact. The full time trainer whose travel and training schedule may preclude any on-going clinical work must find some way to stay experientially tuned in to changes in characteristics of clients. In my own case, continued clinical consultation with some programs, consulting that involves one time assessment of clients with special needs, and participation in research projects that involve interviews with clients are very important. I find that my consultation and research activities deeply enrich my training activities.

Bill: Most persons involved in substance abuse training have other full time duties and are involved in training only a limited number of days per month. This style of training involvement does not involve a dramatic impact on one's lifestyle and often serves as an enriching diversion

people. Is that the case?

from one's normal professional duties. The full time professional trainer, in contrast to this, may have a radically altered lifestyle. In my case, for example, I will average more than 125 days a year on the road, training and consulting.

The work itself is wonderful. The opportunities to meet so many persons and to learn through exchanges with persons from so many different localities and organizational settings are great. The problem is the wear and tear of the travel and the danger of isolation.

Bruce: *What's a "good day" for a professional trainer? How would you characterize the best situations you have faced as a trainer?*

Bill: Training on my best days is an altered state of consciousness that I've never fully understood. Some days — and you can never predict when they're gonna be — you rise to a level of performance that is truly beyond your capacity. On those days, you have a special power to reach and touch people. On these days, I find myself presenting concepts with remarkable clarity that I swear had never entered my mind before the moment they escaped my lips. I find myself later scrambling to write these ideas down as if I'm taking notes on someone else's lecture. And I question myself as to the mysterious source of this material. On these days when that electric energy flows through me and there is that special connectedness with the participants, I must truly confess to the experience of a "training high." When I think of my best days, those are the days I remember.

Bruce: *You come close to describing those days in spiritual terms.*

Bill: It's true. There are days that what I do as a trainer must be understood in almost spiritual terms. There are times of great intensity within my training and consultation experiences in which I recognize that I am not in conscious control of

my words and actions. It's as if I am the vehicle of some special power — that the words or actions pass through me, but aren't mine. I have great respect for this power and have tried to consciously increase my receptiveness to this experience. I have always been fascinated by this magical element within training. On a day when all the essential elements for great training are present, the process is dead. On a day when a hundred factors should doom training, it bursts forth in flame as if by spontaneous combustion. Discovering the source of that spark will always be an obsession for me.

Bruce: *What about the bad days? Could you share some of the worst days you have experienced as a trainer?*

Bill: I have a number of situations that come to mind. A few years ago I was doing a keynote address on the history and future of mental health and substance abuse treatment at a large conference. The history presentation was to be illustrated through an elaborate slide display illustrating the evolution of mental health and addiction treatment since colonial America. Although we had extensively tested the slide equipment before the presentation, the presentation was disastrous. Each slide would come up and you would actually see the slide being burned on the projection screen. Bad day? How about being in front of several hundred people while a hotel slide projector destroys the heart of your presentation.

Another most embarrassing moment occurred when I split the seat out of a pair of pants minutes before it was time to begin training. I trained all morning with the seat of my pants out and went to the home of one of the participants who sewed my pants up over the lunch hour. Experiences like

these help build character in trainers.

For me, bad days frequently involve logistical screw-ups like training rooms that cook or refrigerate the participants you are supposed to train, a workshop designed for 35 - you know, lots of small groups and structured learning experiences — and 150 participants show up. There are also some days that in spite of my best efforts, I can't get that special chemistry going between myself and the trainee group. The evaluations of such days are usually positive, but I know it wasn't as good as it could have been. You have to take what you can learn from such days and then let them go. Then you have to come back the next day with a clean slate and give it your best shot.

Bruce: *How often have you felt like you totally failed in a presentation or a workshop?*

Bill: More times than I am willing to confess to. There are a number that come to mind. I remember one presentation that was especially disappointing to me. I was very privileged more than a decade ago to be asked along with Stephen Glenn to summarize and critique the working sessions of the state directors of substance abuse brought together for a national meeting by the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). My ego was so puffed up by the invitation that I failed to consider that the role would demand a knowledge of federal-state relationships and federal-state legislative and regulatory activity that I quite frankly didn't possess at that point in my career. I was particularly desirous of doing a good job in front of such a prestigious group. When the sessions were completed, Stephen stood and brilliantly summarized and analyzed the issues

raised in the sessions he had monitored. I followed with a presentation that was as inept in its content as it was awkward in its delivery. Fortunately, neither I nor the field were permanently damaged as a result of this thirty minute episode. This experience reflects what I believe to be a critical lesson for all trainers. I think we have to define the boundaries of our expertise and our personal comfort and say no loudly and unequivocally to all requests that would push us too far beyond this limit. Extensions of these boundaries should be measured in increments of inches rather than light years.

Bruce: *How does a trainer handle the rigors of the road life, particularly someone who travels as extensively as you do?*

Bill: I think I'm still struggling with how to best do this. The traveling trainer must make peace with the road — with hotels, airports, airplanes, restaurants, and the agonizing monotony of driving. There are a few things that are crucial. Each trainer must experiment with different schedules (number of days per week training, number of overnights per week, number of out-of-state days per month, etc.) to discover the best system and then attempt to organize their training activities within this preferred pattern. Equally important is the development of enjoyable activities on the road to avoid the complete loss of a personal life. I find training so draining that I usually want to be by myself when I'm not training so I spend most of my road time reading and writing or visiting bookstores and antique shops in each city. The traveling trainer must have a degree of self-containment — an encapsulation that allows one to tolerate and even flourish on the alone time that is an inevitable part of the road life.

I think another crucial strategy of long term survival is to take some extended breaks off the road at least a couple of times per year and perhaps a more extended period off the road every few years.

Bruce: *How long does it take to master the details of how to travel — things like the logistics of flying, hotels, finding where you're going and so forth?*

Bill: It can take a long time depending on the past travel experience of the trainer. In my own case, it took considerable time. There is an amusing story that illustrates how much I had to learn.

The first out-of-state training I ever did took me to Providence, Rhode Island. The conference organizers had given me clear directions that after my plane landed I was to rent a car and proceed some sixty miles to the conference site. When I landed and proceeded to the auto rental counter, I was shocked when they refused my cash and said the only way I could get a vehicle was with a major credit card. Relieved with this new information, I handed them my Sears credit card - the only credit card I'd ever had in my life. With great tolerance and suppressed humor, they explained to me that Sears didn't exactly qualify as a major credit card. They didn't understand that where I came from in those years, Sears was not only a major credit card, it was THE major credit card. As I walked away from the car rental desk, I'm sure they looked down to see if straw and cow manure were falling out of my pants cuffs. In the hour following my humiliating encounter with my first car rental agency, I had one of the most expensive cab rides of my life.

Bruce: *We have talked a great deal about the*

Bill: You have to use your own energy to fire the involvement of the participants and some days that

logistical preparation for training but there is also a psychological preparation that is involved. How do you get yourself psyched for each training event?

takes a lot of energy. I try to find a little quiet time before each training event to get myself focused. I focus my energy by shutting off the past and the future and focusing on the day before me. I have these little pep talks that I repeatedly give myself. Sometimes I dedicate a workshop in my mind to a client that didn't make it. It's like saying, "You're what this training is all about; this one's for you!" It's my way of giving meaning to a tragic and useless death.

This kind of approach may sound schmaltzy, but that's how I do it. What you are trying to achieve with such focusing is the purest form of concentration — the ability to shut everything out except yourself, the trainees and the unfolding of the training process.

Bruce: *What are the special emotional demands placed upon the substance abuse trainer?*

Bill: Annie Dillard, in her recent book *The Writing Life*, noted the sculptor Anne Truitt's observation that the most difficult aspect of the artist's life is "the strict discipline of forcing oneself to work steadfastly along the nerve of one's own most intimate sensitivity." I think that's as true for therapists and clinical trainers as it is for artists. Counselors and nurses and other caregivers must work so closely with and absorb so much pain and turmoil from the lives of their clients. Their ability to heal comes in part from opening themselves to the vulnerability of their own emotions — using those emotions as a bridge for empathic understanding. Trainers, in a like manner, must use their own experience — must follow the nerve of their own sensitivities — to reach and nourish those who seek to learn from them. Counselors and trainers who shut off this vulnerability are technicians. Counselors and

trainers who can't recognize and actively manage these emotions exploit treatment and training situations for their own narcissistic agendas. Counselors and trainers who recognize and use that sensitivity as a bridge to understanding have a special power to change lives. Vulnerability and effectiveness go together.

Bruce: *What about the physical demands placed on the trainer?*

Bill: The physical demands placed on a trainer may be minimal or excessive depending on the type and frequency of training delivery. For persons like myself who conduct mostly full day workshops and train 125-150 days per year, the physical rigor is measured in hours on your feet, hours speaking, hours driving, hours waiting in airports and so forth.

I have always been fascinated in what I know to be a physical transformation that occurs during training. I have recognized for years the tremendous surge in adrenalin that accompanies most of my training activities. I think the best trainers have learned to call forth that energy and channel it into the training process. Some like myself — look forward to a special sense of power and exhilaration the adrenalin brings and learn to anticipate the deceleration in energy that occurs 30-90 minutes after training is over.

I learned about another physical dimension of training in 1982. I was involved in conducting substance abuse training for the U.S. Marine Corps at a time I was having unmanageable pain from what turned out to be a ruptured disk in my back. The pain was almost constant but would completely disappear within thirty minutes of the time I started training and would return about an

hour after I had finished training. I was pain free while I trained. My training was triggering a high level of endorphin production! Isn't that fascinating? I feel perfectly comfortable in the training environment today but my body recognizes the vulnerability of this situation and chemically prepares me with adrenalin, endorphins and God only knows what else for defense against unseen danger.

Bruce: *What kind of special supports are needed to maintain the health of the professional trainer?*

Bill: A professional trainer, particularly one who travels extensively, needs rich sources of personal and professional support to sustain their work for any extended period of time. At a professional level, the trainer needs an intellectually challenging environment in which to nurture and test new ideas. You need an environment in which you are not the expert, where you can reveal your vulnerabilities and ask others to teach you. I think it is also crucial to have excellent technical support related to materials preparation, scheduling, organization of research material, state of the art equipment and such things. I have been very fortunate at LTI to have both types of support. It is hard for me to imagine how I could spend 125-150 days per year training and consulting without that kind of support.

At a personal level, I think most professional trainers need a base of intimacy and support that serves as a foundation for their own emotional health — health that may be tested where extensive travel is involved. These relationships help the trainer get off stage and stay ego-grounded. They also nurture the emotional energy the trainer will draw upon to address the needs of trainees.

Bruce: *What is the correlation between the level of support needed and the kinds of persons who are drawn to training?*

Bill: There are many trainers that are probably drawn from the same pool of people who provide us with our comedians and entertainers — people who may have a considerably larger dose of the usual human insecurities. The profession of training — like its artistic counterparts whose craft is performed on-stage — can draw the shy, the isolated, the introspective. The trainer can get intimacy and can experience connectedness to others within the safety of a context they control. They can experience with 300 people what they would have difficulty experiencing with one. It is a role to which people with great insecurities can become easily addicted — addicted to the daily infusion of external validation. Like a sophisticated Skinner box, they will push training pedals all day for the "5s" and "Trainer was great" comments at the end of the day. Does this explain some of my attraction to training? Sure it does! Trainers need external support because it's a big part of what fuels them.

Bruce: *It sounds like we could use a 12 step program for trainers.*

Bill: Yes, Trainers Anonymous! I can see it clearly. "Hi. I'm Bill and I'm a trainer. I haven't trained in 10 days but I had a near slip last night — I started rereading my old evaluations."

Bruce: *Does a trainer ever get so drained that they have to take a break from training?*

Bill: Many professional trainers have planned or serendipitous breaks that provide an opportunity to renew themselves. I think trainers can sometimes train to the limits of their experience and must move back into the world of direct service to replenish their experiential knowledge base. I took a break in 1982 from the rigors of full time training and returned to directing a chemical dependency treatment program. Being back in the front line of addiction treatment was wonderfully

rejuvenating. I may reach a point again when I need to do that — I've been back in full time training for eight years now. You develop ideas through training, consulting and research that eventually must be tested in the heat of reality — filtered through the prism of one's own experience in the direct service setting.

Bruce: *How different is the private person that dwells within the stage persona of the professional trainer?*

Bill: I'm sure this would differ greatly from trainer to trainer. In my own case, there is considerable difference. As a trainer, I pride myself on having a high energy level and a high intensity of interaction with training participants. Out of this role, I am introverted almost to the point of being anti-social. Outside my professional role, I avoid most social gatherings, preferring to spend most of my time with a small circle of intimate friends and family or with myself.

Bruce: *To what extent must the trainer be a role model?*

Bill: The trainer is a role model. The question is: what kind of role model? I've always thought it was important for the trainer to model the kinds of skills and sensitivities he or she was teaching. I've always believed that trainers should adhere to a particularly high standard of professional and moral conduct — should, in short, be counted among the statespersons of the field. But all of us can be personally blinded by incongruities between what we teach and what we live. I'll share a personal story that poignantly illustrates this point.

I was a heavy smoker almost all of my adult life and the high nicotine addiction rate in the substance abuse field made it easy for me, until recently, to preach the joys of drug free living

while killing myself with one of the most toxic drugs ever conceived, oblivious to any serious contradictions inherent in this practice. About six years ago, a participant I had never met before came up to me as I was smoking during a break at a training event and said the following:

"I can't believe that as much as you apparently know about addiction that you smoke. Do you know that every smoker here loves to see you smoke? Seeing you smoke is a powerful affirmation of their addiction. Whether you smoke or not is more than a personal issue. To smoke as a role model, given what you do, is to enable addiction among hundreds of professionals in the field."

Not waiting for a response, she turned and walked away. I wanted to write her off as one more overly rabid anti-smoker, but her words wouldn't go away — they haunted me! I had been able to justify my own potential self-destruction, but was haunted by the thought that my behavior could so profoundly and negatively influence the lives of others for whom I professed affection. Within days I no longer smoked publicly. I snuck off into bathrooms and back corners like a true dope fiend! Within a month I had made a covenant with myself to quit and within three months had what I hope will be the last cigarette of my life. I owe a debt of gratitude to this unknown trainee. On that day, she was the teacher.

This story illustrates a crucial dimension of long term trainer effectiveness and impact upon the field: congruency between the message taught and the life lived. It took me a long time to fully

appreciate that master trainers teach with their lives as much as they teach with their words.

Bruce: *To what extent must trainers model the act of learning?*

Bill: The best teachers are students at heart; their passion for teaching is only surpassed by their passion for learning. Watching Joseph Campbell — teacher premier — exhibiting such insatiable curiosity and childlike delight in a new discovery when he was in his eighties took my breath away and left me in speechless awe. I am overwhelmed by his example — to say humbled by my own comparative shortcomings is an understatement — and yet feel my own achievement of such capacity is possible precisely because Joseph demonstrated it so vividly and in such a sustained way throughout his life.

This openness to learn can be difficult for trainers. I find I have to hold in check my propensity to expound — to shut my mouth and open my ears. I have to consciously escape the lectern (the invisible one I carry around with me) in order to let others become my teachers.

Bruce: *You have often made reference to "master trainer." Define what you mean by this term.*

Bill: I use the term "master trainer" to exemplify an extraordinary level of training competence. The master trainer represents a unique synthesis of subject mastery and training delivery skills. I have taken every dimension of excellence in the training craft and integrated it into this ideal image of master trainer.

Bruce: *What specifically distinguishes the master trainer?*

Bill: The difference between a trainer and a master trainer is the difference between information and wisdom, or the difference between a technician and an artist, or the difference between a politician and a statesperson.

It's not just the depth and scope of knowledge nor the fluidity of delivery that distinguishes the master trainer. It is the ability of this person to rise above personal and parochial interests and use their craftsmanship in the service of a higher value. The master trainer touches individuals and institutions in ways that leave a lasting and empowering influence.

Bruce: *Do you consider yourself a master trainer?*

Bill: No, I haven't come close to that level of excellence and consistency yet. The image of the master trainer in my head is my ultimate role model. My performance is regularly humbled by this image. I do feel that week by week, month by month I am getting closer to that ideal.

Bruce: *Master trainers need to be aware of their own values and modes of perceiving and responding to the world. How should trainers deal with their own beliefs and biases related to issues that they train?*

Bill: It is crucial that the trainer distinguish between statements of fact or knowledge from statements of personal judgment or opinion. If a trainer uses the lectern as a forum from which to consistently promote the latter, it is a misuse of the training privilege. The ability to accurately represent opposing viewpoints is an ethical mandate of the professional trainer. Clarification should always be sought on whether an organization is asking you to speak as an advocate on a particular issue or to serve as a trainer. In the trainer role, we must let our wisdom — our knowledge of complexities — overcome our impulse to dogmatize and proselytize. Where there is failure to do this, training can become fanaticism masked as knowledge.

Bruce: *To what extent should trainers get caught up in political or ideological debates within the*

Bill: As individuals, trainers may participate and take positions in such debates as they desire. The difficulty arises when they bring those positions into the training process. There is a thin line

field?

between a trainer's role to goad, challenge, and extend the perceptions of participants and the use of the training forum to transmit ideology rather than knowledge and skills. Training services and counseling services are alike in this respect: the personal issues and agendas of the service provider cannot be allowed to contaminate the integrity of the service delivery process.

Bruce: *Is there such a thing as value-free training?*

Bill: It is unlikely that trainers in spite of their best intentions of objectivity can fully remove values implicit within their training. There are likely to be many areas in which the trainer's values have shaped the selection or slanting of particular material. I think what we can do is make a conscious effort to present as objectively as possible the multiple sides of any particular issue. We can also declare an area of personal bias so that the trainee is aware that we may be less than objective in our presentation of a particular issue.

Bruce: *Under what conditions is the trainer a change agent?*

Bill: The trainer is by definition a change agent, but the target of change is individual participants in the training process. Trainers who defocus from this task and divert the training process into partisan battles abdicate rather than fulfill this change agent role. The best trainers blend a deep respect for the field with a courage to push it forward — a kind of loving dissidence. But the medium of change remains the infusion of knowledge and skills, one trainee group at a time.

Bruce: *Are there issues so big and so critical to the field that the trainer has no choice but to raise these in*

Bill: There are such issues. The financial and sexual exploitation of clients within the field or the massive promotional forces for alcohol and drug consumption in our culture are examples of

the training environment?

issues that cannot be avoided. While the methods of prevention and intervention in response to such conditions may be debatable, our opposition to these practices must be boldly unequivocal. The responsibility cannot be escaped. We will be held accountable for our action or for the silence of our response.

The task of the trainer is to raise such issues, increase trainee's perceptions of these issues, and allow trainees an opportunity to formulate how we should individually and collectively respond.

Bruce: *Your earlier reference to ethical mandates reminds me that your latest book is about ethical issues in the substance abuse field. What are some of the special ethical issues encountered by trainers?*

Bill: One of the ethical issues of training is to stay focused on practicing within the boundaries of your expertise. Because of the visibility and the power that comes from controlling the lectern, trainers are often asked questions that far transcend the boundaries of their knowledge. One's first impulse is to respond to such questions with some reasoned opinion out of fear of exposing ignorance. That impulse must be checked!

There is a thin line between pushing yourself into new territory — developing new material and new workshops — and practicing beyond the boundaries of competence. Given the potential harm that can be done by a trainer via misinformation, every trainer must be extremely rehearsed in his or her ability to say simply and unequivocally: "I don't know." It is equally important for the trainer to be able to clearly delineate and communicate information that is based on the individual professional judgment of the trainer from information that represents a summary of research or current "state-of-the-art" clinical practice within the field. I think many

trainers, including myself, could do a better job providing such clarity.

Bruce: *What other ethical issues confront the trainer?*

Bill: Another area of ethical concern has to do with boundary issues between the trainer and his or her trainees. The field has defined these boundaries for the counselor-client relationship but has created no such definitions to guide the trainer in his or her environment. While we have established strict prohibitions on sexual exploitation in the counselor-client relationship, many trainers — some of them quite noted — continue to use the training environment as their sexual playground. While we have evolved folk wisdom that prohibits special types of dual relationship problems in counseling — accepting relatives, intimate friends, colleagues into a therapy relationship — there are no such guidelines to guide exclusion of these same persons from highly experiential forms of training that may pose vulnerabilities and risks similar to the therapy situation.

Although the situations are different, complex ethical issues can arise in all kinds of areas related to training that parallel those found in counseling. These can encompass issues related to the personal behavior of the trainer, issues in trainer-trainee relationships, issues in professional-peer relationships, issues related to business side of training, and issues related to threats to public safety.

Bruce: *I can picture ethical dilemmas involving many of the areas you just described issues related to such things as immoral*

Bill: There are a number of situations that come to mind. What ethical responsibility does the trainer have who encounters a trainee - let's say a DUI evaluator — who is severely impaired — let's say psychotic? Now this trainee not only makes

conduct that damages the reputation of the field or business practices involving fraud or conflicts of interests or unethical marketing practices, but how would a trainer encounter threats to public safety?

judgments that dictate whether people get treatment and what kind of treatment but is also involved in making judgments about his or her client's potential threat via future drinking and driving episodes. Wouldn't this professional's impairment pose potential risks to public safety? How would you respond as a trainer to a trainee who describes experiential methods of treatment that posed significant risks to client lives and safety? Such training situations can raise complex ethical questions.

There are a lot of training-specific ethical issues. What makes these particularly difficult is that we haven't, as a field — either the substance abuse field or the training field — fully developed an ethical technology to prepare trainers to respond to such situations.

Chapter Six

Human Resource Development: Training as Part of a Broader System

This final chapter of Part One explores the role of training within the substance abuse field and how the field recruits and develops its human resources. Discussion topics include changes in work force composition, the current state of worker preparation, the future of recovering persons within the field, staff turnover, career ladders and pathways, and potential misuses of training. The chapter ends with some personal observations from Bill about his future in the field and his advice to persons who are interested in exploring training as a full or part time avocation.

Bruce: *Perhaps we can shift to broad perspectives on the role of training within the substance abuse field. How would you assess the current state of substance abuse training in the United States?*

Bill: There are a growing number of excellent training resources within the substance abuse field. The problem is that such training is not imbedded within a system of human resource development. What I mean by that is that there is no systematic planning that shapes how workers enter and progress through the field. There aren't clear pathways of preparation for entry and advancement within the field. There are few systematic efforts at staff recruitment and retention. Efforts to assess training needs of workers generate wish lists and training evaluation efforts weigh trainer popularity more than trainer influence on knowledge and skills. Since the collapse of the national training systems supported by NIDA and NIAAA, there has actually been a decrease in systematic efforts at human resource development within the substance abuse field. Most state alcohol and drug authorities have

failed to recognize the extent to which human resources are the Achilles heel of the field.

Bruce: *There seems to be a lack of clearly defined pathways for entering the field. Frequently job interviews constitute the only form of screening candidates for entry into the addictions counseling field. These candidates are often self-selected through their own recovery or through academic programs that lack standardization. Is a shared definition of the qualifications required to work in the field part of what is needed in the field? How do you view the process of bringing new workers into the field?*

Bruce: *The composition of the work force has changed greatly since your earliest days in the field. What changes do you foresee for the future?*

Bill: Worker preparation in the substance abuse field differs from the more traditional disciplines of psychology, social work or nursing in that these latter disciplines explicitly define the education, training and supervision required BEFORE one assumes his or her professional role. In contrast, we have often hired people with the expectation that they would acquire knowledge and skills through the process of working in the field. I think we are ethically bound to protect clients from harm resulting from the actions of untrained and unsupervised workers. I think the future involves a higher standard of knowledge and skills required for service entry and a more rigorous system of supervision. We will probably be involved during the next decade in a process of defining knowledge and skill requirements for key roles within the service process. Where we have done this in the past on an agency-to-agency basis, we will move toward this definition as a field. Such definitions are likely to then be embedded within certification and licensing procedures as well as within program accreditation standards.

Bill: I entered a field in the 1960s that was dominated by older White recovering alcoholic men and an assortment of traditionally trained social workers and psychologists. The major trends I've seen over the past 25 years include the emergence of a work force that is younger, increasingly made up of women, and ethnically diverse. There has also been a shift to broaden the base of our direct service staff beyond the recovering alcoholic/addict. This growing

diversity has been a source of deep enrichment for the field.

Bruce: *What do you see as the future role of recovering alcoholics and addicts and recovering co-dependents within the field?*

Bill: Let me open this discussion by introducing an analogy that might prove illuminating. Joseph Campbell frequently made a distinction between the roles of priests and shaman in various cultures. The priest is prepared and ordained through community ritual to perform certain religious and social functions. The power and legitimacy of the priest comes from the social order and the priest in turn supports the social order. The shaman, in contrast, is a personal consultant whose legitimacy springs not from the social order but from their own personal experience. The shaman is one who has passed through a spiritual emergency — has experienced a kind of psychic death/rebirth — and has re-entered life with special knowledge and wisdom. The priest has been schooled and taught; the shaman's wisdom springs from within his or her own experience. Trained professionals and recovering persons represent the priests and shamans of our field.

The substance abuse field is the first health care discipline that has sought to legitimize and professionalize the shaman role. During this bold experiment, the field has exhibited an enduring ambivalence about how to utilize such persons. When the field was highly stigmatized, when its existence was forced for decades outside the mainstream health care system; the field was turned over to the shaman. When the field pulled back into the mainstream and experienced some popularity and profitability, efforts have been made to reclaim the field for the priests. The priests have returned to the field and the shamans

are being forced out or converted into priests.

These oblique references to priests and shamans are my way to highlight some unique transitions occurring now within our field. I think the number of recovering persons in the field is decreasing and their role is being fundamentally altered, meaning that it is being homogenized into mainstream professional roles. In fact, I would suggest that the shaman role is decreasing within the whole culture of recovery in the United States.

I believe the role of service has diminished within self-help groups over the past 20 years. The shaman ritual (telling one's story in a 12 step call) has been replaced by referral to a priest (treatment program). The shamans who are hired by treatment programs have been taught to shed the shaman cloak for the priests robes (counselor role). This trend is all part of our explosive growth, i.e., the industrialization and the professionalization of the substance abuse field. While this description may sound ominous, it has set a foundation for what is likely to be a period of self-inventory and self-renewal — a return to both commitment and service — within both the professional field and within self-help structures. If this rejuvenation does not occur in the 1990s, we are likely to see a growing number of recovering persons leaving professional roles within the field to recapture their roles as shamans. The paradox is that they will leave the field to recommit themselves to serving the alcoholic and addict in pain. The shaman will always have a role in moving alcoholics and addicts into pathways of recovery. What is open to question is whether these shamans will be working within or outside the professional

substance abuse treatment field.

Bruce: *You have been very outspoken about the toll staff turnover takes on our organizations and the field as a whole. What forces do you see contributing to this turnover?*

Bill: There are numerous forces that contribute to this bleeding out of our knowledge and experience. Poor recruitment and screening procedures, inadequate salary structures, the lack of career paths, the high stress involved in work with stigmatized and treatment-resistant clients, and the lack of high quality clinical supervision all contribute to this toll. Perhaps a more encompassing issue is that we tend to have weak and brittle organizational cultures within the field that are unable to support workers over the long haul. In our youthfulness as a field we have devoted ourselves to extending services to our clientele and our administrative and financial health. We have yet to come back and put in place on-going mechanisms of staff support that enhance professional development and protect the physical and emotional health of our work force.

Bruce: *How does staff turnover and its associated problems in the substance abuse field compare with that in related fields of health or human services?*

Bill: I think this issue may be more important in our field because of the strong anti-intellectual undercurrents which so characterize us. Until very recently, we were a field that didn't use reading or writing to receive and transmit information. So much of our knowledge in the substance abuse field is transmitted orally through mentor systems — including the oral traditions of training — that experience gained within the field is irretrievably lost to the field with each exit from the profession. We must not only stabilize this loss of resources, we must find ways to capture that knowledge and experience — in print or other mediums — so that knowledge acquired may be built upon rather than learned all over again by each new person filling a particular role.

Bruce: *What role could training play in reducing staff turnover within the field?*

Bill: Access to high quality training can be a source of great support and nourishment for our workers but a more fundamental role of training lies in our work with supervisors and administrators. Let me read to you something I wrote in 1986.

There is a rapidly growing technology that enables a company to humanize the work environment and promote worker health while simultaneously enhancing the production goals of the organization. It is perhaps the ultimate sin of our economic system that such technology lies dormant on bookshelves while both organizations and individual workers self-destruct.

There is an evolving body of management science and even more specialized knowledge about human resource development that has not been infused within the substance abuse field. A major challenge for training is to begin to bring this outside technology to bear on the health of our organizations through the training of managers and supervisors.

Bruce: *How do we address the lack of career ladders and career paths?*

Bill: The problem today is that there is only one career path and that path involves the abandonment of direct service roles for supervision and administration. Joe Wharton, a training colleague of mine from the University of Georgia, describes how the organization comes to the technically competent professional via this career ladder and says, "You do what you do so well, we are going to make sure you never have another opportunity to do it." The substance

abuse field loses two ways through this programmed "Peter Principle." We lose our best clinicians — we remove our most potent change agents from direct contact with the clients we are organized to serve — and we gain persons who are unprepared and sometimes constitutionally unsuited for supervision and management. The desirable direction is the development of career ladders and paths that would allow persons to stay in and progress within direct service roles so that they wouldn't have to abdicate such roles for status or money. These ladders and pathways would provide a parallel career track for clinicians rather than a track that forces our best clinicians to eventually move into the supervisory management track. What is called for is the clear definition of roles within the field and the charting of educational and experiential pathways that allow one to progress from role to role within and across career tracks.

Bruce: *We have talked at length about the positive roles and contributions of training to the field. Are there potential misuses of training?*

Bill: There are two primary misuses of training — the use of training as indoctrination and the misapplication of training to resolve problems that are not based on knowledge and skill deficiency. In the former, training is used to transmit a narrowly prescribed ideology rather than broad knowledge and skills. Its goal is to instill belief and commitment. The exploitation of training technology and training formats that resemble cult-like "brainwashing" techniques can be found in the most incestuously closed organizations within our field. The most common form of the second misapplication of training is the practice of using a workshop to fix serious organizational problems. An example would be an organization that is hopelessly overextended — with staff experiencing chronic and excessive levels of role

overload — being sent to time management and stress management workshops to manage their productivity and morale problems. Training responses will not work in such cases because they are based on a fundamental misdiagnosis of the problem. Interventions that focus on knowledge and skill deficiency of workers will not correct the structural problems of an organization.

Bruce: *What untapped potential do you see in the future of substance abuse training?*

Bill: It seems like more and more people within the field have moved into a position of defensive isolation. Isolation, disconnectedness, loss of intimacy and loss of community are major themes in our culture right now. I think the question for each of us is how we can use our life as a healing force to bridge this divisiveness. Training — because it provides a safe environment within which to explore differences and that which is shared in common — can be a healing force. Training is one medium that can be used to rebuild trust, rebuild relationships, to, in short, rebuild community.

Bruce: *I would like to bring this extended conversation to a close with a few questions of a little more personal nature. I have always been struck by your deep affection for the substance abuse field. To what do you attribute this affection?*

Bill: I have come to love this field, although it is a love born of ambiguity and stripped of illusion. There were crisis points in my career when I seriously considered flight from the field — times I was forced to reassess the congruence between my own personal directions and the directions of the field. At each of these points to date, I have chosen a deeper plunge into the field. Love of a professional endeavor is, I think, that kind of process — the ability to commit oneself to action within a system with full knowledge of its flaws and foibles as well as one's own.

Bruce: *Is there an area of knowledge or skill that you see as being particularly important for your future?*

Bill: I may be embarrassed by answering this, but I've had two recent experiences that have taught me that I need to relearn how to listen.

The first experience springs from a research project in which I was recently involved. Dr. Sandra Lott and I, as part of a study on women's needs in substance abuse treatment, had conducted follow-up interviews with women after treatment and with staff who work in women's programs. The interviews were taped and transcribed and then analyzed for findings. In reading all of the interviews, I was struck by a difference in how Sandra and I interviewed. We both asked the same questions and got the same information in the end but the process was very different. Sandra's quiet presence allowed for extended elaborations to her questions that were evident in long flowing disclosures from clients and staff. In my interviews, client responses were interrupted by my own brief interjections or solicitations of more detail on a particular area. You see, in my excitement about what I was hearing and in my rush to classify what I was hearing, I was soliciting information that would fit in these little conceptual boxes I had created in my head for this project. Rather than really hearing what was being said and letting the sheer volume of what was heard classify itself, I was cataloguing, analyzing and interpreting the data before I had even collected it. Sandra, in contrast, let the women tell their own story in their own way without my intrusiveness. My overactive involvement in the process generated stories in bits and fragments; Sandra's more effective listening elicited stories in flowing narrative. The differences in our styles were boldly portrayed in

the visual appearances of the pages of our respective transcripts.

The second experience was reading Robert Cole's wonderful book, *The Spiritual Life of Children*. He tells a story in this book of his frustration in trying to get Hopi Indian children to share with him the details of their lives. Seeking to interview these children in the school which they attended, he evoked silence, minimal compliance, and few responses that he felt were authentic to their experience. On the brink of canceling his research after six months of facing taciturn children, he began visiting these same children in their own world — in their villages and with their families. He was struck by the intelligence, social comfort, animation and rich experience of work and play never seen in these children as they presented themselves within the Anglo institutions created for their education and socialization. When he asked a ten-year-old Hopi girl to explain her people's reticence to speak to Anglos, she remarked that her people had tried but that the Anglos had not really listened. She said, "They don't listen to hear *us*; they listen to hear themselves." The story of this ten-year-old girl and her poignant depiction of the arrogance of the culturally dominant has provoked a great deal of self-examination for me.

I think there's a danger of getting so much in your head and in your life that you lose the capacity to really hear and experience other people's stories. I've prided myself on my ability to interview and to listen, but I've discovered this past summer that I need to go back and relearn the most basic skill of my profession. Maybe all careers come full

circle. Maybe what we need at the end is to go back and relearn what we had at the beginning.

Well, that's my answer. I'm trying to relearn how to listen.

Bruce: *Do you have a clear vision of the future directions of your career?*

Bill: No, I know all the career guides advise the plotting of such long term goals, but that defies my own experience. My career has been more what Mary Catherine Bateson calls "composing a life"—following my instincts into areas of activity that I find interesting, and creating patterns and directions out of what becomes available rather than proceeding to a predetermined goal. This style of opening myself up to unforeseen experiences and opportunities has brought so much richness into my life that the thought of a future driven by a singular destination seems very restrictive.

Bruce: *Is there a personal legacy through which you hope to leave your imprint on the field?*

Bill: I hope I can look back with a feeling that I've touched individual lives in ways that were ennobling and that I provided a model of lifelong commitment and struggle for change.

There is much I hope to do before leaving, but I think one of the legacies I would like to leave is the legacy of a lifelong commitment to a professional endeavor that was brought to a climax and a closure with dignity and grace. I have lost so many dear friends who left this field in frustration, anger or despair and a few in disgrace. My goal is to be one of a new generation of persons who can work a lifetime in this field and leave with a sense of fulfillment and completion.

Bruce: *What final advice would you offer to the person who has an interest in exploring training within the substance abuse field?*

Bill: If you're willing to commit yourself to the time and energy to prepare yourself, come join us. The field always needs good trainers and there are few roles as challenging and fulfilling. Come join us; it's a good life.

PART TWO

LEARNING THE CRAFT

A CONVERSATION BETWEEN

BILL WHITE, BRUCE JOLEAUD,

FELICIA DUDEK AND BOB CARTY

ON SUBSTANCE ABUSE EDUCATION AND TRAINING

PART TWO

LEARNING THE CRAFT

Introduction

The three chapters which make up Part Two of this book encompass wide ranging conversations between Bill White, Bruce Joleaud, Felicia Dudek and Bob Carty on the training of substance abuse prevention and treatment professionals. The process of completing these chapters began with the transcription of a series of taped conversations held in the Chicago area during 1992. This initial work was followed by some six months of deleting from, adding to, and polishing our original texts. The resulting "conversation on paper" represents a distillation of our thoughts about the state of training in the field and how interested persons may utilize education and training resources to enter or advance within the field.

In these Chapters, Bill takes the role of lead interviewer exploring the experiences and knowledge of Bruce, Felicia and Bob related to the design and operation of formal addiction counselor training programs.

Bill, Bruce, Felicia, and Bob all knew each other professionally prior to the initiation of this project. Bruce and Bob had worked as colleagues with the Grant Hospital Clinical Training Program for Addictions Counselors. They had, in turn, worked with Felicia who represented National-Louis University's Addictions Counselor Training Program within the Illinois Alcohol/Drug Counselor Training Program Directors Consortium. They are friends, colleagues and competitors. Bill's training and consultation activities had created several prior opportunities to work with Bruce, Bob and Felicia. And yet this project and the chemistry it generated was unique for all the participants. In spite of decades of experience within the substance abuse field, none of the participants had ever stepped back in such a focused way to examine the nature of substance abuse education and training and their role in it. The results of these individual and collective examinations fill the following pages. It is hoped that the exploration of ideas contained here will benefit the reader as much as it benefited the authors.

Chapter Seven

Entering the Substance Abuse Field

In this chapter, Bill White engages Bruce Joleaud, Felicia Dudek, and Bob Carty in an open discussion of career opportunities within the substance abuse field. Discussion points include the various education and training options that can help one enter and advance within the field and some of the early adjustment process for persons during their early years in the field.

Bill: *I would like to begin our discussion with how we see and represent the substance abuse field to persons who are considering it as a career option. Each of you interact with such persons in your roles with substance abuse training programs. How do you describe our field today? What does this field have to offer in the 1990's?*

Bob: Generally, the field offers many benefits for newcomers. It provides the opportunity for them to practice a form of counseling in which they can rely on many of their natural qualities, such as empathy and genuineness. Also, it is one of the few social service fields that does not require a master's degree for employment.

Felicia: Until recently, this field was experiencing a great deal of growth, so jobs were relatively plentiful and easy to find. But chemical dependency treatment has been affected by the recession as well as funding cuts, so jobs are not quite as available. Even so, there still remain job opportunities in a variety of settings.

Bruce: This is the first year that we have been reluctant to tell people that there are jobs out there. I anticipate that the chemical dependence field will continue to experience growth and decline cycles similar to many other fields.

We emphasize to our students that they are going to encounter persons who are chemically dependent wherever they work in the mental health or helping professions. This makes it essential to have some specialty training and experiential background working with such clients. Many of the traditional health and human service training programs neglected substance abuse-related training in the past, and many still do not adequately address this area today.

Another thing the field offers is a variety of career choices and opportunities for professional development. Individuals can become intake and assessment specialists, primary counselors, group facilitators, supervisors, managers or administrators, interventionists, outreach and prevention specialists, DUI assessors and educators, employee assistance program counselors or managers, private practitioners, consultants, trainers, or various combinations of these positions and functions. There also exists a wide variety of treatment settings and client populations from which to choose.

Felicia: This field has historically been good for women, with opportunities for advancement being more open to women than in other fields.

Bill: *Compared to such traditional disciplines of psychiatry, psychology, or social work?*

Felicia: Yes, it has been common for women to be in the field and to be promoted, though there may be a "glass ceiling" in the substance abuse field as there is in many other professional fields. None the less, I think there have traditionally been opportunities for people to move through the system, and it didn't require a tremendous number of hoops to jump through. I think these things are very attractive for people coming into the substance abuse field.

Bill: *Bob, what are people looking for when they consider using your program as a means of entry into the field?*

Bob: I often talk with people who are taking a look at a career change. Many are in their 40's or beyond, and are not concerned about making a lot of money. Many, both recovering and non-recovering, talk about having a sense of being called to work in this area or having a long interest in working in the field. Some of the recovering persons had earlier aspirations of becoming a counselor but were

told to put that on hold until after they had achieved a number of years of stable recovery. They're now coming back to us years later with their dream of working in this area still alive. Other individuals seek out our program because they have heard that there is good money in EAP or in private practice. The motivations vary greatly and we have to help a lot of our applicants assess whether those goals are realistic and whether our program will help achieve those goals.

Felicia: In the university setting, people are not only looking for a program of study that will hopefully lead to a job, but they are very committed to receiving the academic credit that will yield an academic credential. Our students are interested in finishing a bachelor's degree or in obtaining a master's degree. Our students bring two goals: gaining the knowledge for entry to the field and getting a degree.

Students have a variety of expectations beyond these. Many of them, as Bob said, always wanted to be counselors in this area. Many are recovering individuals who want to change careers. Some feel their earning power may be enhanced by such training while others see such a program as a vehicle for entry into private practice. For most of these students, these are realistic goals. The academic credential does, indeed, enhance their marketability and some are able to command higher salaries because of it. Even entry into private practice is somewhat enhanced by an academic degree, particularly the master's.

Bill: *Are people who are seeking entrance into the substance abuse field bringing different expectations today than they did five or ten years ago?*

Bob: I think people are coming from a number of different kinds of recoveries that we didn't see four or five years ago. I get questions and comments like, "How much info do you include on eating disorders in your program; I work an OA (Overeater's Anonymous) program and have an interest in working with people with eating disorders."

Bill: *So, the different recovery pathways are shaping some different expectations and hopes regarding the kinds of persons and problems people will be able to work with?*

Bob: Yes, that broadening of expectations has been a change.

Felicia: There has also been more interest in working in different environments, particularly in employee assistance programs (EAP). I think the biggest change in expectation has been from, "I really want to do this work because I want to work with addicts and I'm committed to this field" to "I can get a job in this area."

Bruce: I would agree. Our current class is the first one in which we've seen a reduction of people coming from AA recovery and other recovery backgrounds and an increase in people coming from other fields who have learned about recent job opportunities in the substance abuse field.

Bob: These changing expectations are evident in the language used by candidates we interview for admission. In the past, we have had applicants actually say things like they want to get involved in the war on drugs. I don't hear people talking about that anymore. Now, I hear applicants identifying specific populations with whom they would like to work. For example, an applicant might focus on wanting to specialize in addressing the unique needs of female addicts, Hispanics, or the hearing impaired. The changing language tells us what expectations applicants are bringing in with them and what they are looking for in their training and work experiences.

Bill: *Is the composition of the field's work force dramatically changing from what it looked like ten to fifteen years ago?*

Bob: We have become more expansive and inclusive in response to changing expectations of applicants and the field.

Bruce: In terms of the composition of incoming students, there haven't been significant changes in age or gender. There is a decrease in recovering people and an increase in traditionally educated people entering the addictions work force and in professional people who are coming from other fields. The most significant change I've seen is that we've been attracting more ethnic and minority candidates. It could be that the word about career and service opportunities in the substance abuse field is finally getting into ethnic and minority communities.

Felicia: Enrollment in university programs, largely because of relatively open admission policies, reflects a wide variety of ethnic/racial groups, as well as a broad age range.

Regarding Bob's comment about a more expansive view of the addictions field, I think this is probably the major area of change in the field and students entering our programs are coming in with some of these broadened expectations. Principles of addiction counseling are being applied to other areas such as eating disorders, compulsive sexual behavior, and gambling. This means that addictions counselors need and expect to have a broader base of knowledge and more sophisticated counseling skills.

Bill: Are there any dangers or disadvantages to this broadened scope of training?

Felicia: Meeting this expectation is a problem. The time frame we have to train someone to be an addictions counselor does not begin to address the development of skills that are needed to move into those areas. While we attempt a broad exposure, many people leave these programs feeling they have been fully trained in these areas, which is not the case. It is a concern that I have about how students see us and how they perceive their training. There is also a parallel concern of what agencies expect our graduates to be capable of doing when they are hired.

Bruce: I try to be careful with students and emphasize that our curriculum and each class is an introductory process. I emphasize that we are expanding their knowledge base and identifying future avenues for increasing their knowledge and skills.

Bill: How do you define for your students what they are and are not trained to do as they walk out of your programs?

Bruce: I have two main concerns in this area. One is that the types of clients that we have seen over the last 20 years have changed significantly due to changes in the economy and in health care reimbursement. We're seeing more people who are sick with multiple problems at the same time reimbursable treatment stays are becoming shorter and shorter. So, we have had to become more sophisticated and more efficient in assessing and treating substance abuse problems. A second concern is the cross fertilization that has occurred between the substance abuse field and other fields of human service. The interactions of these disciplines has posed both opportunities and problems. This interaction is helping us move out of a very narrow focus through which we often missed people who had other types of needs and problems in addition to chemical dependency. On the other hand, I

have the same concerns that Felicia does about people leaving our training programs thinking that because they were exposed to family therapy or eating disorder or a variety of other areas, that they are now experts in those areas. I also have concerns that we may be watering down what was our initial and primary focus, and we may lose some of the passion that we had for doing addictions counseling.

Bill: *You're saying that we historically defined the field within a very narrow band of philosophy, program models and clinical techniques, but have now broadened so much that we may have even lost our identity and the boundaries of our professional competence. It sounds like we are losing the definition of what one is and is not competent to do in this field.*

Bruce: We try to minimize the danger of students leaving, thinking that they are now experts in an area. We do want to create broad exposure to problem areas so that our students have a gut sense about these areas and about what resources can be used for referral. We also encourage students to continue their education beyond what we can provide in basic addiction counseling courses. Sometimes I do have a concern though, with the amount of time we have to train, and a concern that we don't do as much as we can in terms of just the addictions focus.

Felicia: I think we do the same things to make it clear to students that taking a particular course does not mean that the student is a specialist in that area. But, I think the other piece of that as well is looking at what one can possibly expect from a training program and what then becomes the role of the supervisor on the job. So, one of the things I do with students, too, is to look at what kind of supervision they are going to get when they look at their first job or subsequent jobs. Because that's where you begin to learn these things. You come in as an addictions counselor with some basic skills. It's then the job of a good supervisor to say, "Have you thought about this?" or "This is how you do this."

Bill: *Let's talk about the different entry pathways that could bring people in from these various backgrounds that you are referring to. Let's talk in particular about coming out of a personal recovery background. If you have a person coming to you saying, "Based on my recovery experience, I want to do this as a career," how do you describe the pathway of preparation for such a person and how do you*

determine who is appropriate or not appropriate to enter your programs from this background?

Bob: I think if a person identifies his or her own personal recovery as one of the criteria for coming in, it opens the door to ask about recovery. I don't want to impose that on folks, but if they present it, let's talk about it. So, I would be looking at quantity and quality of recovery and get some idea of where they are coming from and what kind of personal program they have worked for themselves and what some potentially blind spots might be for them. I still try to also look at the person as a whole person and take a look at their specific training needs, including previous educational experiences. For many individuals, it has been a lot of years since being in a classroom, and they may not have a past history of educational success. They may need remedial help during transition into our program. For example, they may need a little more help on their writing skills. That's something we often see.

Bill: *What attributes do you look for in an applicant who is a recovering person?*

Felicia: Generally, we like to see a recovering person have a stable sobriety program before he/she enters training—stable enough to withstand the increased stress of a more demanding daily schedule (to include classes and homework and eventually internship) as well as the stress of exposure to theories and ideas that may run counter to the sobriety program of that individual.

While these are characteristics we like to see, students in a university setting cannot be prevented from taking classes if they meet admissions criteria. Sometimes, we will recommend that a student delay the start of a practicum if we feel his or her recovery program could be in jeopardy. Colleges and universities cannot legally request such information, but it is typical that somewhere in the course of the student's training, the student will reveal his/her recovery status. We would be very concerned if someone actually went through an entire course of study never mentioning that he/she is recovering.

Bruce: There are some people who may be inappropriate for the field. I think that one of the problems we have had in training people for the helping professions is that we don't have good methods for determining what is an effective counselor or therapist. There has been some research done on this, and unfortunately it

seems that not many people who enter the helping professions have the type of qualities that were described by Rogers, Carkhuff, Truax, and others—qualities of genuineness or congruence, unconditional positive regard, and accurate empathetic understanding. Those people who do have, for example, empathy, tend to get slightly better as a result of their training. People who don't have it tend to get worse, tend to become more rigid. And in traditional programs, we tend to let people come in on the basis of grades, and all of the studies I've seen on that show no correlation between high grades and effective helping skills. In our applicant interview and screening process at Grant, I think that we try to look for those qualities that Rogers has described so eloquently. I think we have developed a very thorough and effective process, but we aren't always 100% accurate either. I've had a few students that I thought might be inappropriate who have surprised me and turned out to be really effective counselors and some other ones that I thought were going to be very good, that ended up being mediocre at best.

Bill: Are there particular advantages or disadvantages for a recovering person entering this field?

Bob: Sometimes I think the advantages and disadvantages may come from the same realm. Their prior experiences may give them a heightened understanding of counseling. Many recovering persons will have experienced counseling; they will have some flavor of what it's about. This gives them an advantage over applicants who have never been in counseling themselves and who may have a hard time putting into words their vision of what a counselor does. This same background of recovery may give one a very narrow view of counseling—a desire to simply become the admired counselor. Other problems can arise as persons in 12-step recovery programs wrestle with the differences between sponsorship and counseling. Recovery can be a source of empathy and a source of bias.

Bruce: Recovering people have first hand knowledge of the addiction process and the recovery process. Their firsthand knowledge of the issues related to the progression of both the disease and recovery process can enhance their ability to work effectively with addicted clients.

Bill: Are there personal advantages for the recovering person working in the field?

Bruce: Yes and no. People who are recovering often say that working in the field enhances their own recovery process. At the same time, wearing the "two hats" of personal recovery and professional counselor can pose a threat to recovery if effective boundaries between these two roles are not maintained.

Felicia: I think recovering people have a harder time. While personal recovery may enhance one's employment chances with some agencies, I think recovering people are more emotionally at risk because the stakes are higher for them than for a non-recovering person. When an individual begins to interface with clients, they cannot avoid their own issues. This is true for all of us. But, when those issues also involve "how do I stay sober," it doubles the stakes for the recovering person.

Bruce: One of the advantages of a recovering person in the field is that they are more likely to have the passion and commitment to serve people who are chemically dependent.

Felicia: And the understanding of the addictive process. I think recovering people take addiction more seriously than non-recovering persons ever could because they know first hand how devastating chemical dependency is.

Bill: *If I'm a recovering person and am interested in pursuing a career in this field, is there any immediate advice you have for me?*

Felicia: Get more education. It's very important for a recovering person to have formal training in alcohol/drug issues and in counseling theory and techniques. The counseling information provides a framework that the recovering person can use to enhance their effectiveness. By reducing the stress experienced in the helping process, education and training helps to stabilize one's recovery program. Besides being more effective and healthier, recovering persons make themselves more marketable with additional educational experiences.

Bruce: If the person applying is in early recovery, we usually recommend that they postpone their decision to enter the field. We want to make sure both the persons enthusiasm and their personal recovery is sustainable. We recommend that people have at least two years of solid recovery program before pursuing entry into the field. In the interim, we recommend that people seek guidance from their

sponsor and persons they know who work professionally in the field. We suggest that they check out different training programs and talk to students who can share the benefits and stresses of such training. This helps the aspiring counselor find out if their fantasies about what this work is about match reality. I think if a person does all of that information gathering and still wants to pursue entry into the field, then maybe it's time to pursue formal application to a training program.

***Bill:** If I'm currently working in an allied profession—say in mental health, child welfare, or criminal justice—and have an attraction to the substance abuse field, what pathways exist through which I may move from my current field into the substance abuse field?*

Bruce: I'm not so sure that special pathways exist or are required for people coming from allied health professions. What I think is required is the ability to suspend one's beliefs—to put aside what they have learned before and open themselves to some new ideas. Sometimes that's difficult for people who have invested a lot in prior training or who have invested a lot of time and energy in a field and have a strong belief system about a particular approach.

***Bill:** Are there educational or training credentials that would be required for me to move from allied fields to the substance abuse field?*

Felicia: While there isn't a legal requirement in Illinois for this crossover, what is ideal is for the allied health professional to acquire specialized course work in addictions treatment and perhaps pursue certification as an Alcohol and Drug Counselor.

Bob: I think there needs to be some assessment of what knowledge base and skills are already in place due to the previous training of those in allied fields. For example, a nurse may already have a good understanding of pharmacology and physiology; yet she or he may have no idea about group process issues. Meanwhile, a social worker may be very sensitive regarding group dynamics and very ignorant of pharmacology and physiology.

Bruce: I agree with Felicia that training and credentialing as an addictions counselor would be desirable. Specific jobs within the substance abuse field may require other types of training or experience. For example, an EAP or a central

intake position would require the ability to diagnose addictions as well as a wide variety of other disorders. A management position may suggest the need for clinical supervision skills, managerial skills, or an M.B.A. in addition to clinical expertise in addictions.

Bill: If the ideal would be for such a person to acquire addictions-specific training, what are the options for a person to get such training?

Bob: Certificate programs¹ help a lot of people coming from allied fields. Such persons don't need more alphabet soup after their name. They need a focus on those technical areas in which they are deficient. Certificate programs offer such a focus. Allied professionals can come in, zero in on this material, and integrate it with their existing knowledge and skills.

Felicia: The certificate programs are available at both community colleges and graduate schools in our area. These programs, which are streamlined, would be viable options for professionals from allied fields.

Bruce: If an allied health professional chooses this option, it's important that the practicum² experience be in a facility where the supervising person is very well-versed in addictions.

Bill: Persons interested in working within the field and persons working with substance abusers in allied systems frequently inquire about how to go about becoming a certified addictions counselor in Illinois. Given all the changes we have gone through in Illinois regarding certification bodies, how do you respond to this inquiry today?

¹ **Certificate programs are non-degree programs which offer a specified program of study that prepares one for certification and validates a prescribed level of training and experience within the substance abuse field. Certificate programs can be found at some academic institutions.**

² **The practicum is a supervised course of clinical field experience required during one's training within a certificate or academic training program.**

Felicia: Persons in allied health professions who are interested in obtaining certification as an alcohol/drug counselor in the State of Illinois can enter the system in two ways: 1) they may be able to utilize their work experience to satisfy the eligibility criteria if they can document that their work involves alcohol/drug counseling 51% of the time; or 2) they can graduate from an Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc. (IAODAPCA)—accredited training program. Such a graduate is eligible to take the certification test. If the applicant passes, he/she is provisionally certified. To obtain full IAODAPCA³ certification, the provisionally certified counselor then must document one year of work experience if they have a bachelor or master's degree in a related field. Without a bachelor or master's degree, two years of work experience with alcohol/drug clients must be documented. It is this latter criterion that some allied health professionals have difficulty meeting. Teachers, for example, are very interested in our training programs; however, they will have difficulty becoming certified under the new provision.

Bruce: I generally provide basic information about how approved training programs interface with the certification board as well as how educational and work experience can qualify a person for certification. If a person has specific questions about whether or not their experience will qualify them, I refer them to the certification board staff.

Bill: Let me ask about a related transition issue—the transition into full time practice in the field. Any advice or folk wisdom you have for the person leaving the academic or training setting in search of their first professional role in this field?

³ **The Illinois Alcohol & Other Drug Abuse Professional Certification Association, Incorporated is the organization within the state of Illinois that certifies substance abuse counselors. They may be reached by writing them in care of IAODAPCA, 1305 Wabash Avenue, Suite L, Springfield, Illinois 62704 or by calling 1-800-272-AODA.**

Bruce: We really encourage our students to initially seek jobs where they are going to have not only close individual supervision, but team supervision as well. It is important to get exposure to a broad scope of different ideas from different disciplines and people. In addition to that, I often recommend what I would call front line jobs—Salvation Army programs, social setting detox programs, the types of programs where there is a lot of direct contact with many different and difficult clients. These settings can be excellent first training experiences. If people can work effectively with clients in these settings, they are usually well prepared for other types of settings as well.

Felicia: I think it is at those places that the student sees the seriousness of addiction. Other programs where clients are functioning at a higher level might not provide the student with the vision of what this disease really looks like. I like to see people starting out in detox, inpatient, or residential settings. It's important to see and experience how sick people can be with this disease.

Bob: Discussing the transition into the first job is very important. I've seen a number of students who went into the field and became quickly disillusioned. In training we are often talking about the ideals in supervision and the ideal way helping organizations work. Our students can then move into the real world and say, "I can't work like this." They encounter value conflicts. Certain values brought the new person into the field and they experience disillusionment when they can't use those values in the way they expected to.

Bill: *Is this a form of cultural "shock" that occurs when people go from the academic or clinical training environment to the actual practice environment?*

Felicia: We see that sometimes in the practicum, not necessarily the first job. They get a rude awakening. What we were talking about in the first job also applies to the practicum. If we are talking about an ideal setting, sometimes if they get that in the practicum, they can go on to a different first work site. We have had students who come back and say, "Everyone's crazy at my agency." And we occasionally have to agree. I think it sometimes starts with the practicum experience.

Bob: I've seen many students who can accept this craziness as a student, but do not accept it as an employee. A student may look at the set number of hours he/she

has to do at a practicum and knows that this is time-limited. But, as an employee, one may begin to feel stuck in a particular agency. Sometimes what I recommend is looking at their support system and finding out who is supportive in the organization, instead of lumping the agency under the label of dysfunctional organization. I try to challenge the student to ask: Who can you learn from? To whom can you go to get straight answers to your questions? We also encourage students and new graduates to use Bruce and me and their fellow graduates for support during this transition.

Bruce: This is where information on developing supports and mentors really comes into play. I've seen persons who go out to a first job where there is a high sudden turnover right after they start and suddenly they find themselves in the senior counselor position, when they've just entered the field. Those people either need to get out of that position, or find mentor supports outside of their work setting to be able to survive such a situation. It's a terribly frightening position for someone to be in.

Bill: *Are there other kinds of culture shock your students report when they first begin working professionally in the field?*

Bob: They comment on both the quality and quantity of supervision. I think that at times we may spoil our students with the intensity of supervision we give them. They get used to it and then find themselves in this new organization where people aren't following through on supervision sessions and the quality of the supervision has declined. There are also expectations for them to perform, but they no longer have some of the license to make mistakes and ask a lot of questions that they had as a student.

Bruce: Another shock issue is paper work. I have a student right now who was hired by his practicum site. There was certainly paper work while he was doing his internship. But after he became employed, he said he felt like his pen became permanently attached to his hand. He is just overwhelmed by the amount of paper work that is involved in his position. Like many, he feels the excessive paper work keeps him from doing what he was trained to do.

Felicia: I think another area of cultural shock is the lack of ethics and professionalism that students encounter, particularly in this era of managed care.

What we hear from students is that they are not making treatment decisions based on what the client needs, but on whether there are dollars to pay for certain services. Decisions on the part of treatment facilities to fill beds regardless of assessment data or diagnosis challenge both the clinical and ethical principles we have tried to instill in our students.

Bruce: Sometimes the lack of appropriate referral resources for some of the populations our graduates are dealing with can also create a profound sense of disillusionment.

Felicia: Yes, when you are faced with that first client who can't pay for your facility, and there is no place to refer them—when there is a real person there—it is a lot different than talking about it in class.

Bill: There have been a number of recent studies talking about exceptionally high turnover rates, particularly during the first 12 to 24 months people are entering the field. From your vantage point of sending people into the field, are there additional factors you see contributing to frustration or disillusionment so severe as to create an exit decision from the field?

Bruce: With students of our training program, I think exit from the field tends to happen during the course of training rather than during initial employment. A student may find half way through the training program, or when they enter their practicum, that this isn't what he or she thought it was going to be. But, usually with the type of preparation and support that we provide to students, they manage to reach some level of initial employment survival.

Felicia: Which is probably tied to their initial investment—they've put a whole year in a program and a couple of thousand dollars; they're going to give it a little bit more than eighteen months.

I would guess that another variable is money. First, they agree to take a job for fifteen or eighteen thousand, but, after eighteen months when it's still fifteen or eighteen, they become disillusioned. This is hard work, and it's not just a job. People have to have more to tolerate not only pressures from the job setting but the pressure from the clients. You have to be paid in a way that helps you feel that

you have dignity, that your position is respected. At those salary levels, I'm not so sure that's the case.

Bruce: I think the dual hat issue can also come up for people early in the training experience or early in the job experience where people make a realistic assessment and say, "This is starting to threaten my own recovery." I do think that money is an issue, and often people have to lower their standards of living in order to enter the field. When you take those factors and add the amount of paper work and the reality of working an eight hour job on a day to day basis, all of these things can contribute to early exit from the field.

Bill: *Are there any personal strategies you would recommend to help newcomers to the field avoid early difficulties that lead to disillusionment?*

Felicia: There are several things that can protect the newcomer against disillusionment — a good support system, adequate training, and good supervision both at school and on the job. Taking good care of one's self and staying "grounded" is also helpful. The 12-step advice of "progress not perfection" is good to apply both to the agency for which one is working and to self-care. It is also crucial to develop a clear idea of what aspects of the job can be controlled and what can't be controlled, and to learn to let go of what can't be controlled.

Bob: One part of the support system that I like to emphasize for newcomers is to develop relationships with counselors in a variety of facilities. Communication with other counselors helps to prevent the trap of generalizing that what happens in one facility is representative of the entire field. Also, it helps newcomers to visualize other career choices within the field.

Chapter Eight

Substance Abuse Counselor Training Programs

In this chapter, Bill engages Bruce, Felicia and Bob in a wide-ranging discussion about substance abuse counselor training programs and what it is like to coordinate and work as a trainer in such a program. Topics also include the types, philosophies, admission requirements, costs, length and the special benefits of substance abuse training programs.

Bill: *I'd like to begin this chapter by asking you to summarize the basic levels and designs of academic and non-academic addictions training programs.*

Felicia: There are Associate of Arts degree programs and shorter, undergraduate and graduate certificate programs, as well as bachelor and master's degree programs. There are also non-academic, hospital-based clinical training programs as well as independent, private non-academic, non-hospital based addictions training programs.

Bruce: There are also individualized courses that aren't set up as entire programs, or what may be a series of courses within some universities that are part of psychology or sociology departments. These may or may not be recognized by addictions credentialing bodies.

Bill: *Let's explore the type of designs within which each of you is currently working. Let's begin with the Grant Hospital Clinical Training Program for Addictions Counselors. Describe the length of time involvement and the sort of overall framework of a program students would be exposed to there.*

Bob: Basically, we have an eleven month program that has three core components. The first component is a structured curriculum of addiction counselor education. The curriculum is different from college-based programs in the sense that one does not assemble individually selected classes into a program but rather goes through a set curriculum with a fixed group of fellow students. The second component is the

practicum experience required of each student and the third component consists of a weekly clinical supervision group. The supervision group is the glue that keeps things together. Students build their knowledge base in the classroom and they get some skills developed in the practicum, but the clinical supervision group is where they pull things together.

Bruce: It's also a complete and continuous program. Students have to complete the entire program in order to obtain a certificate, which can be transferred to college credit at some places. It's not like a student can take selected courses or modules or receive credit for courses they have taken at other places, although that can improve their candidacy as an applicant.

They either complete the whole ball of wax or they don't. It's also competency based, so there are no grades given. It's completely on a pass/fail basis. Students have to write papers to demonstrate certain competencies. They either receive an "ok" or a rewrite. They have as many opportunities as necessary to get competencies up to standard. Bob was saying earlier that a lot of recovering people that come into the training program have poor academic experiences because they were using during that period of their lives. We really work with people to give them some time to develop writing skills and to integrate new information.

Bill: Felicia, can you describe something about the length and intensity of addiction training programs in the academic setting?

Felicia: Most students attend our training programs on a part-time basis, completing their work in anywhere from 12 to 24 months. Some students might even stretch that out to three years.

Bill: What is required for entry into these programs?

Felicia: Well, the undergraduate certificate only requires admission to the college, which necessitates a high school diploma or its equivalent. These students are technically considered to be degree-seeking students. They could theoretically finish the addictions part in the first year of their bachelor's degree course work.

Bill: *And may not have four years of college. So, it's a one year academically oriented certificate.*

Felicia: Yes. Most students don't enroll full time. Most are working and this reflects the change in the nature of the student base at colleges and universities. Students are older and have jobs requiring that most go to school part-time. We have some students taking two to three years to complete their work or starting at some point and leaving and then coming back.

Bill: *If I were working full time and doing the program in that two to three year time span, how many courses at a time would I be taking?*

Felicia: One to two courses per quarter—one to two nights a week.

We tell students that it's very difficult to work full time when they get to the practicum part. Some try, but it's tough.

Bill: *So, a couple of nights a week over a period of two to three years and I complete the certificate program in addictions counseling?*

Felicia: Yes. However, for individuals with a master's degree, that pace would net them a graduate certificate in about 12 months.

Bill: *What about some of the other training designs that might be appropriate for someone interested in getting a Master's in Addiction Counseling?*

Felicia: It would take 2-3 years to complete a master's degree, assuming the student attended part time. For full time students, 12-18 months is a reasonable estimate. Most students should plan on at least a 12 month experience.

Bill: *Tell me how each of you would define the training philosophy that permeates your programs.*

Bruce: A primary focus of our philosophy at Grant is to be challenging and thought-provoking in our teaching. And what I mean by that is, rather than just presenting a single view, we want to show a full range of ideas or thinking about a particular topic. An example is how we present the disease concept. We present

the disease model AND we present the critics of that model. We want to show the diversity and range of innovation within the field. We want our students to have an opportunity not only to see what is the current state of the art, but also what other people are saying about that.

Bob: There are several perspectives I bring to our training. First, I look at it as adult education. That means recognizing and respecting the life experiences that students bring with them to our program. That's something I feel is very important in our training: tapping those resources. I think another element is believing that professional development and personal development really go hand in hand. We encourage students to look at their own personal issues and when things get triggered, start dealing with those things, instead of just trying to bury them. A third component of our program involves making it fun. I'm aware that our classes start at six o' clock at night after most of our students have worked all day. It's easy for them to zone out if the learning environment isn't playful and highly energized.

Bruce: The shortness and intensity of the program demands that we be very pragmatic in what and how we teach. We want to give our students skills that they can apply. We do a lot of experiential work within classes, workshops and in our clinical supervision with students because we feel such experiential work enhances the learning process. We try to pay attention to the different ways that adult students learn. So, we try to have things that are visual, auditory, kinesthetic and get them actively involved on all those different levels.

Felicia: Our program at National-Louis University is part of the human services department so the addictions curriculum reflects the philosophy of the human services field. We believe that clients bring to the counseling process strengths as well as weaknesses and that counseling is a collaborative process between counselor and client and not something done TO a client. The human services model is also very interdisciplinary and draws from a variety of theorists and writers. With regard to our philosophy of addictions counseling, we expect faculty to present a range of models and counseling techniques, though most faculty are practitioners who adhere to the disease model.

Bill: *What are the relative costs of the various addictions training programs available in Illinois?*

Felicia: Programs at many of the community colleges are about \$1,000. At the private schools costs can be \$5,000 to \$6,000. A bachelor's or master's degree could cost about \$10,000.

Bob: The tuition at Grant Hospital's Clinical Training Program for Addictions Counselors is currently \$2,900.

Bill: *Are there any special sources of financial support available for students seeking admission to these programs?*

Felicia: Most colleges and universities have financial aid offices to help students in this area. Generally, undergraduates have a variety of grants, scholarships and loan programs to consider. There is very little financial aid available at the graduate level.

Bob: Grant offers two half-tuition scholarships per class of 21 students.

Bill: *Describe in more detail the kind of faculty students can expect to find in an addictions training program.*

Felicia: I look for faculty who have experience working in the field or who bring specialty skills to deliver more technical areas, such as physiology or psychopharmacology.

Bruce: We are looking for people who have experience in the various specialty content areas and who also display good training technique and are able to convey their specialty to adult learners. That's sometimes a difficult combination to find.

Felicia: We share this emphasis on adult learners. Our whole department is trying to understand and apply the research on how adults learn in order to change the teaching styles found in our classrooms.

Bill: *How would you describe some of the different learning styles you encounter in persons seeking addictions training within your programs?*

Felicia: Some students are very active learners, that is, they are always bringing in interesting articles or discussing books they have recently read. They are the ones who readily volunteer for role plays, and are excited about starting their practicum experience. These are the people that learn by doing.

Other students are more passive. They are very interested in reading and listening to lectures about theory and practice. They may be more reflective and are more reticent to demonstrate their knowledge or skills. These students, however, are often just as competent as the more active learners.

Still other students like to shape their learning environment and are very interested in having input into content selection and format of the learning experience. These students see themselves in a more equal position in relationship to the instructor.

Bruce: Some students seem to learn best by seeing, some by hearing, some by doing, and others by combination of those first three methods.

Bob: Some students operate on an intellectual level that allows them to integrate abstractions and theories with relative ease. Other students need to see it, hear it, and sometimes even feel it to understand an idea. For such students, role plays are quite useful. Our challenge as trainers is to find different ways to demonstrate the concepts that we present.

Bill: *Are there any particular approaches you have developed to accommodate the various learning styles of your students?*

Bruce: We have intentionally tried to incorporate adult learning styles into our overall program design. In classroom and workshop presentations, we frequently utilize the blackboard, flip-charts, overhead projectors, video-tapes and films, handouts, demonstrations and other audio-visual technology. Many presentations also include group discussion, debate, role plays or skills practice exercises that solicit active involvement by the participants and allow students to share their knowledge, ideas, and opinions and be challenged by different points of view. The written competency assignments following most classes allow students to consolidate what they have learned from presentations, reading assignments, fellow students, and their practicum experience and to record it in their own words. Some of the written assignments involve learning technical skills such as

developing a bio-psycho-social assessment or a treatment plan. The clinical supervision group immediately follows each class and functions as both a learning laboratory and a support group where members share the trials and tribulations of being an adult learner. Even if the prior class has been primarily didactic in nature, the supervision group affords students an opportunity to share resources while actively engaging in the learning process. And finally, the practicum becomes the hands-on part of learning where students can apply the knowledge and skills they are acquiring with actual clients and then take these experiences back to the supervision group for discussion and problem solving.

Felicia: Because most of our students are individuals with considerable life experience, there needs to be an acknowledgment and respect for this from the instructor. There is more of an egalitarian relationship than with younger, traditional college students. In addition, students are given an opportunity to have greater input regarding format of classes, topics, and content areas, sometimes even grading.

Most colleges and universities are required to provide special assistance to students with documented learning disabilities. This may include tape recording of lectures, books, tutoring and many other services.

Bill: *Perhaps we can move our discussion to how students find out about the various training programs. How do you market your programs?*

Felicia: Marketing efforts include accreditation by the Illinois Alcohol and Other Drug Counselor Professionals Association, mailings to chemical dependency treatment agencies, sponsorship of educational workshops, faculty presence at professional conferences, and informational mailings to community colleges.

Bob: We announce our program through a newsletter and provide informational presentations. Our primary marketing comes by word of mouth from our graduates and practicum supervisors.

Bill: *What criteria should be used to help potential students select a high-quality substance abuse training program?*

Felicia: Each student needs to first determine the kind of credentials they need in order to do what they want to do. For example, someone with a high school diploma needs to think about getting a bachelor's degree. If they want to enter the field very quickly, however, or more quickly than it's going to take to get a college degree, I think a program such as Grant's is most appropriate for them. They can transfer the Grant training at some later point into college credit, get certified by the addiction's certification board, get a job and complete their degree. If a student is close to a bachelor's level, maybe has two or three years already, it might pay for him or her to go to a college training program. If they have a bachelor's degree and they are looking for addiction training, I think they should get a master's degree. If they already have those degrees, then I think a certificate program either at a college or hospital-based program should suffice.

Bob: Each training program has its own personality and its own strengths and weaknesses. Applicants should visit and interview as many of these programs as possible to see where they are most comfortable, to see which program will best meet their needs.

Bruce: It is also helpful to talk with counselors from various agencies to ascertain the reputations of the various programs.

Bill: *What core elements would any high-quality addictions training program contain?*

Bob: One of the most important elements is the nature and intensity of supervision. How much hands-on, individual care does a particular student get from the trainers who work in a particular training program? I think that is the most important question.

Bruce: Quality involves such questions as: How large are the classes? How much contact are you going to have with your instructors? What other types of support services are available to the institution? This is an area where colleges often have much broader resources. As Bob said, some people need help with writing skills, and colleges are better at providing this than addiction training programs.

Felicia: I think another aspect might be to look at the spectrum of people that would be teaching. In other words, is this a one person program or is there an exposure to a variety of faculty? It's helpful if at least some of those faculty are current or recent practitioners. I think too, the ethical and professional reputation of the faculty and or program directors is very important. Generally if the program director has high standards, then the faculty who are brought in are also going to be of pretty good caliber.

Bill: *Could you describe the application and admission process? Are there formal admission requirements that you would describe for each of your programs?*

Bob: The only educational prerequisite at Grant is a high school education or a GED.

Bruce: That's the cut and dried part. In addition to that, there is a formal interview and screening process through which each candidate is assessed on a Likert scale from 1 to 5 based on their relative strength or weakness in several areas.

Bob: The things that we assess in our interviews capture the heart of what we are looking for. We are looking for communication skills, both speaking and writing. We are assessing such areas as personal support systems and motivations for entering the field as well as for entering the training program.

Bruce: What we are doing is holistically looking at the person to determine the potential each candidate has to become an effective addictions counselor. The entire administrative team assesses both individual candidates and the composition of the whole class. We are seeking a composition that enhances the learning that takes place between the students themselves. We find that the recovering people teach our allied health professionals about the addictive process, the recovery process, and the 12 step support groups. And our allied health professionals bring knowledge about professional counseling skills, confidentiality, and professional ethics that enriches learning for students who lack that background.

Felicia: Academic institutions have admissions criteria that are set at the college as well as department levels. The person seeking undergraduate admission would have to have completed high school or GED equivalent and, in many schools, pass

competency tests in English, math and writing. At the graduate level, the student must complete a formal application process, submit personal and professional references, and score satisfactorily on pre-admissions testing. In the personal admission interview, we look for many of the same issues Bruce and Bob noted in addition to assessing the degree of fit between what our program has to offer and what the candidate is looking for.

Bill: After you interview people individually, how much thought goes into the group composition—the kind of issue that Bruce was talking about?

Felicia: Whoever is eligible is admitted. Group composition cannot be controlled in most addictions training programs within academic institutions.

Bruce: Controlling group composition in the academic setting wouldn't work even if you could do it, because in that setting students are taking a class over here with one set of people and another class over here with another set of people.

Felicia: That's an important point. Students are not part of a single group which moves through classes together. Full-time and part-time people are mixed together and they are usually at different levels of advancement. In addition, students from other concentration areas take addictions courses as electives, further adding to the heterogeneity of the class.

Bill: Is there a concern that there be an adequate representation of women and people of color? Are there other ideal training mix issues to consider?

Felicia: Academic institutions may from time-to-time set goals such as greater minority representation in the student body. This would be reflected in recruitment activity. Most of our programs already have a high percentage of women students; in fact, males are probably a minority in some classes.

Bob: We take a look at that balance between people coming from allied health to people coming from their own personal recovery. We also take a look at gender, although it isn't reflected 50-50 either in the classroom or within our applicant pool. Our class composition is a reflection of the nature of our applicants. So, we try to reflect what the applicants reflect.

Bruce: Felicia said earlier that she gets more women than men. We do also, but we usually try to have at least a third be men in the group, because that really helps address gender issues. Since we divide our class into two clinical groups, we particularly want to have enough men represented in each group.

Bob: We also take a look at the age spectrum. Usually we go from early 20's right up to mid 60's. We like to have a really nice bell-shaped curve. We will take a look at individuals who are either from different races or ethnic groups, as well as sexual orientations.

Bruce: We also factor in recovering status. We like to have people in the class who are coming from traditional AA and family recovery programs. We also like a mix of academic backgrounds that range from high school graduates to PhD's.

Bill: Do the changing characteristics of students who are applying to your programs tell us anything about how the overall demography of our work force is changing?

Felicia: In some ways it does. Overall, the work force is beginning to represent the diversity of races, ages, sexual orientations, and abilities in the general population. The addiction counselor work force has always been somewhat diverse and now is moving in that direction even more. However, there still is a need for the field to attract people of color to the profession. Hopefully, training programs can help with this.

Bill: What do you see as the future of recovering persons in the field?

Felicia: Recovering persons will always have a place in the field. Unlike the past, however, there will be increasing pressure for such individuals to have academic credentials and some formal training. Those recovering persons without such credentials will not have an easy time with advancement or with job selection in a tight economy.

Bruce: As long as there are low-paying jobs in the public sector, recovering people will continue to find entry-level opportunities. Some rare individuals who have exceptional abilities have advanced through the ranks with or without formal training or degrees, and I hope this will continue in the future. However, I would

agree with Felicia that advancement is becoming increasingly dependent upon credentials.

Bill: *Are there any special approaches to orienting new students that you utilize within your programs?*

Felicia: All students at NLU are provided with a handbook that states the Department's philosophy, a drug/alcohol use policy, grievance procedures, etc. It also includes sample curriculum plans. Students are assigned an academic advisor who may do some orientation in an advising session. The university also runs orientation sessions for full-time students and has a Student Services Department available to all students.

Bob: At Grant, in addition to orienting students to the structure and policies of our training program, we also "orient" students to each other. Our first workshop includes activities designed for students to learn about each other.

Bill: *Could you talk a little bit about the content of what you do in terms of the curriculum itself and what some of the primary learning modules would be that all people would experience going through both of your settings.*

Felicia: Our programs are heavily influenced by the training requirements and competencies set by the addiction counselor certification board in Illinois. Basic competencies include intake information, assessment techniques, models of service delivery, history, pharmacology, physiology, relapse, family issues, special populations, treatment planning, case management, and individual/group counseling skills.

Required alcohol/drug specific courses at NLU are: Theory and Perspective of Addictions, Physiology of Addiction, Sociology of Addiction, Advanced Clinical Intervention in Addiction Counseling, and Addiction and the Family. Required Human Services courses are: Effective Interpersonal Communication, Theory and Technique of Group Counseling. These courses comprise the graduate certificate. Students in degree programs also must take: Research Methods, Human Service Delivery Models, Theory and Technique of Crisis Intervention, Theories of Counseling, and Professional Seminar. Elective courses could include: Diagnosis

and Assessment, Employee Assistance Programs, Introduction to Eating Disorders, Introduction to Gerontology, Human Services Administration.

Bruce: Since our students are involved in practica during the same eleven months they are taking classes, we have tried to sequence the training in such a way that the information that they would need most in their practicum comes up front and builds on their field experience.

Bob: As a result of this structuring, the students are exposed early in the year to the disease concept, counseling skills and theories, pharmacology, physiology, and building rapport with clients. Also, we present a class on professional burnout and counselor self-care early to help students be prepared for the stress of clinical work.

Bill: *Bruce made a reference to the sequencing of courses in relationship to practicum. Could you describe any other factors that influence your approach to course sequencing?*

Felicia: We try to build a theoretical foundation of addictions information and counseling skill development and then move to expanding this counseling skill base to working with specific client populations. Internship is toward the end of the student's course work.

Bill: *Each of you review the literature of the field to make selections of the material that will be utilized in your classes. Could you identify the best texts that define our current state of the art?*

Felicia: I think Stephanie Brown's *Treating the Alcoholic* is an excellent text. Others are: David Smith's *Treating Cocaine Abuse*; Smith, Wesel & Tussell's *Treating Heroin Dependency*; Peter Steinglass's *The Alcoholic Family*; John Edwards' *Treating Chemically Dependent Families*, and Robert Ackerman's *Let Go and Grow*.

Bob: We use a number of texts, beginning with *Loosening the Grip* by Kinney & Leaton. It provides a good basic foundation of knowledge about alcoholism. We also use *Practical Approaches to Alcoholism Psychotherapy* by Zimberg, Wallace,

and Blume. And then we start breaking down into some specific areas, like for pharmacology, we look at C.C. Nuckols' *Cocaine: From Dependence to Recovery*.

Bruce: We're not certain what will be happening with the new training requirements for addiction counselor certification, but to some extent our selection of texts has been shaped by the requirements dictated by the certification board. In addition to these required texts, we were using texts that we thought were good like Wallace's *Practical Approaches to Alcoholism Psychotherapy*, and a couple of your books, Bill. We currently require *Incest in the Organizational Family* and recommend *The Culture of Addiction*, *The Culture of Recovery*. Overall, we probably rely more heavily on individual articles that are pulled from other various books and professional journals. We find that articles supplement textbooks, which while essential, are often not as comprehensive as we need.

Bill: Describe the practicum experience both in terms of the sites that you try to identify and what you try to achieve with the practicum experience.

Bruce: Ideally what we would like to see happen at the practicum site is, first, for the supervisor to assess the student's knowledge and skill level. Some of our students are coming in with a master's degree and years of experience in the field and they already have good counseling skills. They are pretty much able to take the ball and run with it in their practica. Other people need a lot more direct supervision and teaching through that process. The first thing that we want to see in practicum is an initial assessment that culminates in an individualized learning plan for the student.

The second thing that we like to see is a progression of learning activities. The practicum starts by initially getting familiar with the physical facility, the overall range of programs and services, the agency policies and procedures, as well as looking through client charts to get familiar with systems of documentation. The student then moves to an observer role where they start sitting in on group sessions, educational sessions, intake screenings, and individual sessions. They then move to a participant observer role where they interject some of their own interventions. And finally, they get to a place where they're taking primary responsibility for co-facilitating a group, doing a presentation in the presence of other staff and handling case assignments from conducting intakes through writing

the discharge summaries. This kind of phased process of experiential learning is our ideal.

Bob: We are also trying to create a learning environment that has a lot of different kinds of options for people. To facilitate these choices in the practicum experience, we arrange for placement in social detox centers, hospital-based inpatient programs, community-based outpatient programs, halfway houses, and programs that address the needs of special populations. By having such broad choices, we can connect students with facilities that match both their skills and interests.

Felicia: Our design of the addiction practicum has been influenced by how other clinical programs at the college have conducted such field experiences. We try to structure the same kind of progressive learning experience and varied options as Bruce and Bob have already mentioned.

I think another aspect of the practicum has to do with advocacy on behalf of the student who is in practicum placement. I feel like a mother hen sometimes protecting our students against possible abuse from an agency. We don't like to see our students used as employees. Some programs will utilize a student only for paper work purposes and then not provide the kinds of experiences that we like them to acquire through gradually increasing responsibilities, on-the-job training, and participating in the direct service process as part of the treatment team.

We have to use a variety of practicum placement settings because such sites are very competitive due to the number of other training programs. We ask our students to begin thinking about where they would like to be placed, sometimes almost a year ahead of when they are scheduled to start the practicum. We do this to insure a good match between the student and the field site.

The student's practicum placement occurs towards the end of his or her academic work so most are well-prepared for the experience. While we do try to place a student according to interest, we also look at what the student needs. There are some students who need a supportive, nurturing environment and would not do well in a fast-paced, aggressive treatment setting.

In addition, addiction counseling students participate in supervision group at school with students from other concentration areas. We feel this provides them with a broad experience of treatment settings.

Bruce: Another critical element of the practicum experience is the quality of supervision. It's ideal if you can get a team supervision process whereby the student is getting supervision both from the training site and the field agency. An important issue is who's doing the supervision. Sometimes we don't have a lot of control over who the assigned supervisor is at the field site. Because of the competitiveness of the sites, we sometimes end up having to utilize a site or supervisor that we would prefer to avoid. In such situations, we double up on our efforts to support and supervise the student through the field experience.

Felicia: I think we are looking for the stability of the organization in addition to the quality of the individual supervisor. It could be a program that has been in operation for a number of years, but has had a tremendous turnover recently, a new administrator unsupportive of student placements, reports of ethical breaches, or other organizational problems that could interfere with the quality of the practicum experience. We try to avoid organizations that may be experiencing such difficulties.

Bruce: Because we have contacts throughout the addictions field and are doing site visits all the time, we tend to get a lot of that information through the grapevine. We try to keep our ear to the ground to monitor those changes.

Felicia: I think we are looking for safe environments for the students.

Bruce: Yes. Very much so.

Bob: The network of practicum sites serves multiple purposes in addition to the field placement of students. The practicum network is a form of communication to find out what's going on in the field in terms of new programs and services. It also becomes a place where we can recruit faculty to teach specialized areas of knowledge within the field. The practicum network also becomes a communication network to keep students and graduates informed of job openings. Nurturing relationships between the training program and the practicum site is important for all of these reasons.

Bill: *How do you respond when you discover that a student is having a negative practicum experience?*

Bob: When this occurs, I try to meet with the student as soon as possible to learn what might be happening. In some cases, the student isn't getting his/her needs met, yet no attempt has been made to express those needs to the supervisor. My response in these cases is to help the student work through the barriers that prevent direct communication with the practicum supervisor. In other cases, the student has identified his/her training needs, but the problem continues. Then, I schedule a three-way meeting for all of us to discuss the situation face-to-face. Sometimes, my initial notification of a problem is from the supervisor, and I work a similar process. Generally speaking, I try to stimulate a change, instead of prematurely terminating a practicum experience.

Bruce: Initially, we want to assess the nature and degree of the problem. Frequently it will be minor in nature and can be addressed by providing the student with the tools and the support to assist them to approach their practicum supervisor and be more assertive about specific supervision needs. Sometimes the problem can stem from unrealistic or faulty expectations on the part of the student. However, if the problem is serious and persists after the student has made appropriate efforts to resolve it, an intervention on the part of program staff may be necessary. This may involve a phone call or a site visit to the practicum. In some instances, the student may have to be removed from the practicum and placed elsewhere.

Bill: *Felicia, how do you respond to such problems?*

Felicia: The first thing to identify is what is causing or contributing to the negative experience. We have to separate what the student's issue is and what is the responsibility of the agency.

If a student is having a difficult practicum experience due to personal style, lack of knowledge, or personal problems, we will deal with these issues both in group supervision and in individual supervision sessions. If need be, and with the student's permission, we will communicate with the site supervisor about this and engage the site supervisor as a supportive resource for the student.

If the difficulty is because of supervisor or agency issues, we will first work to try to empower the student to deal with these as much as possible on his/her own. We will discuss communication techniques and other strategies to affect resolution. When this is not enough, we will make direct contact with the supervisor and the agency to further identify what is happening and seek resolution. Often this will happen as part of a visit to the site and include a session with the supervisor, the student, and myself.

All efforts are made to enable a student to finish at the site at which he/she started. When this is not possible, we will remove the student from the site, and find another placement.

Bill: *How would you describe the trainer - trainee relationships within your programs?*

Felicia: I think the student-faculty relationship at a college/university is somewhat formal. This may have to do with the grading process and general expectations that students have of higher education.

Also, students may interface with five or six different faculty in addition to their faculty advisor and the practicum coordinator. Sometimes students develop a relationship with a particular instructor and this results in a mentoring experience.

Bruce: We have to maintain some boundaries because we are also involved in periodic evaluations of the students. At the same time, because we're teaching the majority of the classes and workshops, facilitating the supervision groups, and acting as an advocate for them at their practicum site, there is continuity and stability in the relationship between faculty and students at our program. This bonding extends past graduation when people are out in the field and experiencing their first positions and questions arise. We frequently get calls at this time and we assist the students through advice or letters of recommendation. Some of our outside faculty also get individual contact from a select number of students.

Felicia: Another factor that distinguishes academic from free-standing clinical training programs is the fact that our students may be in classes with students from other concentration areas. They also attend classes taught by instructors from

other concentration areas. This type of exposure hopefully broadens their educational experience.

Bill: Bruce, I heard you talk before about the idea of stages of trainee development that occur in a longer term training program. Is there a way you can conceptualize a beginning, middle and end to the clinical training process?

Bruce: Yes. When students first come in, they want black and white blueprints, they want definite answers. Some feel totally inadequate and are wondering what they've gotten themselves into and how they're going to complete all of this work. There are other students who come in thinking, well, I already know all of this stuff, this is just to get the certificate. So part of what happens in the initial process is breaking up this rigidity. We really frustrate the student's desire to have questions answered in black and white. We try to challenge students a lot about their current thinking. We try to set up experiences and exercises that will break down some of the rigidity whether they are coming from the allied health professional or whether they're coming from a recovery background.

In the initial supervision process, faculty provide critically needed support and encouragement. People who have been out of school for a long time are worried about how they're going to perform. They are concerned about what it's going to be like doing a practicum search, going to interviews, starting on the practicum. They are scared to death. So, they need to talk to each other about what they are feeling to kind of universalize the experience—to discover they aren't the only one who is feeling totally inadequate.

As the year begins to progress and people start getting placed at their practicum facilities, the clinical supervision group begins to focus more on clinical skill building issues and more on case presentation. There is a transition from early support functions to more task oriented functions, where we have them doing more role plays, case presentations, educational presentations to other students, and other types of information sharing. And what we see is that there is a change in the student as well, as they start to change from the earlier black and white thinking to seeing a lot of the gray areas that exist. Sometimes there is a lot of initial anxiety about the fact that there aren't definite answers in this field. But

usually by the end of the program, they're beginning to feel much more secure about their abilities and judgment.

Bob: I would like to map out the flow in a little different way. The class work we do in the first several few weeks involves putting things in a context. We provide historical perspectives of the field and overview different counseling theories. This introductory work creates the space that we're going to be working in and exploring. We also provide a class on professional burnout and professional self care because we think it's important for them to get this focus early in their training. In addition, we spend time doing things that help students get to know each other. Our first workshop, which spans two days, focuses on a lot of sharing and on building a supportive culture within the training group.

Another milestone occurs at about week five or six when the clinical supervision groups actually start. The students start getting into the stages of group development that they will be simultaneously learning about and experiencing. Some of the early classes mark developmental milestones. The three classes on physiology inevitably evoke a "we're going to circle the wagons and get through this together" stance. This banding together for mutual support really intensifies by about week twelve as they really do a lot of personal sharing. We then move on to other areas like group counseling, which further feeds both individual and trainee group development. In this middle stage, we really see a lot of mutual support in the learning process.

We later do a class on termination and look at closure. This class occurs with about seven more classes left. It signals that the training process is coming to an end and allows students to experience and learn about healthy termination processes.

Bill: *You are mirroring with the trainees individually and collectively the termination process with the clients.*

Bob: That's right.

Bruce: We try to model that structure very much in keeping with the stages that occur in individual and group counseling. We proceed through stages of orientation and pre-affiliation, moving to the bonding and groundwork stage,

getting to a working stage where people begin sharing information, working on tasks, doing case presentations, and then terminating.

Bill: *The staff-client boundary issues and relationship stages get mirrored then in the trainer-trainee relationship. While students are learning about boundaries and stages of relationships they are actually experiencing the material. I love it—life as laboratory!*

Felicia: In an academic institution, we don't see group development in such a clear way. We might not see group identification until students are in supervision group, which is towards the end of their training experience. The end of the supervision group for some is not necessarily the end of their work. They may still have a class to take, so we don't have the same kind of stages of group development nor the clarity of termination points. But there are some parallels—the initial support and the challenges that come up for each individual within the practicum experience, and the personal and professional challenges.

Initially, I think most students are challenged. There is new information, different information than what they expected, more information than what they expected, and an expansion of their parameters. That creates a lot of anxiety. Then I think they move through a period where they are personally challenged as a result of that rise in anxiety. There is no formal mechanism to deal with that because we don't have the supervision groups yet. So, I think it comes up through the interchange with the faculty and advising sessions. The students then move into a stage of skill building, where they either think that they still know everything or they should know everything. I like to see them move to the point of dropping that black and white thinking that says "it has to be done this way." I like to see the movement toward greater acceptance of self and a greater appreciation for the complexity and subtlety in good and bad, weaknesses and strengths—an openness for looking at alternative strategies. It's wonderful to see this maturation in thinking. Students begin to think: "Ok, if you do this, this might happen. What if you tried this? What are the other outcomes?" Students begin to ask those questions rather than tell themselves, "Wow, I shouldn't have done that." By enhancing acceptance of self, we enhance the student's confidence to move out into the practicum and spread his/her wings.

Bob: That is also the importance of the midterm evaluation in our system because that's when a lot of those self talk messages come up. A lot of students go into a midterm evaluation thinking, "OK, here comes the hatchet job; heads are going to roll now;" really thinking that they're going to be ripped apart. When we see anxiety, it is usually from these self-talk messages. And that's not what the evaluation is about at all, it's really about sharing with them observations that I've been jotting down and keeping over the length of time until that point. As we start talking, you almost see this relief come over them. As I identify strengths of theirs and identify specific areas that they need to work on, there's this sense that they have become more personally and professionally grounded.

Bill: *Each of you has made references to personal and professional development. Could you elaborate on the whole theme of personal development as a function of professional training?*

Felicia: I don't see how you could go through a training program and not be personally challenged. While we probably don't describe that in any of our course descriptions, that's what a training program in counseling is all about. At every turn you are forced, in a sense, to face yourself. While some students do that a little more easily than others and some get through with denying or avoiding that process, hopefully, we involve students in a process that assures heightened self-awareness.

I think there is a very close tie between professional development and personal development. It's not therapy, and I think we're all pretty clear about that, but it is the start of a self reflective process that is the essence of professionalism. I think we build this self-reflective capacity not only in our classes, but also in supervision groups. We also ask each student to maintain a personal supervision journal addressing such questions as: what did you learn? How did it effect you? What is your learning style? What's your feeling reaction to various practicum experiences? Processing this journal material is very important.

Bruce: Our training program is stressful. I think that when we're in stressful situations, challenges occur. Our students are asked to reassess their beliefs and their view of the world and themselves on a variety of levels. They are challenged by a variety of different sources: by those of us who teach in training programs, by other students, by staff and supervisors at the practicum site, by the books and

articles they are asked to read. We have a ritual within our graduation ceremony where each student must come up and get their diploma and talk about the year. It's very common for folks at graduation to say that they came expecting to learn the technical knowledge and skills related to addictions counseling, but what they didn't expect was the level and extent of personal growth they achieved during the year.

Bob: I think that there are a lot of different images that we give them right from the start, and right on through to keep them looking at their own insides. One of the things we talk about in terms of self care is monitoring the degree to which one is following the advice that he or she is giving to clients. They hear that early on and it triggers knowing grins. They realize that they have to integrate this material, that they have to buy into that life or otherwise it's just words.

Bruce: Another major area where growth occurs is in the emotional triggers that are pushed as students are working with clients at the practicum site. They bring those responses back to supervision, which creates an opportunity for the supervisor to help interns separate their own issues from those of their clients and to talk about the need to use outside resources to address those issues.

Bill: *What happens to students who through these various experiences are judged by themselves or by you as not cut out for work in addiction treatment?*

Felicia: It depends on what the actual problem is. Some students are counseled into another Human Services area. For example, if a student has good technical knowledge about alcohol/drugs but is not capable of actual counseling, prevention of alcohol/drug problems might be a good career area. If a student is currently experiencing a problem with alcohol/drug use and/or unresolved issues regarding family alcoholism which are having a significant impact on his/her performance, we might recommend that the student pursue a career area outside the scope of Human Services. We would try to work with the student to identify another area of study so that he/she might be able at least to finish a degree. At the undergraduate level students who are unable to complete the Human Services practicum are transferred to the Social/Behavioral Sciences degree program. At the graduate level, all courses of study require an internship. So we try to transfer the student to another concentration for which he/she might be more suitable.

Bob: Occasionally, there are students who do not appear to be appropriate for this field. Thanks to the ongoing feedback that we give students throughout their training, such a judgement does not come as a surprise at the end. In some cases, we recommend further training for the student. In other cases, the recommendation is for further personal growth via counseling or 12 - step recovery. Quite often, the student is more relieved than upset about the decision.

Bruce: Because we have a fairly thorough screening process, this tends to be the exception rather than the rule. Occasionally, however, it does occur. If the judgement comes from the student, a session or a series of sessions are held with the supervisor to ensure that the decision is not purely impulsive or generated by other problems or needs. If the student still decides to withdraw, every effort is made to allow the student to terminate in a supportive and non-shaming manner. Students are invited to return to say goodbye to fellow students and other students are given an opportunity to share the impact the departing student has had upon them. If the training program has concerns about a student, sessions are also held with the student to address these areas. If appropriate, conditions and expectations might be developed for continued involvement in the training program. These might include, for example, timely completion of program requirements, attendance at self-help groups, or assessment by an independent external practitioner to evaluate if continued involvement in the training program might be harmful to the student or to potential clients. If the student is terminated it is based upon inability to successfully complete one or more of the program requirements and again is done in the most supportive and non-shaming manner possible.

Bill: *We have talked about a number of benefits of training programs—developing realistic expectations, knowledge and skill mastery, personal growth—are there other special advantages of going through a formal addictions training program?*

Felicia: I think the network created through the training experience increases access to jobs in the field.

Bruce: One aspect of this network involves being in a class with other students who are at a variety of other sites throughout the metropolitan area. Students begin to see the range of opportunities and what types of jobs seem to be a fit for them.

Felicia: I think a testament to that has been that until very recently, most graduates of training programs have gotten jobs fairly easily.

Bob: I think that another thing in addition to the professional network is the knowledge base that one acquires. It's not only the information they get in the training program, but how it's broken down. Many students who are really good at organizing information acquired through training will create files that will serve them for years. To go out and purchase the books, handouts and notes that our students accumulate in a year would be a tremendous investment, not only in money, but in time. I've heard graduates talk about people who have had many years of experience at the facility where they've gone to work who are still going to our graduates with one or two years saying, "I'm doing a lecture here, do you have an article on this?" They become resource people.

Bill: *In the first half of this book, we spent a lot of time talking about the training life, particularly of the independent trainer who moves from place to place conducting workshops. What's it like to work as a trainer in an addiction training program?*

Bob: It's not exactly glamorous. You touched on the extensive travel involved in the kind of training you do. In a sense we are locked into our own space. I'm not going to run around and be a national trainer, but there are opportunities for me to do other things. For example, I can have a private practice and still be developing clinically while I'm doing training. In relation to my personal lifestyle, it gives me great freedom and lets me be flexible in how I allocate my energy.

The other plus is the opportunity to work with people over an extended period of time. That's a real plus because what I'm really doing is forming relationships with students and graduates and the whole thing grows. I went through an incredible transformation as a professional in this field from being an inpatient therapist and being locked into those four walls of the inpatient unit of Grant Hospital to coming into the visibility of this position. Getting to know students, getting to know graduates, getting to know practicum supervisors, getting to know other trainers, I felt a whole blossoming of myself in this profession. That is about life style for me because this role has brought a whole lot of things into my life that I really wanted in this field but didn't get until I became a trainer. It is that special sense of connectedness. At one point when I decided to leave Grant to look for another job

to expand my clinical experience, I expressed some anxiety to a colleague in the field and what he told me was, "Bob, you really don't have to worry, this field's going to take care of you." There is a recognition that I have more than a job, I have a career and that I am plugged into a network. That is really gratifying.

Bruce: It's not glamorous, but it's not boring. We do everything from making the coffee, to straightening the chairs, maintaining student's files, collecting money, selling books, developing curriculum, teaching classes, and doing site visits. There is a real variety of work that is involved in this process. It keeps us busy. It's not boring. We get to do a lot of different things.

Felicia: Being a trainer in this field provides another level of stimulation beyond my identity as a private practitioner.

Bill: *The kind of enrichment function that Bob was talking about?*

Felicia: Exactly. I started teaching just one course during the early days of the Grant Hospital Training Institute and it was a nice counterpoint to the clinical work. For a private practitioner, whose work can be extremely isolating, training is an effective path towards interaction with other people at a whole other level, not a pathological level or a problem solving level necessarily, but a sharing of ideas. The further experience of being with other faculty and sharing ideas is even more stimulating.

The other thing about training is that I think it's scary. While it can be very exciting, very ego gratifying and extremely narcissistic, it's also scary. To think that what I'm saying people are writing down and tape recording and are going to say to someone else four years later strikes me as creating a tremendous responsibility. Hand in hand with that, of course, goes the tremendous growth that one experiences as a trainer. I'm doing more reading. I have found that my knowledge base has gone up geometrically every year that I've been a trainer. That's very stimulating.

My other response to being a trainer is that it's a way of having a different kind of confidence in yourself—you can share an idea publicly and integrate it with what other people have been saying and what you have been reading and have some sort of impact. I think that we all grow up with teachers being in an expert role and

thinking that they know something that we don't know. And we realize as we talk among each other that this is the way ideas get started. This is the way books begin—people talking to each other—people who have levels of experience similar to my own who have something to contribute. So, there is a whole other level of self growth and professional growth that training brings.

Bob: This is especially true with the joint identification as a trainer and clinician. I found when I went back to clinical work that there was a qualitative difference in the work that I was doing after four years of being a trainer. My training had really fed my clinical skills and now I'm also realizing that by maintaining a private practice, my clinical work is enriching my work as a trainer.

Bill: All of you have served as independent trainers and each of you has worked as a trainer in a formal training program. How would you compare and contrast these two types of training experiences?

Bruce: The first thing that occurs to me is just the massive and time-consuming administrative detail involved in an on-going training program. That's very different from serving in the role of contractual trainer where all of that administrative detail is taken care of for you.

Felicia: I would say the difference is that there is just a little bit more structure in the training program, a little more focus overall. You have to work within a master course outline, for example. It is a longer time frame, because we are doing course work, not a one day or two day sort of thing, so you can really get into some depth and build a relationship with your students over time. The continuity is different and is a nice experience because you do get to know the people that you are training in a more intense way. You get to see their growth over time; you see what they do with the light bulbs that go on. You don't always have that opportunity in single event training sessions. The harder thing is the necessity for grades in a formal training program. When I have to do the evaluation, it's not just a "you need to work on developing more empathy," or, "you need to work on asking more open ended questions," it's ABC grades. That whole component, the evaluative piece, is difficult.

Bruce: The evaluation and the administrative end of what we do in training programs also creates differences in the kind of rapport that you have with the

trainees. In the one-day workshop, I'm going in and I'm being evaluated by the participants. In the training program, I'm being evaluated, but I'm also evaluating the participants in a much more rigorous fashion than ever happens in the workshop setting. Much like the counseling relationship, you have to work out a balance between closeness and professional distance and objectivity so that you can conduct this evaluative function. This is a very difficult tight rope to walk.

Bob: For me, there is a great deal of difference between being an independent trainer and a trainer in a formal program. One area is the time needed to engage the audience to some degree. As an independent trainer, I attempt to use some time at the beginning to get to know my audience and for them to get to know me. As a program trainer, my relationship with the students begins to develop a history of its own — one that I can utilize as we go on together.

Bill: When you first moved into those environments, what were some of the skill demands that you experienced there that were different than those in your other training experience?

Bruce: I came from doing free-lance training where I would go in and conduct a workshop on one course for five days. Compared to that, the amount of detail that I had to learn to remember in order to keep some continuity in Grant's training program was just phenomenal. Bob was initially working in this administrative capacity while I was doing the creative stuff. I always asked him, "How do you keep all of this stuff in your head?" He would tell me about taking showers in the morning and things would just start clicking. And I kept telling him, "I don't want to live like that." Well, when Bob left, I had to quickly learn how to do that to keep the program going.

Felicia: When one attends a workshop for a certificate of attendance or CEU's, the atmosphere is much more collegial—more a sharing from professional to professional. However, when people come to a formal training program for which they pay thousands of dollars and from which they expect a particular certificate and academic credit, their expectations are much higher regarding the content and intensity of the training.

Bill: *Has your experience been that persons in your training program have a much higher level of motivation compared to the motivation of persons who may be attending a one-day seminar?*

Felicia: I would say so. I think the more time and the more money it costs, the more training participants expect you to deliver.

Bill: *So you experience a higher pressure to perform over a longer period of time?*

Bruce: Yes, because there's a higher level of commitment. In some of the one or two day training events, people are going, often predominantly, because they need CEU's. That may be a whole different commitment than from somebody who has begun working in the field and really wants to improve their skill level and knowledge level.

Bill: *So, there's going to be a much higher level of demand and pressure on you to respond to some of that.*

Bruce: Yes. Those people who remain in the program have greater expectations for us as trainers.

Bob: Another part of the additional pressure is that graduates of our training program become representatives of what Bruce and I teach. Others in the field make a connection between the Grant graduate and the Grant trainers. This is not the case when I am acting as an independent trainer.

Bill: *For those of you who have been in the position of looking to recruit or actually hire people to train in a training program, what do you think are some of the most difficult skills to find recruiting people?*

Bruce: That also goes back to your earlier question, because that's another difference about working in a training program compared to doing the training yourself. In the training program, you are recruiting faculty members and there is a whole skill that's involved with that. First of all, you have to become more conscious about what it is that you do when you do training, so that you can communicate those skills to people that are coming in. I think that the most

difficult thing to do is to find the combination of skills and knowledge that will make for a good teaching experience. That takes finding somebody who has direct experience in whatever topic area they are talking about, but also who has some training experience and knows how to relate that to adult learners. Often it's easy to find one or the other, but finding the combination of both is difficult.

Felicia: I would agree. I think that finding clinicians who are interested in fitting teaching into their schedule is a plus, because they have a little more motivation. They usually like the experience, as opposed to folks who just want to earn extra money.

Bruce: We kind of avoid that by not paying anything. Our trainers have to have dedication and commitment.

Felicia: Besides dedication and commitment, we also have to assess the instructor's competence in a particular area. For counseling classes, that may not be too difficult, but for something like physiology or pharmacology, it's tough. These are difficult content areas and not many people are knowledgeable or comfortable with these topics.

Bill: *When you are recruiting students, as opposed to faculty, I'm sure many potential candidates are concerned about the future career opportunities in the substance abuse field. What do you tell someone about those opportunities when they ask you today?*

Bruce: I think that we are both a little less than optimistic at the present than we've been in the past. Part of that is just the worldwide economy. We're seeing specific trends in the health care field where jobs are tighter and more limited in variety. At the same time, there are more opportunities in specialty areas. More of our students are seeking opportunities in mental health settings, employee assistance programs, prevention, outreach and special populations programs. There really is a variety of settings and types of specialty work in which people can become involved. What I usually do is ask people what their interests are and then try to focus in on some possibilities in those areas.

Felicia: I think that even though we may not be seeing growth in the industry right now, there still remain opportunities created by staff turnover. I'm remaining

relatively optimistic that people will be able to find jobs; it may take a little longer and it may be a little harder, but I think there will continue to be jobs. I still think it's a field where counselors will move up to supervisor or coordinator positions in a relatively short period of time. I think that some of our students are looking for employee assistance counseling positions because that is an area people can move into if they don't want to stay at an entry level and want to make a little more money.

***Bill:** How have all of these specialty areas affected how you train? And what do you include in your training package compared to the days when we were training everybody to go into residential counseling positions?*

Bruce: It's been very difficult. On the one hand, I think that we've gotten a lot more sophisticated in the chemical dependency field as the types of clients we've had to care for have become more diverse and as our technology has expanded. We have tried to reflect that by expanding the scope of the curriculum. On the other hand, we aren't able to provide as much depth in areas as we did in the past.

We constantly encourage our students to not only save their notes and their handouts to build a reference library, but to increase their level of skills in various areas. For example, last night I was in a clinical supervision group and one of my students was working with a dually-diagnosed client that had some psych testing done and I had her go back to the DSM III-R⁴ and read about the different diagnoses that the client was given so that she could better understand this person.

We do a shotgun approach and people aren't getting the depth they need in all those areas, but I don't see how that can really be done in a one year training program.

Bob: I agree. It seems like we are forced to emphasize the basics while also providing some exposure to specialty areas via the various experiences that our students have at their practicum sites. For example, a student at an outpatient facility can attain some sense of working in a halfway house from a fellow student who is doing a practicum there.

⁴ **The Diagnostic and Statistical Manual of Mental Disorders, Edition III, Revised, of the American Psychiatric Association.**

Felicia: We are fortunate in that we are able to develop whole new programs, like the EAP concentration, to service student needs. Yet it is difficult to fit all the new developments into currently existing curriculum plans. Most programs today are still preparing students for the basic, entry level addiction counseling position. Students' experience with specialty areas continues to be "exposure to" rather than in-depth mastery.

Bill: *Are the majority of people who work as faculty trainers in your programs also doing some additional clinical practice?*

Felicia: I would say practically everybody has another full time job in the field where they are seeing clients in some capacity.

Bill: *Is that the way it just worked out or is that really preferred?*

Bob: It's a strong preference for me. The two different roles complement each other. My private practice provides me with an ongoing appreciation of the counseling experience plus it is a source of new experiences to use as examples while training. Meanwhile, my role as a trainer provides me with many resources to expand my knowledge base and to connect with other professionals in the field.

Felicia: I think it's preferred. Actually it's preferred in our department. All of the human services department faculty also have clinical practices. It's a philosophy that we are practitioners as well. I have personally looked for that when I'm recruiting faculty because I think that's the only way to stay current. As a matter of fact I'm feeling a little outdated because I've been out of the trenches so long. I have to put my experiences in a different context than someone out there today who can bring that to the classroom. So, I think having someone who is in the trenches, somewhere in your program, is very important.

Bruce: I think that happens in our program in a couple of ways. I don't currently have a private practice because I'm back in school and I had to give something up along the way. Bob does. Bob took some time off to go do outpatient work for about a year and a half and then came back and brought a lot of new information with him. And I also think it helps to be operating within a clinical setting. At Grant, we're housed where our outpatient program is located,

so we are less likely to hear about changes six months after they happen. We also bring in outside faculty and all of those people are clinicians who are currently working in specialized areas. So, there really is a pragmatic clinical focus to what we do.

Chapter Nine

Career Development in the Substance Abuse Field

This chapter discusses career pathways and career ladders within the substance abuse field as well as career movement between the substance abuse field and other allied fields and professions.

Bill: *How do each of you view the current career paths or ladders within the substance abuse field?*

Felicia: A typical scenario: you start out as a line counselor with a case load doing individual and group counseling. After about a year, your supervisor leaves, and because you've got the longest time on the job or the highest credential academically, you get the supervisor's position. You get some administrative work as well as supervising other counselors; maybe a team leader position in those programs that are large enough to accommodate this. The next step would probably be residential or outpatient program coordinator, which may include some budget and marketing responsibilities. Program director is the peak of the hierarchy and includes responsibility for the overall operation of the facility.

Bruce: I think what Felicia just described is a common pattern, but again, there are so many career paths coming in and so many different settings that it really ends up being quite varied.

Bill: *Let's talk about some of those options. Is there an option to move from treatment to prevention, or prevention to treatment? Are there pathways back and forth across those areas?*

Bruce: I've had several students, who after completing our program, work in an addiction facility for a period of time and then switch over to prevention. Part of that is that prevention is so new as a discipline that they don't have well-defined

pathways of entry. It's very helpful to have an addictions treatment background when you're going into prevention. I think that it's a little more difficult to move from prevention into addiction counseling. I'm not sure that prevention specialists necessarily have the knowledge base that they need in order to move into clinical work.

Felicia: My perception is that there is not a lot of cross over, but I don't know how valid this perception is.

Bill: *Are you talking about two very different kinds of people and different sets of skills?*

Felicia: My sense is that there does exist within both the prevention and treatment communities respectively the perception that each is a separate profession unto itself, with unique skills and its own mission. In fact, there seems to be some competitiveness between the two for the scarce funding available today both on state and federal levels. This may be increasing the distance between the two.

Bill: *So the movement between these areas is limited. There may be different pathways taking people into each area without a lot of interaction between these two dimensions of our field.*

Bruce: People I have seen that move from treatment to prevention have either been school personnel — teachers, counselors — or people working with youth agencies.

Bill: *Let's talk about another kind of career path. We have made many references to specialty roles, special populations, special settings. How are people moving into these roles?*

Bruce: Some people are moving directly into specialist roles without prior experience within the field, particularly in the area of working with special populations such as women, minorities, adolescents, or dual-diagnosis. Some people are moving directly into adolescent treatment center roles out of prior youth experience or interest and then develop addiction specific expertise. While some bring specialized expertise with specialty populations or specialty areas of role

functioning, a lot of the skill acquisition is by on-the-job trial and error. We have charted preparatory paths to move from one area of the field to another and how people do it is enormously varied. There is a Ph.D. who graduated fairly recently who came into our program after a year or so of doing administrative work in alcoholism and he is preparing for retirement and wants to have a part time clinical practice. So, he really wanted to focus more on the clinical end rather than the administrative end. Then, I have other people who want the hands on experience, but eventually want to move into management supervision. These happen more by happenstance than by preparation.

Bill: *What issues are raised by the manner in which persons move out of direct service roles into supervisory or administrative roles within the field?*

Bruce: Sometimes it's very frightening to see how that occurs. Two examples come to mind right away. One was in the very first class I taught. There was a gentleman who left and in two months he was the senior counselor at the place he was hired. And I have a recent graduate who after a lot of consideration decided to take a job that is a managerial position within a halfway house. Sometimes it's frightening to see somebody get moved up too quickly before they have acquired the knowledge and skills to adequately perform at that level.

Felicia: I would agree. People are being moved up too fast without enough experience under their belt to begin with, and then without the supervision to support their mastery of this new level.

Bruce: This pattern of rapid and premature promotion can create self-perpetuating problems within an agency. When persons are promoted before they can master their skills at the base level, they not only cannot perform at the new level but they can't adequately supervise the area which they vacated. They not only failed to fully develop clinically as a counselor, but as a result, will have knowledge and experience deficits that will not allow them to become an effective clinical supervisor.

Bill: *This sounds like transgenerational transmission of dysfunction in a family.*

Bob: Yes. This may also account for a pattern of consistently high turnover at some treatment facilities.

Bill: *I frequently hear clinicians say they would like to stay in clinical work but are forced out of direct contact with clients into supervisory and administrative positions because this is the only pathway to increased income. What are your perceptions of this issue?*

Felicia: I think that's what happens and there's no question that it is a problem. I would like to see agencies looking at redefining those roles so that you could spread out a little more broadly, so as to combine supervisory and clinical responsibilities.

Bruce: I think that problem is compounded by excessive accountability demands on both clinicians and administrators. In the past, program managers were often able to carry a limited case load which allowed them to keep up their clinical skills and which provided a counter-balance to their administrative work. In the present climate, where even clinicians have decreased direct contact with their clients due to the demands of paperwork and case management, this is often no longer possible.

Bill: *How would an agency go about creating a career ladder for clinicians that would avoid forced movement out of clinical work into supervision?*

Bruce: We have a little bit of that at Grant. I'm not sure how it might look in different settings. One possibility is to develop clear management guidelines to make those positions more attractive. A lot of people are not interested in making that move, as Felicia said, because they want to keep doing clinical work. They also see management positions as having all of the responsibility and often none of the power. So, those positions could be made attractive by having better defined boundaries and by allowing those people to keep a hand in the clinical end. At Grant we have line counselors, supervisory counselors, coordinators, and a program director. Line staff are clinicians who may also be called upon to provide supervision to an assigned student intern. Supervisors continue to carry case loads in addition to providing direct supervision to assigned line staff and students. Coordinators are responsible for program management and provision of both administrative and clinical supervision, but have more limited clinical responsibilities. Even the program director may occasionally provide clinical coverage when staff are absent or the census has rapidly increased. Several

coordinators also have limited private practices that enable them to continue clinical work.

Bill: *Felicia or Bob, what might that career ladder look like?*

Felicia: Well, I think it might be productive to identify for each worker the areas in which they need to grow and hopefully they could be assigned those types of cases and receive supervision in those areas, so they are growing clinically. Then with time and/or further education maybe they could get some other designation, for example, "senior counselor." In this capacity, other, less experienced counselors could rely on the senior counselor for clinical input, something between peer consultation and formal supervision. Maybe building more tiers between the formal supervisor and the entry level counselor would be a good idea so counselors could start doing some type of supervision/ mentoring without giving up their caseloads entirely.

Bob: I like that idea, probably because it resembles how I learned to become a counselor in this field. So much of what I learned came from a senior counselor who was my mentor but not my supervisor.

Bill: *What do you think of the potential creation of master clinician roles whereby there are levels of advancement within clinical roles that parallel administrative supervisory roles in terms of status and compensation?*

Felicia: There should be, but if the task stays the same, that's difficult to implement. Maybe there could be variations in responsibilities to include changes in caseloads whereby the master clinician assumed the more difficult cases. There clearly needs to be an alternative to the "it's my turn" process.

I like the idea of master counselors. This is already being done in the education profession, "master teachers." But I wonder if you would have to build in some training responsibilities along with the other activities.

Bruce: What I think often happens when there is a master counselor or master clinician, is that other people come to that person, even if it's not a formally recognized supervisor. People recognize that this person has skill and so there is supervisory function, there is educational function, and often when problems

occur, that's the person whose phone is ringing, whose office is entered, and whose expertise and advice is solicited. If the person is not a formally recognized supervisor however, they are often not adequately compensated by either recognition or salary increase. Unfortunately, this can lead to feeling used and under-appreciated, and the added responsibility can lead to higher incidence of burnout.

Bill: *Your comments about master counselors and their role mentoring or consulting with other clinicians raises the whole question of how we mentor in this field. Do you have any broad perspectives around the availability of mentors, how we mentor, how we cultivate mentors, the importance of mentors?*

Bruce: Right now mentoring tends to occur very informally in the addictions counseling field. Sometimes within an agency a staff member emerges and is recognized as having exceptional clinical knowledge and skills or extraordinary personal qualities and characteristics. They may have arrived at these abilities through formal training, professional experience, independent study, life experience, or any combination of those avenues. Other staff members who are interested in professional growth may feel inspired by these individuals and actively seek them out as mentors. Others may more passively observe their clinical interactions and use them as role models. Another possibility is that the mentor will identify a new counselor who seems to show promise and take him or her under their wing. These are examples of informal mentoring processes that tend to work fairly effectively.

Unfortunately, there are other examples where mentoring can be dysfunctional and destructive. New counselors frequently do not have any basis to compare clinical approaches and to discriminate effective from ineffective counseling. This situation is particularly apparent in closed systems where agency staff never attend outside training events and seldom interact with other treatment professionals. Within these agencies, an individual may rise to a position of influence or power solely through the force of their own personality. If they lack clinical expertise or, worse, model codependent, ego-centric, or other destructive interactional behavior patterns, these in turn may be copied and repeated by neophyte staff with the misguided notion that they constitute appropriate treatment approaches.

I am not certain that a more formal approach to mentoring would be without its own problems. Part of the mentoring process involves the unique chemistry that attracts two individuals together. This chemistry would be less likely to occur if new staff were arbitrarily assigned to a formally designated mentor. It might also be extremely difficult to determine uniform standards that would qualify someone as a mentor given the incredible cultural diversity that exists in our country.

Felicia: I agree with everything that you said about the informality of it. It seems to me that the mentoring process is a naturally-evolving one: you are attracted to the ideas of someone or see something about that person you admire and then attempt to establish a relationship with that person.

This might be where we should be going with our students; that is, encouraging them to think about developing a mentoring relationship with someone whose skills they admire—a teacher, or someone at the practicum site, a supervisor. Maybe we need to teach people how to use a mentor.

Bob: I find it very interesting how students and counselors select their mentors. In *Finding Our Fathers*, Sam Osherson describes the mentor as a substitute parent. Because it is the student or counselor who usually becomes drawn to a more experienced professional, it may be appropriate to say that the "child" is adopting the "parent" in this case.

There's an old Zen saying that the teacher will appear when the student is ready. I think that this is true regarding mentorship. In recent years, I have been fortunate to have had a number of students and graduates approach me in search of such a relationship. They demonstrate a willingness to move beyond superficial communication. They seem to want to share with me their career aspirations, and they appear quite receptive to my questions about their paths.

Bruce: One of the things that you talked about in the first half of this book was the very methodical way that you went about finding mentors and educational experiences. I wish I would have read that 20 years ago, because I was not nearly as methodical, I was mostly lucky. I think that it is important for training programs to address the importance of developing mentor relationships. In our class on Professional Burnout and Self Care we utilize Bill's "wheel of support" model from *Incest in the Organizational Family*. In that model, mentors are

specifically discussed, but I think we could be a lot more methodical in teaching students how to locate, select, develop, and nurture mentor relationships.

Bill: It seems to me that we grew so quickly in the last ten years that we outstripped our ability to mentor. The old guild system broke down from the sheer explosiveness of our growth. We have a lot of people who say they don't have that professional guide or who had early career mentors but have now lost them. Any thoughts about how a person who doesn't have that kind of mentor relationship can cultivate one?

Felicia: It might be helpful to attend a workshop or take a class with respected people in the field. Then, perhaps, begin to develop a relationship with those instructors, either informally, or more formally through paid supervision.

Bruce: I would definitely agree that our growth outstripped our ability to supply mentors, and I think that not only happened in the counseling field, but to some extent that has happened around the recovery tables. I hear a lot of old timers talking about the quality of recovery and the quality of meetings being very different in the 1990's than it was 20 years ago. Part of that is because we've got a lot younger people in recovery due to improved public awareness, earlier interventions through employee assistance programs, student assistance programs, and family interventions, and more rapid addictive progressions as a result of enhanced drug potencies and multiple drug usage. Many of our younger clients have not "hit bottom" in the traditional AA sense and have not encountered the spiritual crisis common to middle age populations. Our treatment programs have also not adequately addressed spiritual issues in recovery and are less likely to now that treatment stays are growing increasingly shorter in duration. So while our sphere of influence and the numbers of programs and people seeking treatment have dramatically expanded, I am concerned that the depth of understanding and enthusiasm in the recovery process has diminished. And there seem to be fewer mentors per capita in both the professional and the recovering communities. Perhaps this situation will remedy itself as the field and the people who populate it mature. In the meantime, I encourage individuals to seek mentors who have accumulated a depth of experience and wisdom and who seem genuinely concerned with improving the development of the mind, body, and soul of both themselves and others. If mentors do not seem to be available in one's immediate community, perhaps they can be found in the printed word or the media, and then

relationships might be established through correspondence, telephone calls, and occasional visits.

Bill: *What potential do you see today for prevention and treatment specialists to move into other roles of service activity, such as in research or training?*

Bruce: Roles in research generally require training in research methodology and are somewhat limited in availability due to funding restraints. They may also lack appeal to those who are more interested in direct human services. Training opportunities in addictions are probably more accessible and available than ever and still afford practitioners an opportunity to utilize counseling and facilitation skills and a wide arena of human interaction.

Felicia: Training is an area that is a very natural move for addiction counselors and prevention workers. Much of counseling and prevention work includes education and the transition to training is very achievable. The transition to research, I feel, is much more difficult. Most addiction counselors do not have the type of training that would enable them to do this easily. Of course, those with advanced degrees would be in a good position for this. This career path might also be attainable by those who are working in an agency that already is doing some research or who are being mentored by a professional who is engaged in research. Then, I think research can be learned in an apprentice - type atmosphere.

Bill: *Do you think there will ever be natural career paths through which persons within the substance abuse field will move into allied health and human service agencies? If so, what types of roles will these workers be moving to?*

Felicia: If there ever is such a move to allied health agencies, I believe the addiction counselor will come in as a specialist to enhance the general skills of the agency staff. The other way this might happen, is that addiction counselors might market themselves to general service counseling agencies as professional counselors with specialty training.

Bruce: The four areas where I have seen the most cross-over in both directions are probation and the criminal justice system, school counselors, mental health workers, and nursing.

Bill: What advice would you give counselors in the field today on ways to enhance their opportunities for mobility within the field?

Bob: I give a number of suggestions. First, I encourage workers to follow their interests, not only in this field, but also in related fields. At times, those interests open other doors that we never imagined were there. Secondly, I recommend that people check out other positions every 1-2 years. This doesn't mean that they must change jobs that often; but by checking things out, they can learn to network and keep informed of changes in our field. A common extra benefit in this is a new appreciation of their current position.

Felicia: Today's addiction counselor needs to increase his/her marketability. Becoming too specialized, for example, as an addiction counselor, may be placing people in a vulnerable position. Attaining academic credentials is a good way to expand one's knowledge as well as offer something more to an employer. The field seems to be moving in the direction of greater dependence on academic credentials as a qualification for employment. The more education people have, the better their position. It is very important these days for people to get a bachelor's degree. And after that, to continue taking course work toward a master's degree.

I think it's also important that entry-level workers position themselves in their agencies so they have a variety of job responsibilities. This will expand their skill base and provide good experience with which to move onto the next job. It's also important to work with the supervisors to identify areas of potential growth/interest and obtain specialty credentials/certification in such areas. Such specialty areas might include employee assistance counseling, family therapy, or working with a special client population.

Bill: Many prevention and treatment professionals reach critical junctures in their personal and professional development that require a reassessment of future directions. What advice would you offer persons to help this reassessment process?

Felicia: I think the best advice I could give is: talk about your ideas for the future with others whom you respect. Vision for the future can be clouded in

isolation. Talking to others helps to identify alternatives and options that may not have been considered. It's also important to research what else is out there.

Bruce: Sometimes people know what they no longer want to do before they know what they want to do next. I encourage people to listen to their hearts, be willing to take risks, and trust the process. Career counseling and assessment by a trained professional can also be a valuable resource during these critical junctures.

Bob: I like Felicia's idea regarding talking with others to research what options are available. Too often, someone's perception may be quite narrow, limited to positions at their agency. I encourage such individuals to expand their vision, including what additional training they may need to meet their new goals.

Bill: *How does the worker proceed who is considering going back to school on a full or part time basis to achieve his or her personal and professional goals?*

Felicia: The worker should consider several things: 1) what specific educational requirements are needed/desired in order to do what he/she wishes to do; 2) what educational options exist; 3) what can the worker afford in tuition costs; and 4) which training fits best with the worker's job commitment with regard to time.

Bruce: The person might also want to consider what funding resources are available. This might include finding a job which offers tuition reimbursement with work hours that will accommodate training and study time.

Bill: *Let me ask you in closing what it has meant to each of you to work and train in the substance abuse field?*

Felicia: Reflections on this question are varied: it has been exciting, fun, stimulating, sometimes painful and disappointing, and often times quite humbling. Working with clients who are involved with alcohol/drugs is very rewarding. I feel they have taught me a lot about life and about myself. It is a terrific growth process, and I am grateful to have this opportunity.

The training component has increased my knowledge base geometrically. I find that I am reading more and reading a variety of sources beyond substance abuse.

This is very stimulating. Training is most gratifying when there is a sense that, as a teacher, I have been able to have impact—to affect a student's ideas and attitudes.

Training can also be a rather narcissistic experience. I find it helpful to anchor myself with a little humility and acknowledge that the more I seem to learn, the more I learn what I don't know.

I would also agree with Bob and Bruce regarding the energizing aspect of this work. Every encounter with a student or colleague seems to generate new ideas. All in all, it's been fun, and continues to be, a most gratifying experience.

Bob: I have a lot of gratitude to express related to what this field has given me. I have found a place in which I can be a professional without losing my humanity. I have been welcomed into a community of individuals who I highly respect. I have the opportunity to learn so much about myself while I am in the midst of learning how others transform their lives through recovery.

For the past five years, I have attended the All- Chicago Open AA meeting. In the crowd of thousands, I regularly find dozens of former clients, alumni, current students, and colleagues. Each year, I feel a charge of electricity up and down my spine that I have been blessed with this experience of seeing so much hope and healing in my career. That is what this field has meant to me.

Bruce: I am extremely grateful for the opportunities and experiences I have encountered in the addictions counseling field. My entrance into it occurred in 1977 after six years of employment in psychiatric facilities where many of my clients were severely disturbed, retarded, or geriatric. While working with these clients was rewarding in its own right, improvements were often painstakingly slow and horizons were very limited. I was amazed that, when chemically dependent people stopped using, they really got well and often showed dramatic improvement over relatively short periods of time. I was very fortunate to have encountered some excellent trainers, supervisor, mentors, and co-workers in both my early mental health and addictions treatment experiences, which assisted me in growing both personally and professionally. I am privileged now to in some small way be in a position to carry on that tradition and to be able to give back to the field a small portion of what was so generously given to me. I particularly enjoy working with the entry level counselors who often bring with them an infectious

level of enthusiasm, dedication and openness to both their clients and to their own growth process.

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