



New England (HHS Region 1)

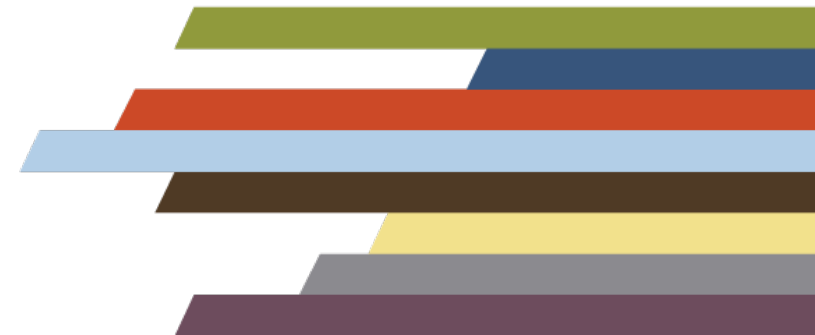
ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Clinical Supervision Foundations

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# Disclosures

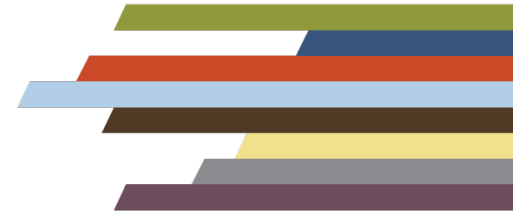
- The development of these training materials were supported by grant H79 TI080209 (PI: S. Becker) from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services. The views and opinions contained within this document do not necessarily reflect those of the US Department of Health and Human Services, and should not be construed as such.



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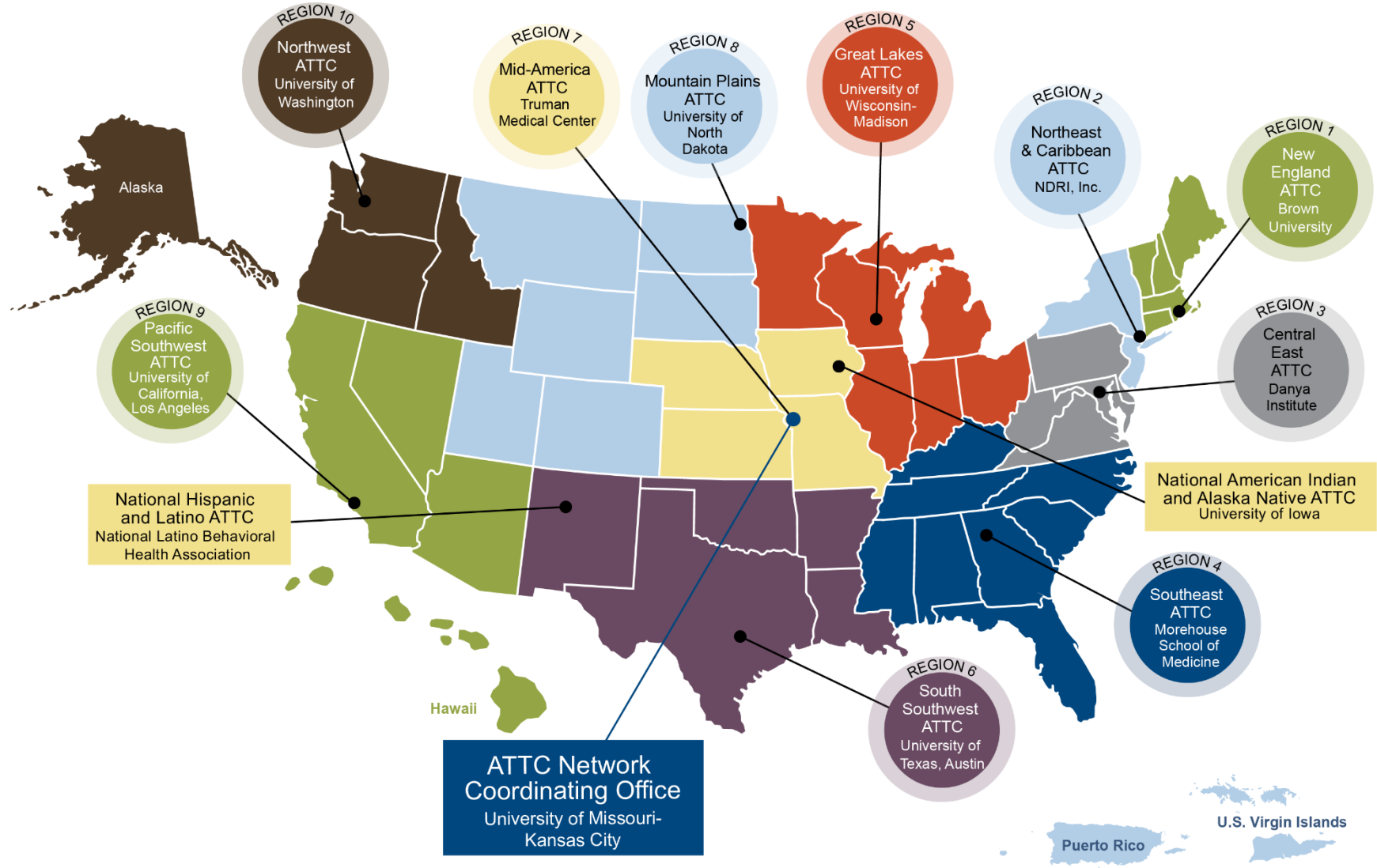
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**U.S.-based ATTC Network**



# Introductions

**HELLO**  
my name is

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# Introductions: Learning Objectives

- Get to know each other
- Clarify course assumptions
- Review workshop agenda



# Getting to Know Each Other

- Who you are
- Where you work
- Your job responsibilities



# Expectations



# About this Course

## **Clinical Supervision Foundations**

### **Part 1: Online (14 hours)**

- Roles and Definitions
- Theories and Models
- Supervisory Alliance
- Modalities, Methods and Techniques
- Counselor Development
- Performance Evaluation
- Contextual and Cultural Factors
- Legal and Ethical Issues
- Administrative Supervision
- Leadership

What information was helpful? Any thoughts about how you might use that information?

# Course Assumptions

(pg. 8 in Participant Workbook)

- Relational issues
- Direct observation
- Counselor self-efficacy
- Solution-based and strength-based
- Needs-based approach
- Outcome-oriented
- Evidence-based practices
- Individualized model



# About this Course

## **Clinical Supervision Foundations**

### **Part 2: Workshop (14 hours)**

- Day 1
  1. Roles and Definitions
  2. A Personal Model of Supervision
  3. Supervisory Alliance
  4. Modalities and Methods
- Day 2
  5. Assessment Resources
  6. Performance Evaluation
  7. Counselor Development

# About this Course

## Clinical Supervision Foundations

- **Part 1:** On Line Course (14 hours)
- **Part 2:** Workshop (14 hours)
- **Part 3:** Take Home Assignment:
  - 2 hour Professional Development Plan
  - Contact Hours 30 hours

# Clinical Supervision Foundations

Module One:

Roles and Definitions





# Module One: Purpose



- Opportunity to examine current supervisory practice and preferences in terms of definition, responsibilities and roles covered in the on line course

(5-2)

# Module One: Learning Objectives

- Define primary goals of supervisory practice
- Identify discrepancies between ideal and current practice
- Analyze own supervisory practice
- Identify barriers to balancing roles and responsibilities

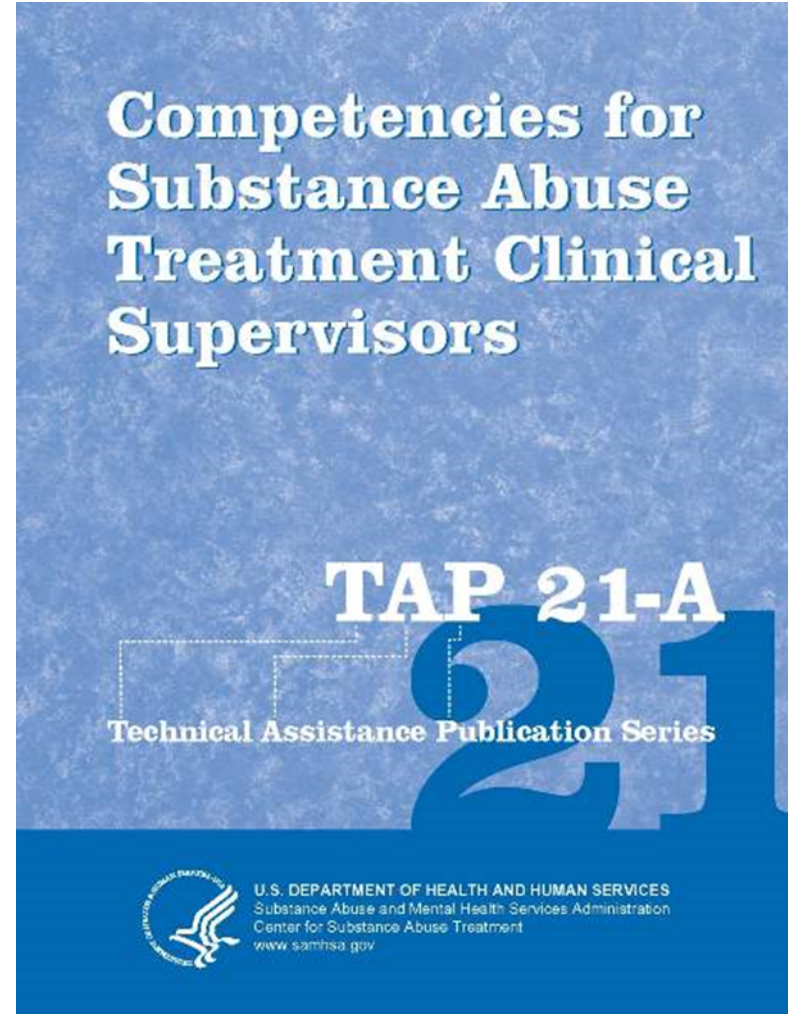


# Exercise PW pg 12

1. Write out the answers to questions 1-4 in work book (pg. 12)
2. Share responses with your partner
3. Report out to group about the discussions



# Clinical Supervision Defined (15-4)



# Definition of Clinical Supervision

Center for Substance Abuse Treatment, TAP 21A (2007)

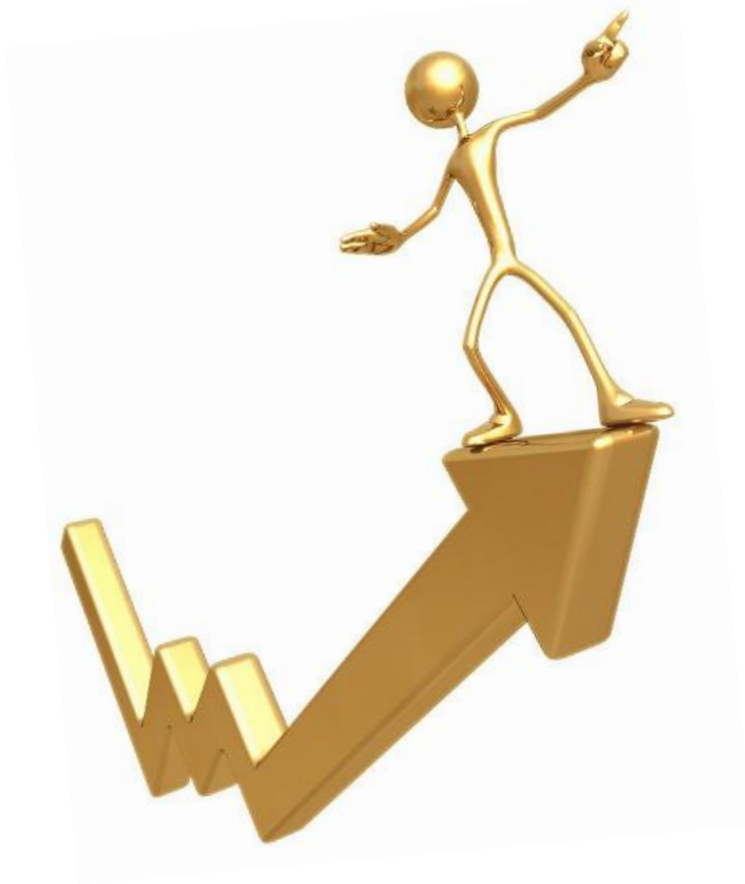
- “Clinical Supervision is a social influence process that occurs over time, in which the supervisor participates with supervisees to ensure quality care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflict, and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Such supervision is key to both quality improvement and the successful implementation of consensus- and evidence-based practices.”

# Clinical Supervision

- Compare how you currently spend your supervision time to how you wish you could spend it. How does this compare to the definition we just read?
- What would you need to do to reduce the discrepancy?



# Five Supervisory Goals



- Promote professional growth
- Protect welfare of clients
- Monitor counselor performance
- Empower counselor
- Increase skill development

# Clinical Supervisory Responsibilities

- 1. Identify needs (through direct observation)
- 2. Instruct
- 3. Model
- 4. Give Feedback
- 5. Consult with the Counselor
- 

(25-4)





# Evaluation Responsibilities

## Evaluation Clinical

Continuously evaluate counselor's:

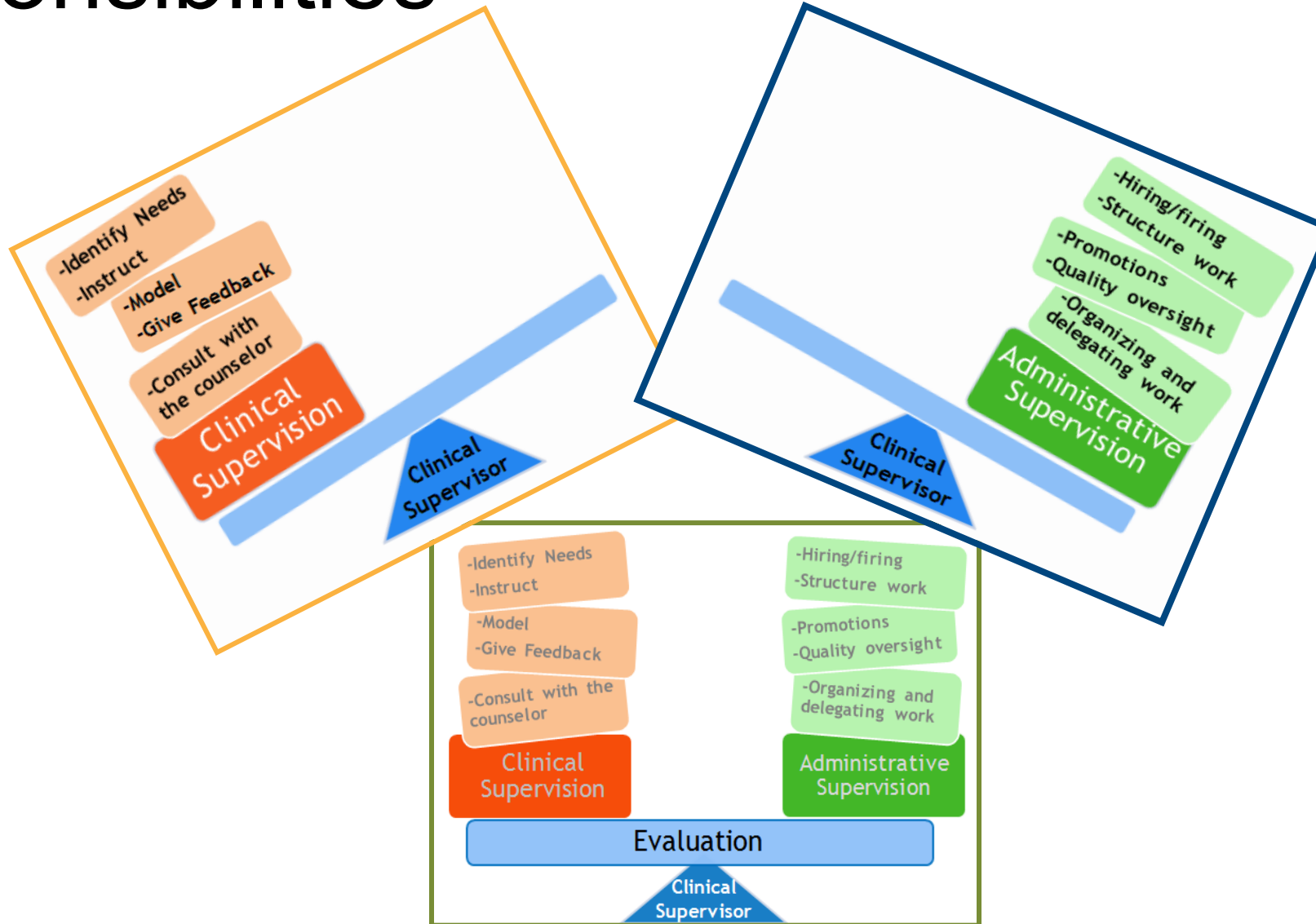
- Performance
- Knowledge
- Skills
- Strengths
- Deficiencies
- Needs Attitudes
- Development

## Evaluation Administrative

Ensure compliance with correct formats for:

- Documentation
- Agency leave policies
- Scheduling and coverage
- Performance reviews
- Contractual expectations

# Responsibilities

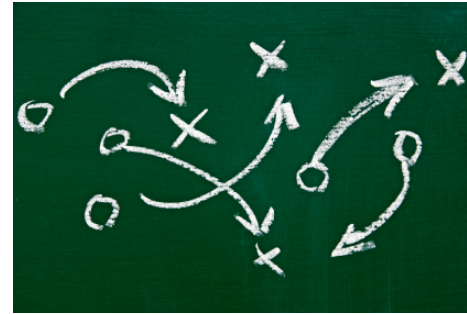


# Roles of the Clinical Supervisor

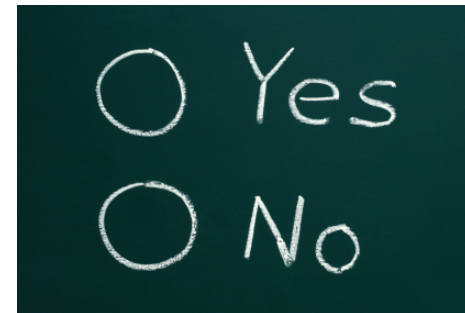
Teacher



Coach



Mentor



Evaluator



Consultant

# Clinical Supervision Foundations

Module Two

A Personal Model of Supervision

# Learning Objectives

1. Articulate characteristics of various models that can be applied to clinical supervision
2. Describe theoretical concepts on which their own personal approach to clinical supervision is based
3. Begin to define a personal model of supervision

# A Model ...

- A model is basically “a plan for where to go, followed by a method, or a path for getting there”



Powell and Brodsky, 2004

# Exercise

Pair off and discuss the following questions:

- What are the advantages of being able to explain or defend what you do as a clinical supervisor?
- What is the value of having a theoretical base that supports what you do?
- Who is accountable for clinical services?
- How does having a supervisory model or standard protect the supervisor and the agency?

# Exercise Responses

- Advantages – Supervision is predictable and understandable; role clarification; assures agency that supervision is provided
- Value – Consistent and accurate expectations; evidenced based approaches



# Exercise Responses

- Accountability – Agency and supervisor accountable for supervisory model; supervisor is responsible for quality of care
- Protection – supervision is consistent with agency policy; supervisors know how services are delivered, workforce development; VICARIOUS LIABILITY

# Theoretical Foundations

- Answer the Theoretical Foundations questions in the workbook. (pg. 16)
- Next, compare and contrast your answers with others at your table.



# Theoretical Foundations PW pg 16

In your pw answer the following:

- 1. How does counseling help people change?
- 2. What are the necessary ingredients for change?
- 3. What model of change are you most attracted to?

# Discussion

- What did you discover as you answered the questions and then discussed them?
- What are the necessary ingredients for change?
- How do your ideas about change influence how you do clinical supervision?



# Supervisory Models

- Competency based
- Treatment based
- Developmental
- Integrated



# Competency-Based Models

- Discrimination Model
  - (e.g. Janine Bernard)
- Skills/Behavioral Model
  - (e.g. Alan Ivey)
- Task-Oriented Model
  - (e.g. Eugene Mead)

# Treatment-Based Models

- Psychodynamic
- Person-Centered
- Cognitive-Behavioral
- Family Therapy
- Feminist

# Developmental Model

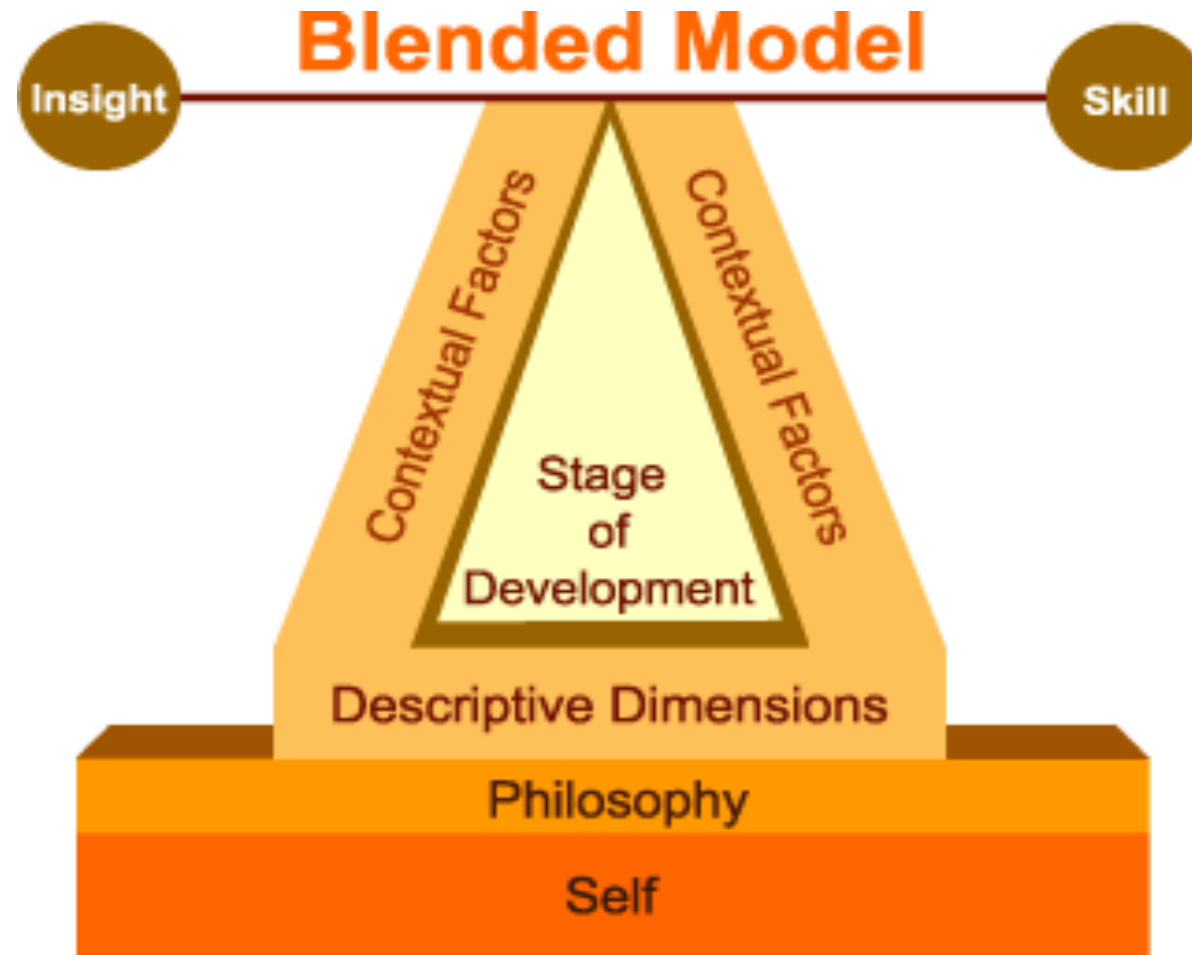
## **Integrated Developmental Model** (Stoltenberg, et. al.)

- 3 primary stages of growth
- Assessed across 8 performance domains
- Each domain assessed across 3 structures



# Integrated Models

- Solution-Oriented
- Motivational Interviewing
- Trans-theoretical Change
- Blended



Powell and Brodsky, 2004

# Building Your Clinical Supervision Model

Answer these questions in your workbook: pg. 24

- What model type am I most attracted to?
- What about the model is attractive?
- What are my foundation beliefs about:
  - The purpose of supervision
  - Key role of supervisor
  - Primary tasks of supervisee
  - Methods I prefer to use in supervision

Report out to group

You will continue to add elements to your model as we move through the workshop

Next up: The Supervisory Alliance



# Clinical Supervision Foundations

Module Three

Supervisory Alliance



# Module 3: Learning Objectives

1. Understand value of an effective supervisory alliance
2. Describe concept of parallel process in relation to supervisory alliance
3. Identify key factors which strengthen or compromise supervisory alliance
4. Recognize conflict in supervision and identify methods to minimize or resolve conflicts



# Self Inventory PW pg 26

Choose the best answers that describe your current thoughts about each statement using the 5 point scale:

- strongly agree
- agree
- undecided
- disagree
- strongly disagree



# Group Process of Self Inventory

1. Which items have you not thought about before?
2. Which surprised you on the list?
3. Which made you feel uncomfortable?
4. How do your responses fit in with your description of your model in Module 2?





# An Effective Supervisory Alliance

- High level of trust
- Increased self-efficacy
- Increased comfort
- Higher level of motivation for growth
- Greater satisfaction with counselor role
- Improved counseling performance



# Tips

- Establish mutuality and collaboration
- Use self-disclosure to foster openness, honesty, and willingness to admit mistakes
- Talk openly about the hierarchy of power and means available to resolve problems
- Include supervisee in setting goals, planning and evaluation process



15-2

(Campbell, 2006)

# Challenges

- Boundary issues/Dual Relationships
- Power and authority
- Interpersonal processes



- Conflicts with supervisee
- Supervisee resistance
- Supervisor resistance

# Issues that Occur

- Transference – counselor shifts feelings to a supervisor which are displaced from others
- Counter-Transference – counselor (with client) or supervisor (with supervisee) loses objectivity due to unresolved personal issues triggered by the client or supervisee
- Parallel Process – when the dynamics in supervision mirror those between the counselor and client

# Definitions

- Power – ability to influence or control others (Kadushin, 1992)
- Authority – the right to control others (Kadushin 1992)
- Leadership – the ability to use authority to make others powerful (Zander, R.S. & Zander B. 2000)

Scenarios

# Exercises

- Break into 5 groups
- Each group takes 1 scenario and answers the questions
- Groups will report out
- Class Discussion

# Scenario 1: Boundary Issues pg 30

- You are now supervising someone you were close to as a peer.
- What are the advantages and disadvantages?
- What are potential problems?
- How would you manage it?

(2 Slides)



# Tips for Managing Boundary Issues

- Dual relationships cannot always be avoided
- Raise the issue that the dual relationship exists
- Discuss potential impacts
- Establish agreements about how to proceed
- Identify mentor to discuss issues

# Scenario 2: Power and Authority pg 30

During the past year, because of staff turnover, the capacity to do periodic reviews has been mitigated. You are preparing to conduct an annual review with a supervisee who is:

- Consistently late from hour lunch break
- Late in his/her charting
- 60% of his/her clients have dropped out in first 30 days of care

(3 Slides)

# Power and Authority Questions

- What would be some examples of supervisors overusing/abusing their power and authority?
- What might cause supervisors to underutilize their power and authority?
- How will the fact that the supervisee's compensation package will be influenced impact the relationship?
- What are healthy guidelines for managing power and authority?



# Tips for Managing Power and Authority

- Inform supervisee of the evaluative structure of the relationship
- Define criteria for evaluation
- Discuss goals for supervision
- Empower supervisee to increase their decision-making abilities
- Use authority to give power to those being led

# Scenario 3 – Interpersonal Relationships

## pg 31

- Imagine yourself as a 45-50 year old supervisor with a 28-30 year old supervisee of the opposite sex. (3 Slides)



# Interpersonal Relationship Questions

- What potentially impacts the supervisory alliance?
- How might a supervisor abuse his/her power and authority because of emotional reaction to supervisee?
- What would your responses be if supervisor and supervisee were:
  - Same age and same gender
  - Same age and different gender
  - Same age, same gender, different sexual orientation

# Tips for Regarding the Relationship

- Supervisors need to be aware of feelings which may impact supervision
- Supervisors need to recognize clues, do careful self-examination, and have own supervision
- May be necessary to transfer supervisees
- When relationship issues are more transparent counselors may be more open to addressing difficulties
- Counselors should be rewarded for raising relationship issues in supervision

# Scenario 4: Conflict pg 32

- Imagine yourself in supervisory relationship where:
- Supervisor believes in empowering clients to take responsibility for their own recovery
- Supervisee believes in providing guidance to help the client avoid mistakes which will interfere with their recovery (3 Slides)



# Conflict Questions

- How might these differences impact the supervisory relationship?
- What are special considerations the supervisor will have to give to establish a successful supervisory alliance?
- What guidelines would you suggest for managing these ideological differences?



# Tips for Managing Conflict

- Open and frank discussions
- Describe a satisfactory relationship
- Identify steps to reach a satisfactory relationship
- Share goals to gauge similarities and differences
- Acknowledge counselor's challenges
- Recognize, appreciate, and understand counselor



# Scenario 5: Resistance pg 32

- A supervisee's former supervisor was highly critical, directive, and constantly disappointed in the supervisee's performance. Now in a new supervisory relationship, the supervisee is hesitant, and afraid of criticism, taking risks, and being observed.
- Even though the supervisee is achievement oriented, there seems to be a strong fear of failure. The supervisor notices the resistance to supervision and is trying to communicate that making mistakes and taking risks are a natural part of the learning process.

(3 Slides)

# Resistance Questions

- What does the supervisor have to attend to in this situation to enhance the alliance?
- How can the supervisor reassure the supervisee?
- How would the needs of this type of supervisee impact the supervisor's expectations and how the relationship will develop?
- What are some guidelines for managing resistant counselors?



# Supervising the “Resistant” Counselor

- Avoid labeling
- Avoid “power struggles”
- Reframe information
- Emphasize personal choice
- Recognize level of self-confidence
- Elicit self-motivating statements



# Module 3: Walk Aways

- What are the things you can take away with you after this module?



# Clinical Supervision Foundations

Module Four

Supervisory Modalities and Methods



# Recap

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





# Module 4: Learning 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 clinical supervision
4. Build enthusiasm for direct observation



# Modalities



Individual



Group



Peer

# Supervision Modality Decision Questionnaire

Presented in on line course & reprinted in PW pg 34  
(5 mins)

# Individual Supervision

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

# Group Supervision

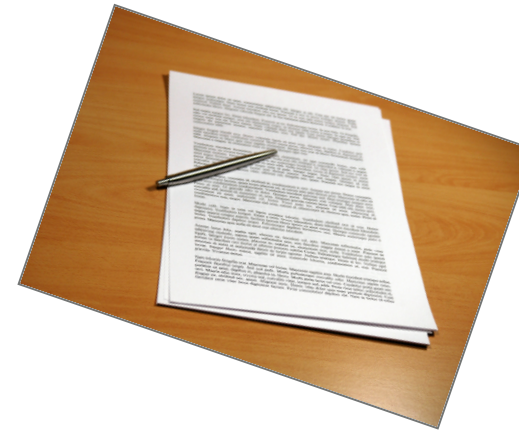
- **Objective** – Team building, staff development, skill practice
- **Frequency** – Regular, weekly meetings
- **Structure** – 4-6 Supervisees, case review, in-service training, skill practice, recording feedback and analysis
- **Advantage** – Multiple perspectives, saves time, cost-effective
- **Disadvantage** – May not meet all needs, can be uncomfortable and competitive

# 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**  
Effective with small groups who have limited time
- **Disadvantage**  
“History” or conflicts

# Case Study Review PW pg 36 & 37

- Briefly review the four cases and decide which supervision modality seems most appropriate for each.
- Discuss your conclusions in the large group.



# Supervisory Methods

Choices depend on:

- Personal preference
- Supervisee needs
- Agency policy

30-6





# Method A: Direct Observation

- Live
- One-way mirror
- Audio or video recording

# Direct Observation

- What is your experience with direct observation (received or delivered)?
- Is it structured? Consistent?
- Which method do you prefer?
- What hesitations do you have about direct observation?

# Method B: Individual Methods

- Role play
- Interpersonal process recall
- Motivational interviewing

# Method C: Group Methods

- Case consultation
- Team or peer feedback
- Skill practice

# Discussion

- What is your experience with individual supervision?
- Group supervision?
- How do you decide which to use?



# Ways to Build Support

- Present the rationale
- Help counselor get comfortable with observation
- Clarify how observations will be dealt with in supervisory sessions
- Volunteer to be recorded or observed first
- Acknowledge that supervision is a required condition of employment

# Discussion

- What might concern supervisees most about being observed and receiving feedback?
- What assurance or clarification would be most effective in relieving supervisee anxiety?

# Practice Securing Support

1. Observe a demonstration and discuss
2. Practice in groups of 3
  - Supervisor, Supervisee, Observer
3. Roles rotate after 5 mins
4. Supervisee shares impact of the interview on enthusiasm for clinical supervision
5. Supervisor shares about their experience
6. Observer gives feedback on methods used



# Continuing Concerns

- What uncertainties or fears do you have about direct observation?



**Next:** Counselor development

# Clinical Supervision Foundations

Module Five

Assessment Resources



# Recap

## **Yesterday we covered:**

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

# Agenda for Day 2

**Today we will add tools and skills:**

- Module 5: Assessment Resources
- Module 6: Performance Evaluation
- Module 7: Counselor Development

# Module 5: Learning Objectives

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



# IDM: Individual Development Model

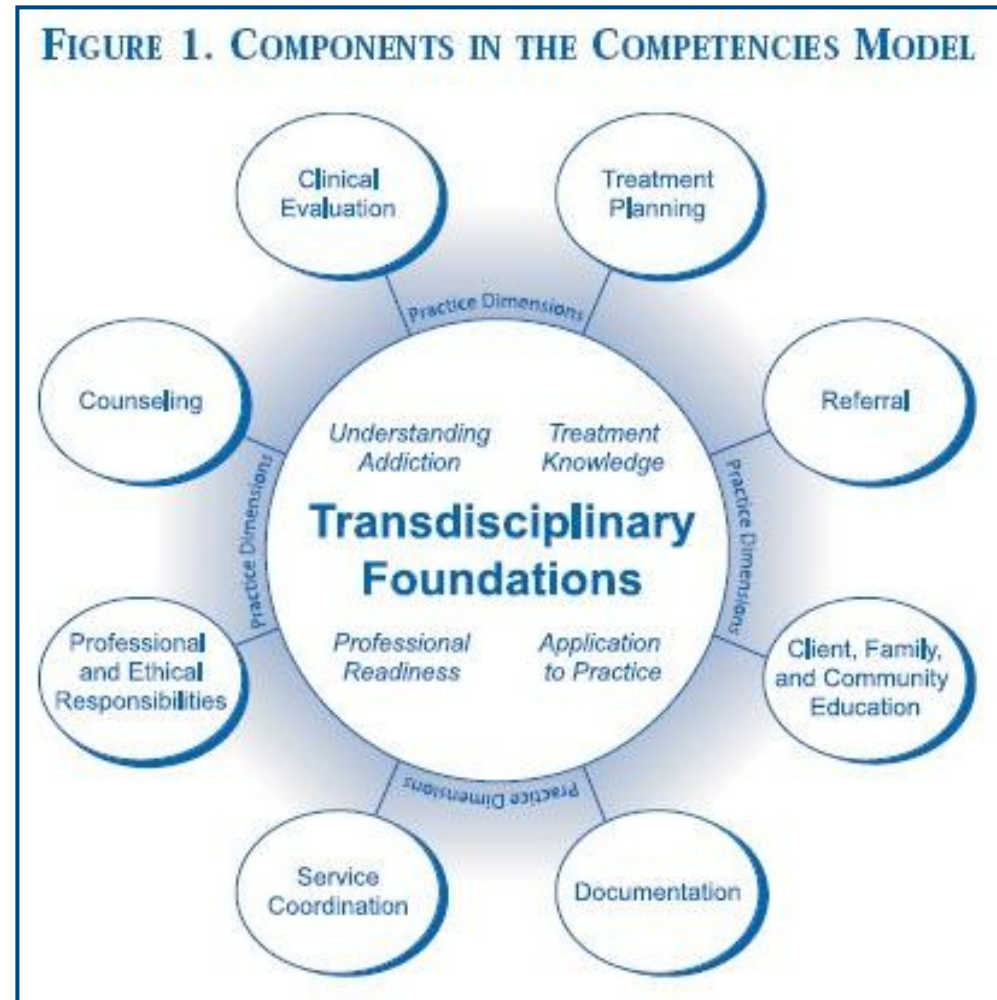
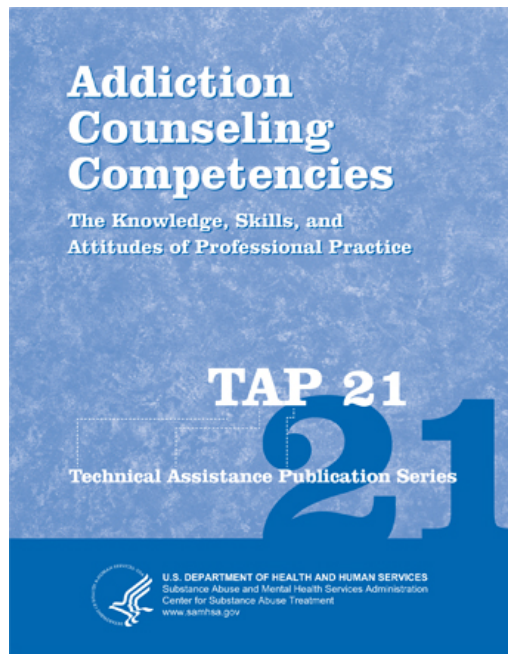


- 8 Domains
- 3 Overriding structures

30-7



# TAP 21: Foundations & Practice Dimensions





# TAP 21: Competencies and KSAs

## COMPETENCY 24:

Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.

### KNOWLEDGE

- ◆ Importance and purpose of rapport building.
- ◆ Rapport-building methods and issues.
- ◆ The range of human emotions and feelings.
- ◆ What constitutes a crisis.
- ◆ Steps in crisis prevention and management.
- ◆ Situations and conditions for which additional professional assistance may be necessary.
- ◆ Available sources of assistance.

### SKILLS

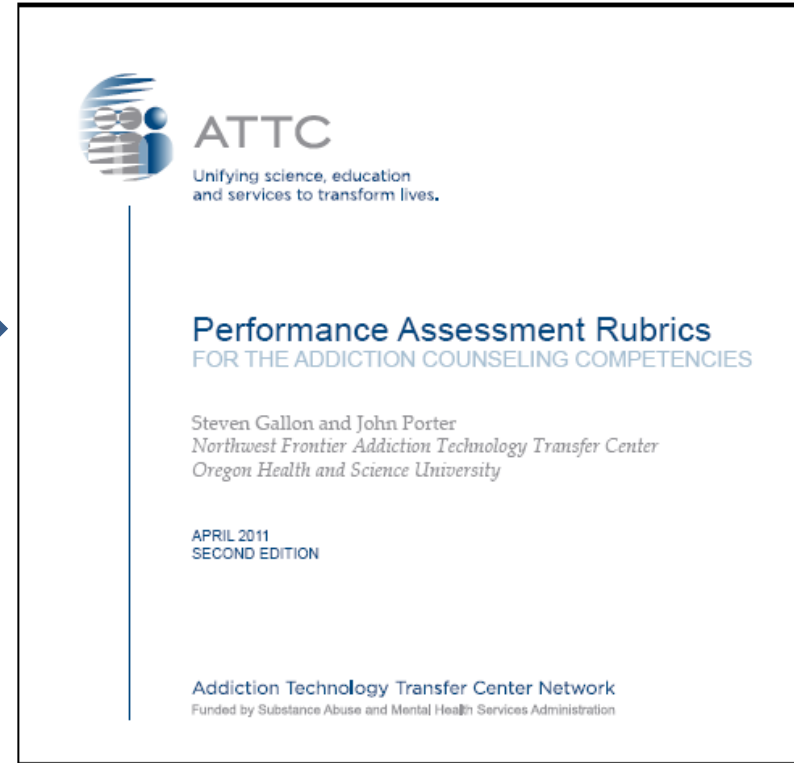
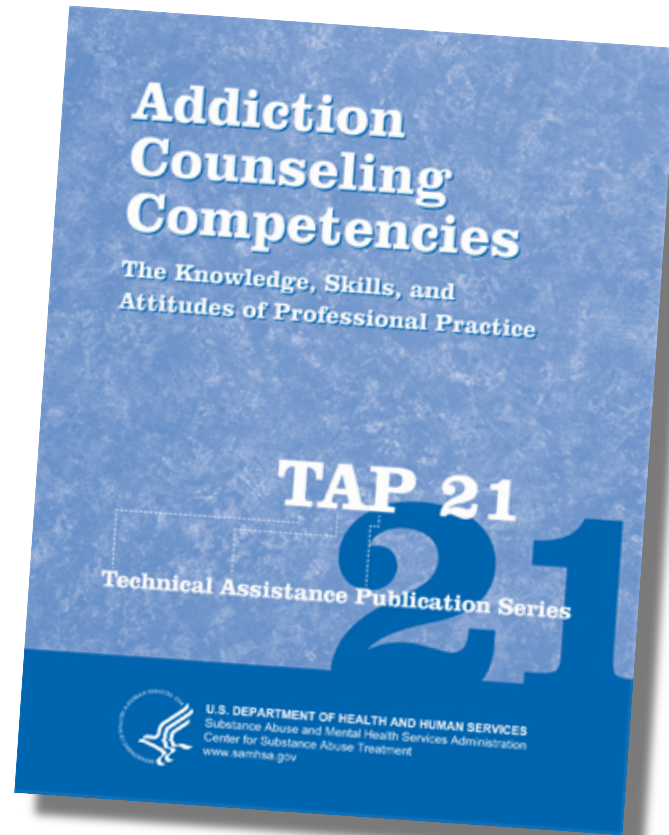
- ◆ Demonstrating effective verbal and nonverbal communication in establishing rapport.
- ◆ Accurately identifying the client's beliefs and frame of reference.
- ◆ Reflecting the client's feelings and message.
- ◆ Recognizing and defusing volatile or dangerous situations.
- ◆ Demonstrating empathy, respect, and genuineness.

### ATTITUDES

- ◆ Recognition of personal biases, values, and beliefs and their effect on communication and the treatment process.
- ◆ Willingness to establish rapport.



# Competencies & Rubrics



# Performance Rubrics

- Includes 123 competencies from TAP 21
- Series of benchmarks along a learning continuum
- Designed for counselor self-assessment and supervisor evaluation
- Provides targets for professional development



# Performance Assessment Rubrics


<u>UNDERSTANDING ADDICTION</u>				
<b>C O N T I N U U M</b>	<b>1. Understand a variety of models and theories of addiction and other problems related to substance use.</b>		SUPERVISOR	COUNSELOR
	AWARENESS	Identifies a variety of models and theories of addiction and other problems related to substance use.	1	1
	UNDERSTANDING	Discusses 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 design interventions and resolve issues in clinical settings.	4	4
<b>2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.</b>		SUPERVISOR	COUNSELOR	
AWARENESS	Recognizes a variety of contexts within which addiction and substance abuse exist.	1	1	
UNDERSTANDING	Appreciates the variety of contexts in which addiction and substance abuse occur, including factors that characterize individuals and groups and their living environments.	2	2	
APPLIED KNOWLEDGE	Demonstrates sensitivity and utilizes knowledge of contextual variables in the planning and delivery of addiction services.	3	3	
MASTERY	Fully integrates knowledge of the contextual variables into treatment planning, service delivery and problem solving.	4	4	

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

# Screening Competency


Competency Rating Form

1 = AWARENESS    2 = INITIAL APPLICATION    3 = COMPETENT PRACTICE    4 = MASTERY

Practice Dimension I: <b>CLINICAL EVALUATION</b> > <b>Element 1: Screening</b>	RATING
24. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.	
25. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historical substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and or/economic constraints.	
26.  Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and coexisting mental health problems.	
27. Assist 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.	
28. Determine the client's readiness for treatment and change, as well as the needs of others involved in the current situation.	
29. Review the treatment options appropriate for the client needs, characteristics, goals, and financial resources.	
30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.	
31. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.	
32. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.	

# Rubrics for Competency

## Element I - Screening

27. Assist the client in identifying the effect of substance use in his or her current life problems and the effects of continued harmful use or abuse.		SUPERVISOR	COUNSELOR	
	AWARENESS →	Lists the effects of psychoactive substances on thinking, feelings, health status, and relationships.	1	1
	INITIAL APPLICATION →	Confirms with the client the effects of substance use and assesses client readiness to change.	2	2
	COMPETENT PRACTICE →	Assists the client in recognizing the effects of substance use on his or her current life problems.	3	3
	MASTERY →	In addition to assessing the current effects of substance use, helps the client to understand the potential risks of continued use.	4	4

28. Determine the client's readiness for treatment and change, as well as the needs of others involved in the current situation.		SUPERVISOR	COUNSELOR
AWARENESS	Articulates the essential elements of one or more stages of change models.	1	1
INITIAL APPLICATION	Utilizes the stages of change model in screening and determining a client's initial readiness to engage in new behavior.	2	2
COMPETENT PRACTICE	Incorporates an understanding of the client's motivation and the readiness of the social environment to determine the appropriateness for treatment.	3	3
MASTERY	Incorporates the client's self assessment with information gathered from collaterals in the screening process to determine client's readiness for treatment.	4	4

# Rubrics Exercise PW pg 47

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

- Use rubric for Competency 24 to assess/rate proficiency
- Use the KSA breakdown to identify issues for improvement
- Explain your assessment and rating of counselor's proficiency in Competency 24 to your partner/"supervisee"
- Propose one or two learning goals with "supervisee" to consider based on KSAs which need improvement
- Exchange roles and repeat the exercise

(25 minutes)



# Learning Styles

Chart # 2 - Effective Teaching Techniques for Each Learning Modality

Visual	Auditory	Kinesthetic
Guided imagery	Auditory tapes	Experiments
Demonstrations	Reading Aloud	Role plays/Acting scenes out
Copying notes	Oral instructions	Games
Highlighting key ideas in notes	Lectures	Problem-solving
Flash cards	Repeating ideas orally	Writing notes
Color coding	Poems/Rhymes/Word association	Making lists
Diagrams/Charts/Graphs/Photos	Group discussions	Physical examples
Movies/TV	Music/Lyrics	Associating emotions with concepts
Mind maps/Acronyms	TV	

Northwest Frontier ATTC. (2005). Counselor as educator-Part 2: Learning styles-teaching styles. Addiction Messenger , 8 , 3.

# Tailored Supervision



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



# Clinical Supervision Foundations

Module Six

Performance Evaluation



# Covered Thus Far

- Definition and Roles
- Personal Theory
- Supervisory Alliance
- Modalities & Methods
- Assessment Resources

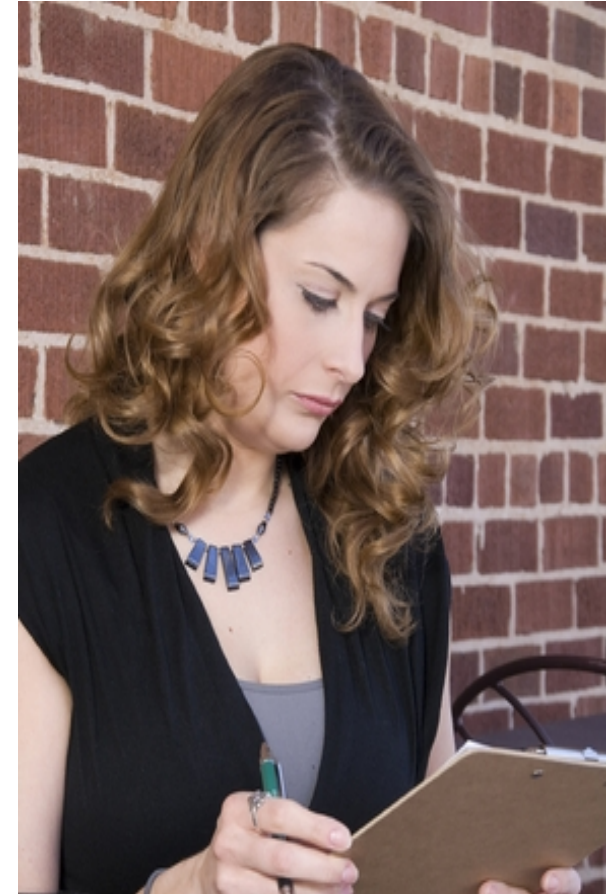
# Module 6: Learning Objectives

1. Identify importance of performance evaluation
2. List a number of methods for monitoring job performance
3. Provide performance-based feedback
4. Structure supervisory interviews to be of most benefit



# Role of Performance Evaluation

- Assess job performance and professional development within context of supportive alliance
- Engage supervisees in continuous learning
- Assure agency mission, quality of care and client safety



# Case Study PW pg 50 + 51

1. Read the case study
2. Identify concerns about the interview
3. Note what merits positive feedback
4. What strategy might foster professional development within the counselor?
5. On what would you focus in providing performance based feedback?

(15 mins)



# Concerns about the Scenario



# Supervisory Opportunities



- What positive feedback could you give the counselor?
- What feedback about your concerns?
- What strategies could the supervisor use to identify alternatives for managing the situation?
- What could the supervisor do that might add to an expansion of Megan's skills or knowledge?

# Supervisory Methods: A Review

- Direct observation
- Individual or tutorial
- Group





# Resources

- Performance Assessment Rubrics
- Fidelity measures for EBP  
10-3



# Measuring EBP Implementation

- Using established fidelity scales
- Modifying established fidelity scales
- Identifying agency-based performance indicators



# Levels of Fidelity Assessment

- **Program:** Addresses whether structure, procedures, and routines are in place
- **Practitioner:** Addresses whether practitioner is delivering services consistent with program
- **Client:** Addresses whether client is receiving services within the practice framework

# Integrative Activity PW pg 53

1. Reconsider the case study of Tony and his counselor, Megan
2. On which issues would you consider giving Megan feedback?
3. Using Practice Dimensions I and II in the Rubrics document, identify up to three competencies which could be targeted for Megan's professional development

# Group Exercise

1. In small group, discuss and record answers on big paper
2. Post answers around the room
3. Report out to group

# Performance Feedback: Basic Concepts

- Supervisor interpretations of behavior are influenced by own assumptions
- Clear statements of these assumptions are key to supervisee understanding
- Sharing and comparing expectations signal collaboration
- Feedback should be crafted thoughtfully
- Verification of mutual understanding is essential

80-11



# Feedback Defined

- Feedback is any overt response, verbal or nonverbal, that gives specific and subjective information about how a person's behavior in a particular situation affects someone or something



# Objective

- Transmit reliable information so that a person receiving it can establish a “data bank” from which to change behavior if she/he chooses to do so.





# Oral Feedback Model

- O = Observe
- R = Report
- A = Assumption
- L = Level



# Oral Feedback Example

- “When I saw (heard) you... I thought (or assumed)...and my response was...”



# Adding Three More Steps

1. Start by asking for permission to share feedback
2. Request playback of the message
3. Confirm mutual understanding after accurate playback



# The Whole ORAL Process

1. Ask permission
2. Report behavior observed
3. Relate assumptions about situation
4. Share concerns
5. Report impact of behavior in question
6. Request playback of feedback
7. Clarify misunderstanding or omission
8. Confirm mutual understanding

# ORAL Feedback Process

- Groups of 3
- Supervisor, Supervisee, Observer
- Rotate roles until you've all played each
- Each cycle:
  - Supervisor provides performance feedback to supervisee using ORAL model
  - Observer provides feedback on use of model (use pg. 56 in PW)

# Discussion

- What is the value of the ORAL model?
- How important is the playback?
- How might this skill impact the relationship between supervisor and supervisee?

# Integrative Practice PW pg 57

1. On the Preparing Feedback form, decide on a supervisory message for Megan – use rubrics for specifics
2. Watch a volunteer demonstration
3. Roleplay with a partner, then switch roles
4. Revisit the value of the ORAL model in a large group discussion

# Supervisory Interview

- **Definition:** Structured communication process with a clearly definable purpose enabling the counselor to improve job performance
- **Purpose:** Create an atmosphere and provide a structure which facilitates bi-directional feedback, teaching, learning and evaluation
- Improve quality and effectiveness of client services
- **Focus:** Development of supervisee knowledge, skills, and professional attitudes



# Supervisory Interview

Steps	Objectives	Tools
<b>Step 1</b> <b>SET AGENDA</b>	Provide structure Decrease anxiety Foster trust	Establish agenda Prioritize Set time frame
<b>Step 2</b> <b>GIVE FEEDBACK</b>	Empower Individualize supervision	ORAL model
<b>Step 3</b> <b>TEACH &amp; NEGOTIATE</b>	Confirm understanding Negotiate objective	Motivational skills Active listening Paraphrasing
<b>Step 4</b> <b>SECURE COMMITMENT</b>	Determine willingness Clarify expectations Mutual accountability	Clarification skills Ask for commitment

# Supervisory Interview Demo

- What was the impact of using the structure?
- How did the supervisee respond to feedback?
- Was an adequate understanding achieved?
- What helped bring it about?
- What happened when the issue of improved performance was raised?



# Brief Interview

1. What is the performance issue?
2. What behaviors or observations do you want to cite as part of the performance issue?
3. What is your preferred outcome for the interview?



# Practice

- In pairs you will each conduct a brief supervisory interview, using the 4-step structure
- Take 7-8 minutes to do the 1st interview
- Debrief using the questions in the workbook
- Repeat the exercise, switching roles, and doing a 2nd interview



# Performance Evaluation

1. Monitor and assess job performance
2. Provide performance-based feedback
3. Assure feedback is understood and discussed
4. Use an interview structure that which helps lessen anxiety and assures supervisor's goals are met



# Clinical Supervision Foundations

Module Seven

Counselor Development



# Covered Thus Far

1. Definition and Roles
2. Personal Theory
3. Supervisory Alliance
4. Modalities & Methods
5. Assessment Resources
6. Performance Evaluation

# Module 7: Learning Objectives

1. Verbalize a process for facilitating professional growth of supervisees,
2. Appreciate cultural and contextual factors that impact the supervisory relationship
3. Utilize a Professional Development Plan, and
4. Plan to implement selected strategies from this workshop in the workplace.





# Steps in the Growth Process

1. Common understanding of supervision
2. Consider the uniqueness of the supervisee
3. First hand observation of job performance
4. Assess strengths and priorities for improvement
5. Feedback and coaching to enhance awareness
6. Negotiate a plan to guide the process
7. Establish measures to assess progress

# Gaining Cultural Sensitivity

- Become self-aware
- Engage a supervisee-centered relationship
- Be culturally responsive

# Relationship Issues and Context



# Strategies for Relationship Building

- Examine your own biases and assumptions
- Explore and discuss differences openly
- Increase personal sensitivity
- Value differences
- Promote contextual understanding
- Use context to strengthen relationships
- Create collaboration
- Promote learning and growth
- Provide proactive staff training
- Create an environment for multicultural communication

# Simple Steps

- Avoid generalizations
- Be aware that many factors affect how people think, perceive, and act
- Ask questions rather than assume
- Do not imagine you know all there is to know



# Elements of a Planning Tool

- A target competency
- Counselor strengths
- Specific concerns
- Identification of target KSA's
- Learning activities, and
- Measures of progress



# Professional Development Plan

Staff name: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Foundation/Practice Dimension: \_\_\_\_\_ Element: \_\_\_\_\_

Competency to be addressed and page number from IAP 21: \_\_\_\_\_

Strengths: \_\_\_\_\_

Challenges/Concerns: \_\_\_\_\_

Present level of proficiency from rating forms	Level of proficiency to be achieved with this learning plan	Target date to complete the plan:
1   2   3   4	1   2   3   4	

What is the issue to be addressed?	Goal What is to be accomplished? (measurable/behavioral)	Activities necessary to achieve the goal What will be done?	Metrics How will progress be measured?	Target Completion Date
<b>Knowledge:</b>				
<b>Skill:</b>				
<b>Attitude:</b>				

# Developing a PDP

In groups of 3:

- Decide on a Foundation/Practice Dimension and a single Competency
- Describe Megan's strengths and your concern
- Assign a proficiency level from the Rubrics
- Select 1-3 KSAs from TAP 21 to target
- Define the goal you want Megan to achieve
- Create a list of activities to be completed
- Identify how progress will be measured
- Determine a deadline date for each activity.



# PDP Review

- Exchange your PDP with another group
- Review the other group's PDP for clarity. Note questions you have or suggestions for improvement.
- Provide feedback to the original authors, being as specific as possible about what was well done and what could be improved.

# Negotiating a PDP

- In your triad select a supervisor, counselor to play Megan, and an observer
- Make final adjustments to your PDP
- Conduct a 10-15 minute supervisory interview in which you collaborate on a PDP
- Use the Interview Structure and ORAL model
- Debrief with observer (using form on pg. 56) and counselor giving supervisor feedback on use of skills

# Worksite Assignment PW pg 69

- *Review TAP 21*
- Select a Foundation Area or Performance Domain
- Do a self-assessment of your proficiency in the selected area
- Choose a competency that you want to improve
- Build a Professional Development Plan for yourself, focused on your selected competency
- Send your PDP to your trainer

# Last Words

- Give 1 word to describe this training!



