

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

NOTES

RECAP & INTRODUCTION

> (5 minutes)

Set the context for the current module by reviewing the topics covered to date:

- Module 1: Roles and Definitions
- Module 2: Theories and Models
- Module 3: Supervisory Alliance

Then introduce the module by reviewing the purpose and learning objectives.

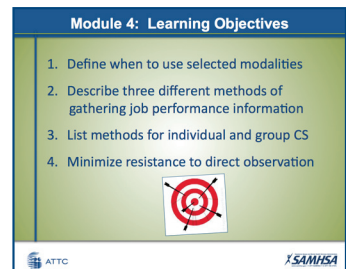
PURPOSE

Identify how to select from several modalities for conducting clinical supervision, use methods that incorporate the gathering of first hand information, and ways for building support for direct observation as a primary source of performance feedback.

LEARNING OBJECTIVES

Participants will be able to:

1. Define when to use each of three different modalities to establish a productive learning environment.
2. Describe at least three different methods of gathering first-hand supervisee job performance information.
3. List several methods for individual and group supervision.
4. Build enthusiasm for observation-based supervision.



The slide titled "Module 4: Learning Objectives" lists four objectives: 1. Define when to use selected modalities; 2. Describe three different methods of gathering job performance information; 3. List methods for individual and group CS; 4. Minimize resistance to direct observation. It includes a target icon and logos for ATTC and SAMHSA.

4-2 Learning Objectives

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

BASIC MODALITIES FOR CLINICAL SUPERVISION

> (15 minutes)

Trainer briefly reviews the four types of supervision models highlighted earlier in the course and then presents three different modalities for delivering supervision – individual, group and peer. The presentation should supplement the material in the Participant Workbook.

MODELS

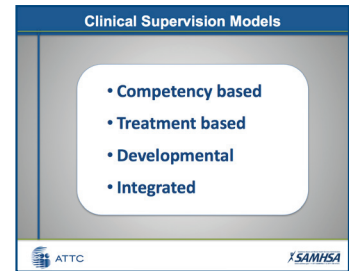
Remind participants about the types of supervisory models: Competency-based, Treatment-based, Developmental and Integrated.

MODALITIES

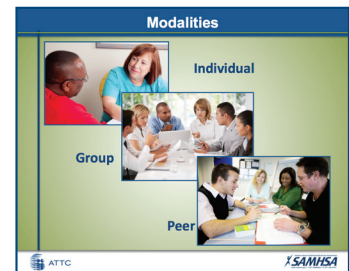
Note that the models can be utilized in several different modalities: Individual, Group, or Peer. Modalities are selected based on individual counselor needs. They can be mixed, meaning that supervisors need not pick just one modality. A questionnaire to help make a decision, the Supervision Modality Decision Questionnaire, was presented in the online course and is reprinted in the Participant Workbook on page 34.

Review the questionnaire briefly, noting that the questions all relate to the needs of the counselor, the counselor's experience and the relationship of those issues with the needs and experience of other supervisees. The answers to those questions may help the supervisor decide on the modality or modalities most appropriate to the counselor.

NOTES



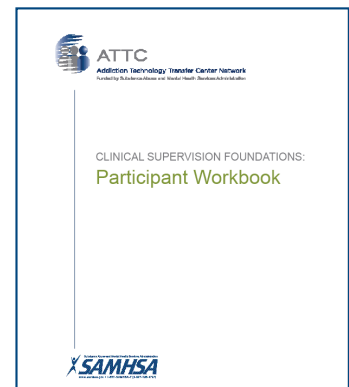
4-3 Models of Supervision



4-4 Modalities of Supervision



4-5 Supervision Modality Decision Questionnaire



Participant Workbook
pg 34

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

MODALITIES CONT.

Next present the three basic modalities, highlighting the information printed in the workbook and using the following outline which also appears on the slides:

1. Individual Supervision
 - a. Objectives
 - b. Frequency
 - c. Structuring supervisory interviews
 - d. Advantages and disadvantages

2. Group Supervision
 - a. Objectives
 - b. Frequency
 - c. Structure
 - d. Advantages and disadvantages

3. Peer Supervision
 - a. Objectives
 - b. Frequency
 - c. Structure
 - d. Advantages and disadvantages

NOTES

Individual Supervision

- **Objective**
Counselor professional development
- **Frequency**
Time consuming, individualized
- **Structure**
Mentoring based on first-hand observation
- **Advantage**
Tailored to individual needs
- **Disadvantage**
Labor intensive

ATTC SAMHSA

4-6 Individual Supervision

Group Supervision

- **Objective** – Team building, staff development, skill practice
- **Frequency** – Cost-effective, regular
- **Structure** – 4-6 Supervisees, case review, in-service training, skill practice, recording feedback and analysis
- **Advantage** – Multiple perspectives, time
- **Disadvantage** – May not meet all needs

ATTC SAMHSA

4-7 Group Supervision

Peer Supervision

- **Objective**
Accountability to peers, personal development
- **Frequency**
Determined through collaboration with peers, management
- **Structure**
One-to-one or group, review of cases, recorded sessions, and literature
- **Advantage**
Small groups, limited time
- **Disadvantage**
"History" or conflicts

ATTC SAMHSA

4-8 Peer Supervision

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

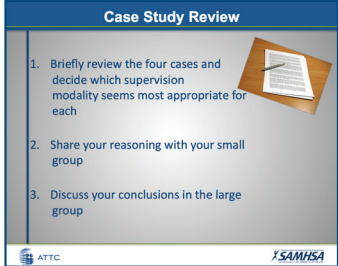
NOTES

CASE STUDIES

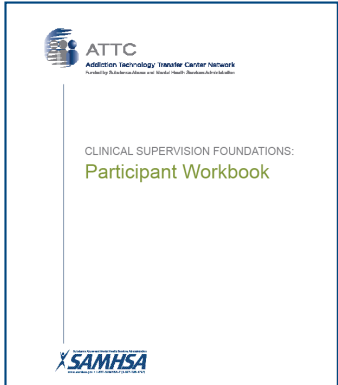
> (25 minutes)

Next refer to the four brief case study vignettes in the Participant Workbook. Ask participants to refer back to the Supervision Modality Decision Questionnaire and then note in their workbook which supervision modality or combination of modalities seems most appropriate for each case study. Then ask participants to take 10 minutes to discuss the reasons for their decisions with the small group sitting at their table. Issues raised in the small groups are then shared in the larger group.

In preparing to teach this module, the trainer should review and answer the questions for each of the four case studies. Given the small amount of information provided in each vignette, there is latitude and room for a variety of answers from participants. The goal here is not to determine the “correct” answers but to consider the issues involved in deciding which supervision modality may best fit a situation. The trainer should be prepared to facilitate a discussion if participants come to different conclusions about a given case.



4-9 Case Study



Participant Workbook
pg 36-37

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

NOTES

METHODS IN SUPERVISION

> (30 minutes)

SAY

A variety of methods are available to the supervisor no matter which modality is used. The online course differentiated indirect (verbal, written, case consultation) and direct (live and recorded observation). The methods a supervisor chooses depend on personal preference, the needs of supervisees, and the policies of the agency. First, review the following points about direct observation.

A. Direct observation

This is the cornerstone of clinical supervision. It is arguably the best source of first-hand information available by which to monitor job performance. There are several ways to gather first hand information; some are highlighted in the Participant Workbook and others are noted on pp. 20-24 in TIP 52.

Before describing the methods for gathering first-hand information the trainer should note that there may be current agency barriers or policies that make observation difficult if not impossible.

ASK

Ask participants to set those issues aside and consider openly the various ways of gathering first-hand data. Note both ethical and legal issues related to our role as supervisors will be dealt with later in the workshop. Ask the group to accept for the time being that gathering first-hand data is essential to protecting the client, the counselor, the agency and themselves as supervisors.

TRAINER NOTES:

The trainer presentation should then touch on these points:

1. Live observation during a clinical session can be:
 - a. In vivo where the supervisor sits in on the session (individual, group or family). Note the guidelines for this type of observation must be established in advance with both counselor and the supervisee. The supervisor may participate minimally to make her/his presence as natural as possible, but the purpose is to witness the counselor's work.



4-10 Introduction to Methods in Supervision



4-11 Direct Supervision

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

NOTES

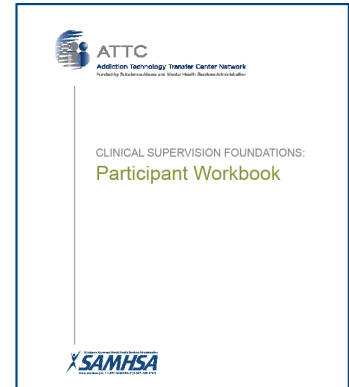
- b. Co-therapy in which the counselor and supervisor work together in facilitating the session. If the co-therapy is not ongoing, but instead is a periodic or infrequent event, then the guidelines need to be shared with the client(s) prior to the session in which the co-therapy occurs.
2. Observation through a one-way mirror can be used to:
 - a. Provide peer or supervisor feedback, discuss the observations and perhaps engage in role play practice or develop a plan for further learning during a debriefing immediately following the session, or
 - b. Make observations and suggestions through an electronic bug-in-the-ear during the session which is also then debriefed immediately following the session to review what took place, provide feedback, discuss, and possibly engage in additional skill practice.
3. Audio-Video recording can be used to facilitate:
 - a. Self-observation when the counselor views or listens to the recording following a session to heighten awareness of the issues present in the session, to reflect on the decisions the counselor made and the interventions done, and to gauge the impact of the session on the client(s).
 - b. Peer or supervisor feedback when they review the recording, either together or at separate times, highlighting important issues, successes or concerns noticed on the recording.
 - c. Practice of specific skills, based on what was noticed on the recording.

Next, facilitate a brief large group discussion of participant experience with both indirect and direct observation methods. Questions to ask participants appear in the workbook on page 39:

- Which indirect and direct method(s) do you prefer?
- What are the drawbacks to the use of any of those methods?
- What hesitations do you have about direct observation?

Make sure the point is made that direct observation is the only objective means of assessing a counselor's job performance.

Finally, review some additional methods fitting within individual and group supervision.



Participant Workbook
pg 39

TIP 52 Consent form
- pg 126

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

NOTES

B. Individual Methods

1. Role play – provides skill practice and an opportunity to experiment with different ways to handle specific issues or situations
2. Interpersonal process recall – a method developed by Norman Kagan to foster greater awareness and understanding of the counseling or group process and the thoughts and feelings the counselor had during the session. This requires the use of a video recording. A segment of the recording is selected for review by both the supervisor and the counselor. The supervisor facilitates the counselor's recall of the events occurred and the internal thoughts, feelings and motivations accompanied the behavior observed on the recording.
3. Motivational interviewing – used by the supervisor to facilitate counselor identification of developmental goals and plans for improvement, often following a discussion of supervisor observations and feedback, or the review of a recording or some other source of information.

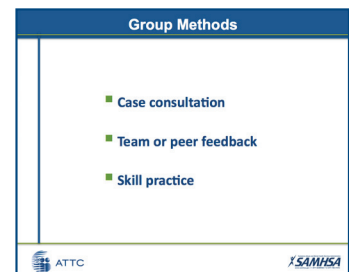
C. Group Methods

1. Case consultation – formal presentations by counselors to review client progress, identify potential changes in the treatment plan, or assess strategies being used to provide care. Typically the group then provides feedback and ideas for consideration by the presenting counselor.
2. Team or peer feedback – based on role play, review of a recording or some other observation of job performance.
3. Skill practice – can take the form of role play following instruction delivered by supervisor or peer. Often most effective when most or all the group is at a similar skill level.

Following the presentation, take any available remaining time to facilitate a large group discussion of participant experiences with individual and group methods. Discuss questions participants may have about factors facilitating or hindering the use of these methods.



4-12 Individual Methods



4-13 Group Methods



4-14 Discussion

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

NOTES

METHODS FOR BUILDING SUPPORT AND ENTHUSIASM

> (15 minutes)

Next note there was an earlier discussion why supervisees might be hesitant to participate in clinical supervision. It will be important for you as a supervisor to build support for your model of supervision. TIP 52 (pp. 35-44) provides ideas for building support for observation on page 41 in the workbook. Let's review those five ideas briefly before introducing the activity.

Trainer uses the material presented in the workbook and TIP 52 to briefly review the following ideas:

1. Present the rationale for clinical supervision
2. Help counselors get comfortable with live observation
3. Clarify how observations will be dealt with in supervisory sessions
4. Volunteer to be recorded or observed first
5. Acknowledge that supervision is a required condition of employment

DISCUSSION

> (10 minutes)

In the large group brainstorm responses to these questions in the workbook page 42:

1. What might concern supervisees most about being observed and being given feedback on their counseling skills?

Some possible concerns include:

- Discomfort from an intrusion into the counseling process
- Disruption in continuity
- Fear of being criticized
- Performance anxiety
- Concern the supervisor's presence will result in unnatural or stilted performance by the counselor resulting in an inaccurate perception of counselor skill

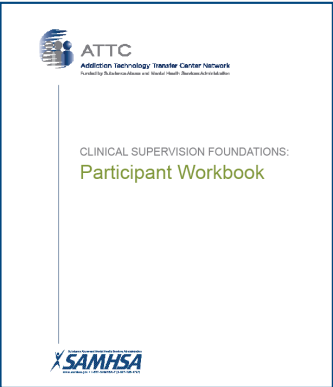
2. What assurance or clarification would be most effective in relieving supervisee anxiety or resistance to being observed directly or via a recording?

Some potential contributions include:

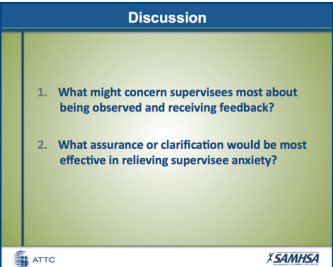
- Explaining how supervisor observations will be used
- Clarifying the goal of the observation
- Assuring the counselor the purpose is to provide opportunities to recognize good work and to identify ways to improve client services
- Describing what happens to recordings following their use



4-15 Ways to Build Support



Participant Workbook pg 42



4-16 Discussion

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

NOTES

PRACTICE

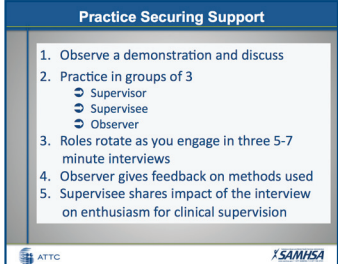
> (50 minutes)

Using the methods presented in the workbook on page 41, participants will practice introducing a supervisee to their preferred model of clinical supervision and generating acceptance and interest in the idea of observed job performance followed by feedback and coaching to improve skills.

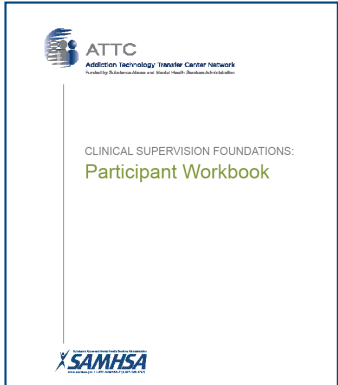
1. The practice begins with the trainer demonstrating how a supervisor might utilize the suggested methods to clarify and relieve anxiety about observed job performance. The trainer takes 5-7 minutes to play the role of a supervisor conducting an interview with a supervisee to introduce and secure support for clinical supervision incorporating first hand observation of job performance. Trainer asks for a volunteer to play the supervisee in a brief supervisory interview.

In preparing for the demonstration, the trainer should plan to utilize some of the methods highlighted in the workbook and described more fully in TIP 52. Plan a strategy for conducting the interview, incorporating those methods. Following the demonstration, take a few minutes for questions and comments from the group. Allow a total of 10 minutes for the demonstration and discussion.

2. After the short discussion of observations from the participants, they are divided into groups of three: a supervisor, supervisee, and observer. In triads, participants conduct a series of three brief 5-7 minute interviews with the roles shifting with each role play. The objective is to facilitate both acceptance and an interest in clinical supervision on the part of the supervisee. The observer provides feedback regarding use of the methods and the supervisee gives feedback to the supervisor on the impact of the interview on his/her willingness to engage in clinical supervision. Allow 25 minutes for this practice.



4-17 Practice Instructions



Participant Workbook
pg 42

MODULE 4: Supervisory Modalities and Methods

INSTRUCTOR'S OUTLINE

At the conclusion of the activity, take 10 minutes to inquire about any concerns participants still might have about observing supervisee job performance.

Questions the trainer might **ASK**:

1. *What uncertainties, fears or concerns do you have about observing counselor job performance?*
2. *What questions do you have about getting started?*
3. *What are the pros and cons of observing counselor job performance?*

Record the concerns expressed by participants on an easel pad. Post the easel pad as a parking lot of issues to address as the workshop proceeds.

NOTE during the discussion: Gathering first hand data is an important activity in fostering counselor development and performance evaluation, the two topics covered next in the workshop.

NOTES



The slide is titled "Continuing Concerns" and contains the text "What uncertainties or fears do you have about direct observation?". It features a yellow diamond-shaped sign with the text "UNCERTAINTY AHEAD" on a dark, cloudy background. At the bottom, it says "Next: Counselor development" and includes logos for ATTC and SAMHSA.

4-18 Continuing Concerns



Easel pad and markers

MODULE 5: Assessment Resources

INSTRUCTOR'S OUTLINE

NOTES

INSTRUCTIONAL METHODS

- Individual exercise
- Lecture
- Large group discussion
- Small group discussion

PARTICIPANT MATERIALS

- Participant Workbooks
- Copy of the *Performance Assessment Rubrics*
- Copy of TAP 21: *Addiction Counseling Competencies*

TRAINING AIDS

- PowerPoint slides 5-1 through 5-14 on computer disk
- LCD projector or overhead projector and screen
- Easel pad or white board, markers, and masking tape

ROOM SET-UP

- Round or rectangle tables for about six participants each to allow for discussion and ample space for use of participant materials and exercises

60 minutes



5-1 Module Title

MODULE 5: Assessment Resources

INSTRUCTOR'S OUTLINE

RECAP & INTRODUCTION

> (5 minutes)

Set the context for the current module by reviewing the topics covered during Day 1:

Module 1: Definition, Roles and Responsibilities

Module 2: Personal Model of Supervision

Module 3: Supervisory Alliance

Module 4: Modalities and Methods

Review the agenda for Day 2:

Module 5: Assessment Resources

Module 6: Performance Evaluation

Module 7: Counselor Development

Then introduce the module by reviewing the purpose and learning objectives.

PURPOSE

This module examines tools supervisors can use to help trainees improve performance as they develop professionally.

LEARNING OBJECTIVES

Participants will be able to:

1. Understand the value of a developmental perspective
2. Link *TAP 21: Addiction Counseling Competencies* to the companion *Performance Assessment Rubrics for the Addiction Counseling Competencies*.
3. Assess counselor performance and develop learning goals using the *TAP 21: Addiction Counseling Competencies* and the *Performance Assessment Rubrics*
4. Explore ways in which supervision can promote an effective learning environment.

TRAINER NOTES:

ASK

Ask if participants would be willing to be in different groups.

NOTES

Recap

Yesterday we covered:

- Definition, Roles & Responsibilities
- Personal Model of Supervision
- Supervisory Alliance
- Modalities and Methods

ATTC SAMHSA

5-2 Recap

Recap

Yesterday we covered:

- Definition, Roles & Responsibilities
- Personal Model of Supervision
- Supervisory Alliance
- Modalities and Methods

ATTC SAMHSA

5-3 Day 2 Agenda

Module 5: Learning Objectives

1. Understand the value of a developmental perspective
2. Link *TAP 21: Addiction Counseling Competencies* to the companion *Performance Assessment Rubrics*
3. Assess counselor performance and develop learning goals using *TAP 21* and the *Rubrics*

ATTC SAMHSA

5-4 Learning Objectives

MODULE 5: Counselor Development

INSTRUCTOR'S OUTLINE

THE INDIVIDUAL DEVELOPMENTAL MODEL (IDM) OF CLINICAL SUPERVISION

> (5 minutes)

REVIEW Stoltenberg's three levels of counselor growth (as presented in the online portion of the course).

A developmental perspective makes it easier to conceptualize how a supervisee changes over time and how supervision must also change as the counselor changes. The Integrated Developmental Model (IDM), which was briefly reviewed in the online course, is one of the best known developmental models of supervision.

Briefly note the IDM conceptualizes three levels of development (Level 1, Level 2, Level 3). Counselor development is assessed across eight domains of clinical practice defined by Stoltenberg and colleagues. Each of the eight domains is assessed across each of three overriding structures for professional growth:

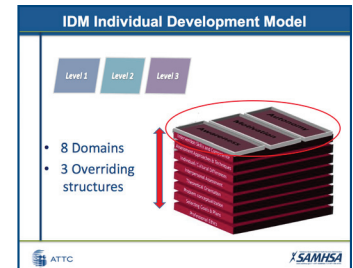
- Self- and other awareness
 - Motivation
 - Autonomy
- (Stoltenberg & McNeill, 2009).

What the IDM model makes clear is a counselor develops at a different pace in each of multiple professional areas. Two counselors may be considered a "Level 1" counselor, but one will be more competent in certain areas while the others will be ahead in other areas. Performance issues for each will also differ. Supervision, therefore, can't be the same for both. It must be individualized and focus on the needs of each counselor.

- But how can the developmental concepts illustrated in the IDM be applied in the area of substance abuse?
- How do you know what your supervisee needs?
- How do you present your observations?
- How do you translate them into learning strategies?
- Is there a template of counselor competencies recognized and endorsed by professionals and scholars in the Behavioral Healthcare field?

The material covered in this next segment will help you answer these questions.

NOTES



5-5 IDM: Individual Developmental Model

MODULE 5: Assessment Resources

INSTRUCTOR'S OUTLINE

TRAINER NOTES:

The trainer will need to be familiar with the two documents introduced in this module: *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice and Performance Assessment Rubrics for the Addiction Counseling Competencies*. These documents appear complex at first and can be a challenge for workshop participants if they do not have prior experience with them. The trainer should have a thorough grasp on the organization and content of both documents.

PERFORMANCE ASSESSMENT RUBRICS AND TAP 21 COMPETENCIES

> (20 minutes) *Do not rush presentation.*

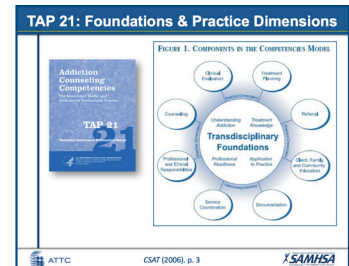
Introduce TAP 21 to the participants. Note that SAMHSA first published the *Addiction Counseling Competencies* in 1998 and it was subsequently updated in 2006. Developed by the Addiction Technology Transfer Center Network, the document has become a standard for curriculum development, a resource for professional credentialing, and a guide for counselor development.

Describe the contents of the document by using the slide and noting the document includes four Transdisciplinary Foundations and eight Practice Dimensions. Point out how the two sections of the document are different, noting:

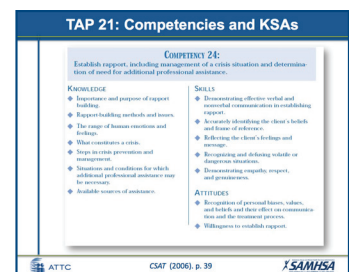
The Transdisciplinary Foundations include four sets of competencies that underlie the work of all health and social service professionals who care for or work with people who have substance use disorders. Because they are thought to be prerequisite to the development of discipline specific skills the focus in the Foundations is on the knowledge and attitudes that form the basis of understanding on which discipline-specific proficiencies are built.

The Practice Dimensions are comprised of eight different areas of responsibility that constitute the essential work of an addictions counseling professional. Note the Practice Dimensions are comprised of skills in addition to knowledge and attitudes essential to developing proficiency in each of the competencies.

NOTES



5-6 TAP cover and contents



5-7 TAP 21 KSAs

MODULE 5: Assessment Resources

INSTRUCTOR'S OUTLINE

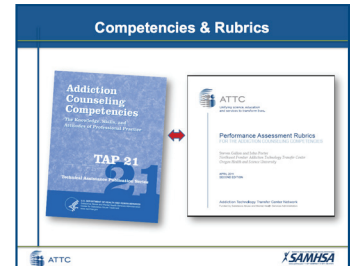
Invite participants to review Competencies 1 and 2, found on page nine in the Transdisciplinary Foundations I – Understanding Addiction – section of TAP 21. Point out that the competency is in the shaded area and the knowledge and attitudes essential to proficiency. Then turn to page 39 and examine Competency 24, the first in the Practice Dimension I – Clinical Evaluation – section, noting the knowledge, skills and attitudes that contribute to proficiency in the competency.

We will look more closely at the *Addiction Counseling Competencies* later in this section (hold up this document). For now, let's focus on the *Performance Assessment Rubrics*.

ASK

Ask participants to turn to their copy of the *Performance Assessment Rubrics*. Clarify that the organization of the Rubrics is similar to TAP 21. Developed by the Northwest Frontier ATTC, the Rubrics provides a resource for assessing proficiency in the *Addiction Counseling Competencies*. Like TAP 21, the Rubrics document is divided into *Transdisciplinary Foundations* and *Practice Dimensions* and includes all the competencies comprising TAP 21.

NOTES



5-8 TAP 21 Rubrics covers

MODULE 5: Assessment Resources

INSTRUCTOR'S OUTLINE

NOTES

THE RUBRICS

Rubrics, such as those shown on the slide, are behavioral descriptions which can help supervisors assess progress in achieving specific performance goals. These were briefly introduced in the online course.

Example 1 (Use a pointer to refer to the graphic as you present)

The competencies in Slide 5-9 (highlighted in blue) relate to Understanding of Addiction, in the first section in the Transdisciplinary Foundations.

Let's look at the first, "Understands a variety of models and theories of addiction and other problems related to substance use."

For this competency, which is reprinted directly from the *Addiction Counseling Competencies* document, the Rubrics provides:

- A continuum of four levels of development from Awareness to Mastery, and
- a description of what behavior looks like at each level.

At one end of the continuum is Awareness. To the right is a description of behavior appropriate for a pre-service or student counselor. At the other end of the developmental continuum is Mastery. To the right is a description of what exemplary counselor performance related to this competency looks like. Mastery is what we all aim for, and it takes time, experience, and study. The performance of most practicing counselors would fall into one of the two other levels, Understanding or Applied Knowledge.

For #2 Competency reads, "Recognizes the social, political, economic, and cultural context within which addiction and substance abuse exists, including risk and resilience factors characterizing individuals and groups and their living environments."

Below it are the rubrics or what behavior would look like at each of the four counselor levels of performance.

Performance Assessment Rubrics			
UNDERSTANDING ADDICTION			
1. Understands a variety of models and theories of addiction and other problems related to substance use.			
AWARENESS	Identifies a variety of models and theories of addiction and other problems related to substance use.	1	1
UNDERSTANDING	Describes a variety of models and theories of addiction and other problems related to substance use.	2	2
APPLIED KNOWLEDGE	Applies knowledge of models and theories of addiction and other substance-related problems to clinical practice.	3	3
MASTERY	Uses knowledge of a variety of models and theories of addiction and other substance-related problems to inform assessment and intervention in clinical practice.	4	4
2. Recognizes the social, political, economic, and cultural context within which addiction and substance abuse exists, including risk and resilience factors characterizing individuals and groups and their living environments.			
AWARENESS	Recognizes a variety of contexts within which addiction and substance abuse exist.	1	1
UNDERSTANDING	Identifies the variety of contexts in which addiction and substance abuse exist, including social, political, economic, and cultural contexts.	2	2
APPLIED KNOWLEDGE	Applies this knowledge to inform assessment and intervention in clinical practice.	3	3
MASTERY	Uses this knowledge to inform assessment and intervention in clinical practice, social systems, and policy-making.	4	4

Gallon & Porter (2011). *Performance Assessment Rubrics for the Addiction Counseling Competencies*, p.12. SAMHSA

5-9 Rubric for Competency 1

MODULE 5: Assessment Resources

INSTRUCTOR'S OUTLINE

Sample Rating Form

(Use a pointer to refer to the graphic as you present)

Show Slide 5-10. To make documentation easier, the *Rubrics* document also includes a *Rating Form* that simply lists all of the competencies related to either a Transdisciplinary Foundation or a Practice Dimension and a place to enter the rated level of proficiency for each competency.

We just talked about what performance at the four counselor levels would look like for the first two competencies listed here.

Let's look at another example. Here is the rating scale for the competencies needed for Screening, which is one element in Clinical Evaluation, the first Practice Dimension. Think of a supervisee or a counselor you know.

ASK

1. *How would you rate this supervisee's performance on Competency 27 – rate the supervisee's ability to: "Assists the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse?"*
2. *Is this supervisee at 1-Awareness level, 2-Initial Application, 3-Competent Practice, or at 4- Mastery level for this competency?*

It might be useful to review the *Rubrics* for Competency 27. Again, the four levels of development are listed and the rubrics to the right illustrate what behavior at each level looks like.

ASK:

What is the value of using the rubrics and the rating scale?

Point out both the competencies and rubrics allow the supervisor to assess a counselor's performance related to a particular aspect of counseling more thoroughly and more objectively.

NOTES

Screening Competency

Competency	1 - AWARENESS	2 - INITIAL APPLICATION	3 - COMPETENT PRACTICE	4 - MASTERY
Practice Dimension 1: CLINICAL EVALUATION - Element 1: Screening				
27. Assess the client's readiness for treatment and change, as well as the needs of others involved in the current situation.				
28. Identify the client's readiness for treatment and change, as well as the needs of others involved in the current situation.				
29. Apply evidence-based practices for substance use disorders in treating treatment-resistant patients.				
30. Collaborate with client and supervisor when an initial action plan based on client needs, preferences, and resources is created.				
31. Respond to client crisis calls. Take specific steps to reduce or eliminate or reduce and resolve crisis through:				

Participant Workbook - p. 66
ATTC Gallon & Porter (2011) p.116 SAMHSA

5-10 Sample Rubric Rating Form

Rubrics for Competency

Rubric	1 - AWARENESS	2 - INITIAL APPLICATION
27. Assess the client's readiness for treatment and change, as well as the needs of others involved in the current situation.	1	1
28. Identify the client's readiness for treatment and change, as well as the needs of others involved in the current situation.	2	2
29. Apply evidence-based practices for substance use disorders in treating treatment-resistant patients.	3	3
30. Collaborate with client and supervisor when an initial action plan based on client needs, preferences, and resources is created.	4	4

Element 1 - Screening
ATTC Gallon & Porter (2011) p.31 SAMHSA

5-11 Rubrics Example

MODULE 5: Assessment Resources

INSTRUCTOR'S OUTLINE

NOTES

USING THE RUBRICS EXERCISE

> (20 minutes)

The next exercise will give you some practice using these resources. **Point out** that in their workbook they will find:

- Rating scale for the Screening Competencies (*Rubrics: Practice Dimension I - Element 1, pg. 120*)
- Rubric for Competency 24 (*Rubrics: Element 1: Screening, pg. 33*)
- Knowledge, Skills and Attitudes which comprise the foundation for Competency 24

ASK

Ask participants to think of a specific supervisee (or counselor) for whom Competency 24 has been a challenge:

1. Use the rubric for Competency 24 to assess and rate the counselor's proficiency.
2. Use the KSA breakdown from TAP 21 to identify issues for improvement related to knowledge, skill and attitude.
3. Choose a partner from your small group. Have him/her pretend to be your supervisee and explain your assessment of the counselor's proficiency in Competecy 24.
4. Propose one or two learning goals with your "supervisee" to consider based on the KSAs.
5. Exchange roles and repeat the exercise.

After 5 minutes ask dyads to switch roles. After 10 minutes ask dyads to report on their experience.

If no one mentions, point out that the Competencies and Rubrics.

- Enable you to distinguish one counselor's strengths compared to another.
- Identify the particular KSAs needing improvement.
- Increase common understanding of what is expected.
- Increase reliability and objectivity of your assessment of counselor performance.

Rubrics Exercise

Think of a specific supervisee (or counselor) for whom Competency 24 has been a challenge:

1. Use rubric for Competency 24 to assess/rate proficiency.
2. Use the KSA breakdown to identify issues for improvement.
3. Explain your assessment of counselor's proficiency in Competency 24.
4. Propose one or two learning goals with "supervisee" to consider based on KSAs.
5. Summarize discussion.
6. Exchange roles and repeat the exercise.

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5-12 Rubrics Exercise

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Participant Workbook

SAMHSA
Substance Abuse and Mental Health Services Administration

Participant Workbook pg 46-47

MODULE 5: Assessment Resources

INSTRUCTOR'S OUTLINE

NOTES

CREATING AN EFFECTIVE LEARNING ENVIRONMENT: LARGE GROUP DISCUSSION

> (10 minutes)

Awareness of Learning Style

The online portion of this training included several links to online assessments which help you determine your learning style.

ASK

*How many of you are primarily visual learners? How many of you are auditory? Kinesthetic?
Why is it important for you to know what your preference is?*

ANSWER

Because we tend to teach in the way we prefer to learn. But that may not work for all of your supervisees. To be effective, you need to make a conscious effort to use a variety of methods when working with supervisees.

ASK

What are the most effective teaching techniques for the different types of learners?

In your workbook is a table listing some of these techniques. There is also a great deal of information on this topic online.

Facilitate a brief discussion based on the five bullets on the next slide

ASK

What are some of the ways you help counselors develop a goal attainment plan that is outcome oriented? What are the expected outcomes for your counselors regarding professional growth and development?

- Supervisory training opportunities for counselors

MODULE CLOSURE

Bridge to the next module by pointing out to the participants that we will next be focusing on the role the supervisor plays in performance evaluation.

Learning Styles

Chart #1 - Effective Teaching Techniques for Each Learning Modality

Visual	Auditory	Kinesthetic
Guided imagery	Auditory tapes	Experiments
Documentaries	Reading aloud	Role plays/acting scenes or
Copying notes	Oral instruction	Games
Highlighting key ideas in notes	Lectures	Problem-solving
Flash cards	Reporting ideas orally	Writing notes
Color coding	Praxis/Review/Word association	Making lists
Diagrams/Charts/Graphs/Photos	Group discussions	Physical examples
Movies/TV	Music/Lyrics	Associating scenarios with concepts
Visual maps/Maps	TV	

Northwest Frontier ATTC. (2005). Counselor as educator-Part 2: Learning styles-teaching styles. Addictive Messenger, # 3, 3.

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5-13 Learning Styles

Tailored Supervision



- Provide focused support
- Continually assess counselor needs
- Facilitate outcome-oriented planning
- Recommend training opportunities
- Assist in developing a career ladder

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5-14 Tailoring Supervision

