ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CLINICAL SUPERVISION FOUNDATIONS

Part Two:

Trainer Guide

Published in 2011 by the
Addiction Technology Transfer Center (ATTC) National Office
University of Missouri — Kansas City
ATTC National Office
5100 Rockhill Rd.
Kansas City, MO 64110

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At the time of publication, Pamela Hyde, J.D., served as the SAMHSA Administrator. H. Westley Clark, MD, JD, MPH, served as CSAT Director, Anne M. Herron, MA, served as Director of CSAT's Division of Services Improvement, and Donna Doolin, LSCSW, served as the CSAT Project Officer.

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PREFACE:

This workshop is the second part of a three-part training course covering the foundations of clinical supervision. Although it is designed for supervisors in substance use disorder treatment and recovery settings, the basic concepts and skills taught during the course apply universally to any behavioral health agency.

Altogether the course totals 30 hours and introduces the knowledge and skills essential to the practice of supervision. The first part of the course is a 14-hour online educational program which introduces participants to the theories, definitions, roles, issues and practices germane to developing supervisory skills. **Part 1 is a prerequisite to enrolling in the second part of the course.** This workshop is Part 2, a 14-experience providing participants an opportunity to deepen their understanding of key issues and to actually practice supervisory skills. Part 3 is a 2-hour worksite assignment which includes a review of clinical supervision competencies, a self-evaluation, and the creation of a plan to continue developing proficiency in clinical supervision. The assignment is made at the conclusion of the Part 2 workshop.

Since this is a course focused on the foundations of clinical supervision, it is targeted to supervisors with little experience or training in supervision concepts and to persons considering becoming clinical supervisors. It meets the basic educational requirements to become a credentialed supervisor in the majority of states.

The Part 2 workshop objectives include facilitating the development of a personal model of supervision and practicing skills resulting in an effective supervisory alliance. Each of the seven modules that comprise the workshop is aimed at preparing supervisors to observe job performance, provide feedback and coaching, prioritize learning needs, develop achievable learning objectives and continue monitoring performance to assess effectiveness.

Designed for 15-25 participants, the workshop consumes two full days. Teaching materials are extensive and need to be gathered well in advance of the workshop delivery. The course includes a variety of methods, and the trainer(s) should be experienced in both training delivery and clinical supervision. Trainers must also complete the online version of the course and be familiar with its content, since questions can be anticipated from workshop participants.

A final trainer note: This course can be taught by one or two trainers. Efficiency sometime demands the use of only one trainer, but the experience is likely to be richer and less stressful if led by two facilitators. Whichever the case, trainers need to be thoroughly familiar with the content and the process of the training. This is not a course which can be effectively led with minimal preparation. With adequate trainer preparation, the course will be an enjoyable experience for all.

Best wishes as you prepare and lead this workshop.

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INTRODUCTIONS:

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INTRODUCTIONS

- Experiential introductory exercise
- Small group discussion
- Large group discussion
- Lecture

PARTICIPANT MATERIALS

- Participant Workbooks

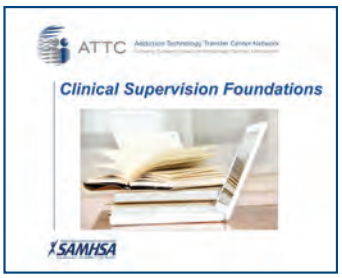
TRAINING AIDS

- PowerPoint slides 1 through 6 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



1 - Course Title

INTRODUCTIONS:

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WELCOME

Instructor and/or host representative welcomes the participants. Instructor will provide brief self-introduction:

- Career background
- Specific experience relating to clinical supervision and training

Instructor will provide relevant housekeeping information:

- Directions to restrooms and public telephones
- Request participants to turn off beepers and cellular telephones, or set in vibrate mode so they do not disturb others
- Mention each day there will be two 15 minute breaks, one in the morning and one in the afternoon, and there will be a one hour lunch break
- Discuss any other information relevant to the facility and/or location of the training, such as locations of restaurants

MODULE OVERVIEW

Instructor will briefly review the module purpose and learning objectives of the module on the PowerPoint slides.

PURPOSE

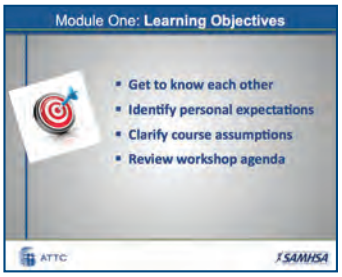
This module provides a forum for participants and trainers to begin getting to know one another and an opportunity for participants to share expectations. The module also provides an orientation to the course including an overview of course assumptions and a review of the agenda.

LEARNING OBJECTIVES

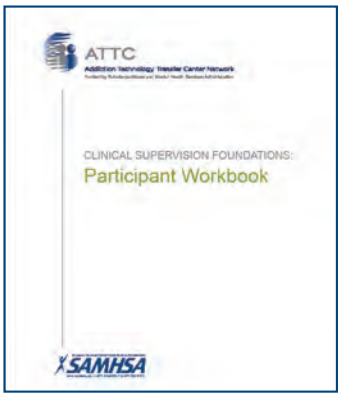
Participants will be able to:

1. Get to know the trainer and other participants.
2. Identify personal expectations for the course.
3. Clarify course assumptions.
4. Review course agenda.

2 Hello



3 Learning Objectives



Participant Workbook pg 4

INTRODUCTIONS:

instructor's outline	notes

Instructor may find telling a personal career related story as a helpful seque into the next exercise. This may include how he or she became a clinical supervisor, such as an incident in one's career path or insight which evolved into a career action leading to where he or she is today.

PARTICIPANTS' INTRODUCTIONS

Conduct the following introductory exercise, or use one of your favorite introductory exercises:

- Form dyads by asking each participant to find someone else in the workshop they do not know or know well. Encourage them to move to another table if necessary. If there is an uneven number in the room, the instructor can form a dyad with one of the participants.
- Instruct each participant to introduce themselves to their partner, by selecting an object in their purse, wallet or brief case which says something about who they are. Have each participant spend about two minutes introducing themselves by sharing this object.
- After about two minutes, remind the participants if the second member of the dyad has not introduced themselves, it is time to switch.
- When it appears all participants have finished introducing themselves to their partners, have participants return their attention to the front of the room.
- Have participants stay at the table they are currently sitting and make sure there are generally the same amount of participants at each table. Tell them the group they are in will now be their group for the day.
- Ask each participant to introduce their partner to the other people in their table-group in two minutes or less.
- *Alternative option:* Have each participant introduce their partner to the group (works best in groups of 20 or less participants).

INTRODUCTIONS:

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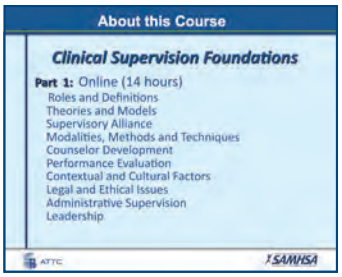
COURSE CONTEXT

Briefly set the course in context. Part One, the self-paced, online *Clinical Supervision Foundations* introduced participants to information essential to clinical supervision and familiarized them with a wider variety of tools and resources. Because participants have already completed Part One, the face-to-face time in Part Two can focus on application of this essential content to everyday practice through analysis, discussion, practice activities, and giving and receiving feedback.

- Facilitate a discussion about the experience participants had with the online portion of the course.
- Ask participants what information surprised them? What information was especially helpful? What have they been able to put to use in their practice? How have they used any of the tools, handouts, or resources in their supervisory practice?
- Jot down key points brought up in the discussion on an easel pad

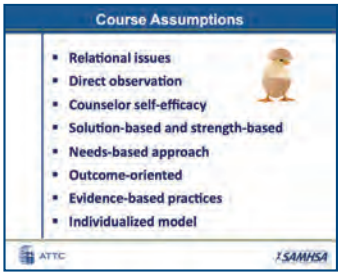


4 About this course - part one

Easel pad and markers

PARTICIPANT EXPECTATIONS

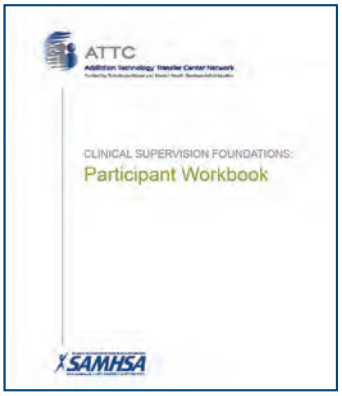
Facilitate an interactive discussion with participants about their expectations of this course. Use an easel pad and markers to list expectations shared by participants during the discussion. Tell participants the list will remain posted as a "Parking Lot" so they can add to the list on their own throughout the workshop. The trainer will point out and explain any items that fall outside of the realm of the course material, but will research ways most of the items can be covered. The list will be reviewed at the end of each day to check what has been covered and what new items of interest have come up during the day.



5 Course assumptions

COURSE ASSUMPTIONS

Refer to the "Course Assumptions" section of the Participant Workbook starting on page eight and point out that the primary goal of this course is to give professionals a firm foundation upon which they can learn from this breadth of knowledge and build an effective clinical supervisory practice. This foundation includes some basic assumptions about clinical supervision considered essential in one's practice as a clinical supervisor. The following is a list and description of these assumptions:



Participant Workbook pg 8

INTRODUCTIONS:

instructor's outline	notes
1. relational issues – The relationship between counselor and supervisor is a vital component of a counselor's clinical work and his or her contribution to client outcome. 2. Direct observation – Supervisors who observe the work of counselors have a far better grasp of counselors' strengths and areas for potential growth as opposed to those who do not provide direct observation. 3. Counselor self-efficacy – Counselors who develop a positive supervisory relationship tend to have higher levels of self-efficacy. A study by one of the authors showed that direct observation often leads to an increased level of comfort in the supervisory relationship and hence higher self-efficacy (Durham, 2003). 4. Solution-based and strength-based supervision – another contributor to self-efficacy in supervision is a solution or strength-based approach whereby the supervisor helps the counselor build on his or her successes and/or strengths such that a higher level of motivation is fostered thus further establishing a positive supervisory relationship. 5. Needs-based approach – Counselors differ in relation to culture, experiences, expertise, interests, education, and familiarity with research and best practices. As a result, clinical supervision should be tailored to individual counselor's needs and should be the result of an ongoing assessment. 6. outcome-oriented supervision – Supervisors must offer a blend issues such as evidence-based practices, skills enhancement, and educational opportunities focusing on goals for professional growth for the counselor while pursuing outcome-oriented treatment for the client. 7. Evidence-based practices – Supervision is the ideal venue for promoting and developing clinical skills necessary to provide practices that have been shown, through research, to influence positive client outcome. 8. individualized supervisory model – Due to differences in philosophy, culture, training and other idiosyncrasies, it is important each supervisor develop his or her own unique model of clinical supervision.	

INTRODUCTIONS:

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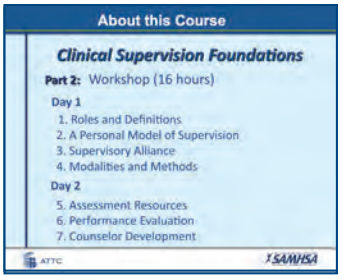
COURSE AGENDA

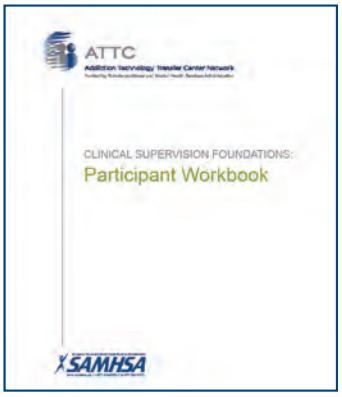
Provide an overview of the course by reviewing the agenda in the Participant Workbook. Briefly review each module and check to see if the agenda meets the expectations of the group. Remind them that the list developed at the beginning of the module will remain posted as a "Parking Lot," so they can add to the list on their own throughout the workshop.

MODULE CLOSURE

Bridge to the next module by informing participants they will now look at roles and definitions of clinical supervision.



4 About this Course part two



Participant Workbook pg 10

MODULE 1: r oles and Definitions of Clinical Supervision

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INSTRUCTIONAL METHODS

- Lecture
- Small group exercise
- Case study
- Large group discussion

PARTICIPANT MATERIALS

- Participant Workbooks

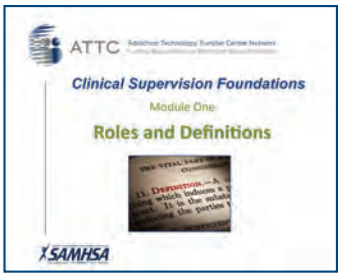
TRAINING AIDS

- PowerPoint slides 1-1 through 1-7 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



1-1 Module Title

MODULE 1: r oles and Definitions of Clinical Supervision

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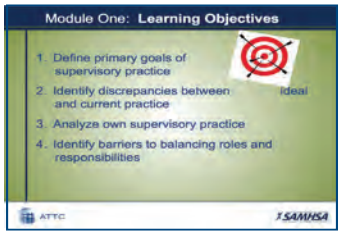
INTRODUCTION
> (5 minutes)

Introduce the module by reviewing the purpose and learning objectives on the slides.



1-2 Learning Objectives

PURPOSE

This module provides participants the opportunity to examine their current (or anticipated) supervisory practice and preferences in terms of the definitions, responsibilities, and roles of clinical supervision covered in the online course.

LEARNING OBJECTIVES

Participants will be able to:

1. Define the primary goals of their own clinical supervision practice.
2. Identify discrepancies between their current (expected) supervisory practice and their ideal and some of the causes for these discrepancies.
3. Analyze their own supervisory practice using the definitions, responsibilities and roles of the clinical supervisor covered in the online course.
4. Identify barriers when trying to balance these roles and responsibilities.

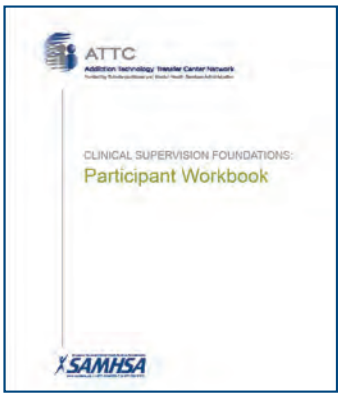
Easel pad and markers

DESCRIBE YOUR CLINICAL SUPERVISION – SMALL GROUPS
> (15 minutes)

Ask participants to individually answer the questions in their workbook and then discuss their responses with their group.

1. What are you trying to accomplish in your work as a clinical supervisor?
2. What tasks take up (or will take up) most of your supervision time?
3. If you could choose how to spend your supervision time, what are the tasks you would spend your time on?
4. What discrepancy exists between your answer to #2 and #3?

After about 10 minutes, ask a representative from each group to report on their group's discussion.



Participant Workbook pg 12

in STru CTor' S o u Tline

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COMPARE TO PUBLISHED DEFINITION

> (15 minutes)

In the online course you reviewed CSAT's definition of clinical supervision published in TAP 21A (2007).

ASK

Ask participants to read the definition printed in their workbook.

- "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."

1. *How do your previous responses to how you spend your time and how you wish you could spend your time as a clinical supervisor compare to the definition above?*
2. *What would you need to do to reduce the discrepancy between your answers and this definition?*

Facilitate group discussion with large group.

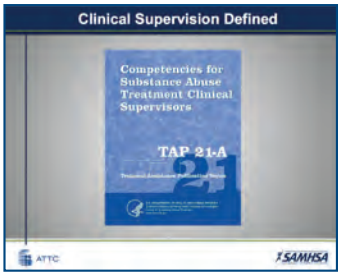
SAY

The point of this course is to help you move your clinical supervision closer to the type of clinical supervision described in our definition.

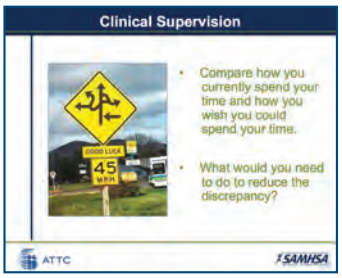
REVIEW the four primary goals of clinical supervision**:**

1. Promoting professional growth and development through teaching
2. Protecting the welfare of clients through observation and mentoring
3. Monitoring counselors' performance as a "gatekeeper" through observation and evaluation
4. Empowering counselors to engage in continuous professional development.

To achieve these goals will require balancing the various responsibilities and roles of a clinical supervisor.



1-3
Clinical Supervision Defined



1-4
Clinical Supervision Discussion

1-5
p rimary Goals of Clinical Supervision

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LECTURETTE AND GROUP DISCUSSION:
CLINICAL, ADMINISTRATIVE, & EVALUATIVE RESPONSIBILITIES
> (20 minutes)

In the online course you reviewed the various responsibilities of clinical supervisors.

The **CLINICAL** focus in supervision is on improving the skills and effectiveness of the supervisee as a counselor. To satisfy clinical responsibilities you:

- Identify needs
- Instruct
- Model
- Give feedback
- Consult with the counselor

The **ADMINISTRATIVE** element of clinical supervision focuses on following, and helping the counselor follow, the administrative and procedural aspects of the agency's work. Administrative supervision tasks include:

- Selecting, hiring and firing personnel
- Structuring staff work
- Formally evaluating personnel for pay and promotions
- Planning, organizing, coordinating, and delegating work

EVALUATION

Evaluation is central to both clinical and administrative responsibilities:

EVALUATION CLINICAL	EVALUATION ADMINISTRATIVE
Continuously evaluate the counselor's performance, knowledge and skills, strengths and deficiencies, needs, attitudes, and development.	e nsure compliance with correct formats for documentation, agency leave policies, scheduling and coverage, performance reviews, and contractual expectations.

1-6 Responsibilities

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Lead a discussion of these questions which also appear in the workbook:

- Thinking of the see-saw graphic, in which direction does your balance tip? (Clinical, Administrative)
- What do you like doing most?
- How does what you do compare to the "push" in your agency?

MULTIPLE ROLES OF THE CLINICAL SUPERVISOR

> (5 minutes)

REVIEW the five roles on the slide previously presented in the online portion of the course (teacher, coach, consultant, mentor, evaluator). These are presented in the Participant Workbook on page 15.

ASK:

1. *Which roles do you imagine yourself emphasizing in your supervision?*
2. *What are the barriers you face when trying to balance these roles?*

Facilitate a large group discussion of these questions.

MODULE CLOSURE

Bridge to the next module by informing participants that we will next be discussing theories and models of supervision.

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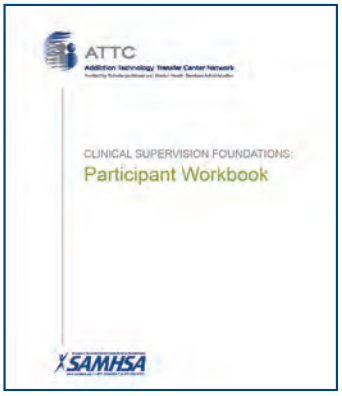
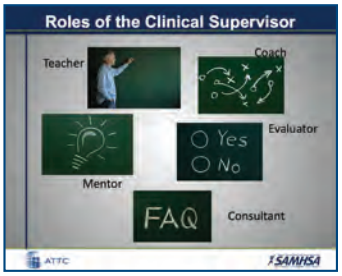
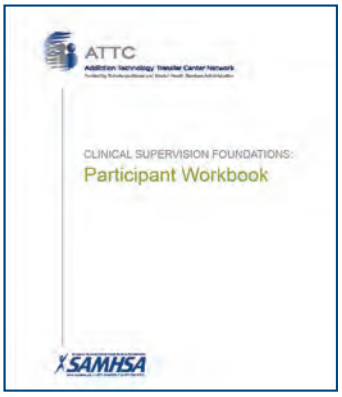


Participant Workbook pg 14



1-7 r oles of the Clinical Supervisor



Participant Workbook pg 15

MODULE 2: a personal Model of Supervision

instructor's outline

INSTRUCTIONAL METHODS

- Small group exercise
- Large group discussion
- Individual exercise

PARTICIPANT MATERIALS

- Participant Workbooks

TRAINING AIDS

- PowerPoint slides 2-1 through 2-15 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

notes

60 minutes

2-1 Module Title

MODULE 2: a personal Model of Supervision

instructor's outline	notes

RECAP & INTRODUCTION

> (3 minutes)

Set the context for this module by reviewing the topics covered thus far:

- Module 1: Roles and Definitions

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

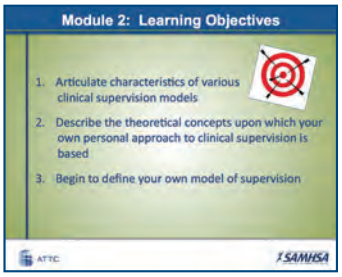
PURPOSE

In this module participants will review a number of models for clinical supervision and begin to articulate their own model.

LEARNING OBJECTIVES

Participants will be able to:

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



2-2 Learning Objectives

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DISCUSSION IN DYADS AND LARGE GROUP
> (10 minutes)

Following an introduction to the objectives for this section of the workshop present Powell and Brodsky's definition (2004) of a model and a related quote (anonymous) for the group's consideration. After a moment, ask participants pair off and discuss these questions:

1. What are the advantages of being able to explain or defend what you do as a clinical supervisor?
2. What is the value of having a theoretical base that supports what you do?
3. Who is accountable for clinical services?
4. How does having a supervisory model or standard protect the supervisor and the agency?(P.S. The text in any of these notes does not need to be in red. I just don't know how to change to color when I'm copying it from one thing to another!)

After about 3 minutes, facilitate a large group discussion. During the discussion make sure the following are mentioned:

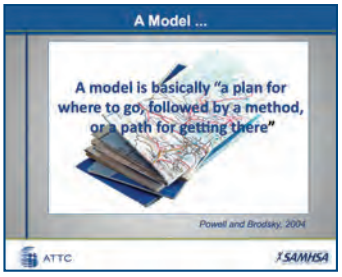
- Advantages: makes supervision understandable and predictable for supervisees; clarifies supervisors role; assures agency management that adequate supervision is being provided

- value: provides credibility for the supervision program; adds clarity to the program for supervisees; helps build consistency and accurate expectations for how supervision will be delivered

- Accountability: agency, supervisor and direct service staff are all accountable for the services delivered; supervisor is responsible for assuring quality care

- protection: assures supervision consistent with agency policy and procedures is being provided; assures that supervisors have knowledge of how services are being delivered; establishes workforce development plans for direct service workers.

NOTE: All these issues will be addressed in this module and throughout the remainder of the workshop.



2-3 through 2-5
importance of a Model

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SMALL GROUPS: THEORETICAL FOUNDATIONS

> (10 minutes)

ASK

Ask participants to individually write their answers to the Theoretical Foundations questions in the Participant Workbook on page 16. When finished, ask them to compare and contrast their answers with others at their table.

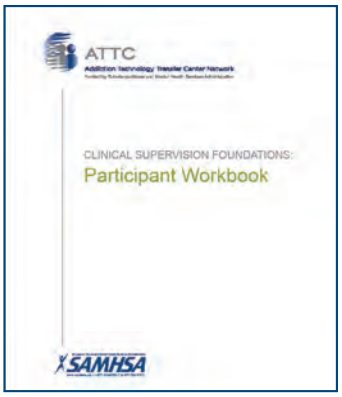
1. *How does counseling help people change?*
2. *What are the necessary ingredients for change?*
3. *What model of change are you most attracted to? (Participant Workbook pg 16)*

After about 5 minutes, conduct a large group discussion about the similarities and differences they have discovered. Point out it is not uncommon for participants in this training to think about their theoretical model of counseling for the first time (or in a long time).

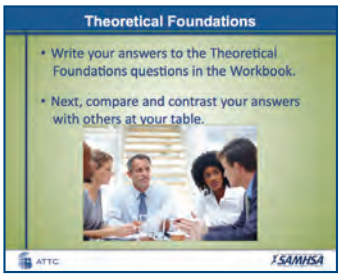
1. *What did you discover as you answered the questions and then discussed them?*
2. *What are the necessary ingredients for change?*
3. *How do your ideas about change influence how you do clinical supervision?*

During the discussion point out that there is a great variety of models for both counseling and how people change. Our ideas about how people change are very likely to influence how we practice clinical supervision. The treatment model utilized within the agency will also influence the supervision model embraced by the agency.

The online course reviewed a variety of supervision models. We will next refresh our memories of those models



Participant Workbook pg 16



2-6 and 2-7 Theoretical Foundations and Discussion

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REVIEW TYPES OF SUPERVISION MODELS

> (10 minutes)

TRAINER NOTE:
Models tend to be based on a specific theoretical framework. One of the many parallels between counseling and supervision follows the concept that what is useful in promoting change with clients will likely foster change with supervisees. In the online course, participants reviewed several types of models. Within each type the workbook describes multiple models which can be used to guide the practice of clinical supervision. Among them participants are likely to find one or more fitting their individual style of supervision.

In preparing to lead this course the trainer should review the model types and the examples described in the workbook. While there is not time to present more than a one sentence description of the specific examples described in the workbook, the trainer should read through those descriptions in preparation to answer questions that might be raised by participants.

Start this section of the course by briefly reviewing the model types presented in the online course. Refrain from providing more than a single sentence describing the example models described in the workbook. The slides provide only the titles of example models. Encourage participants to review them on their own when time permits.

Here are the basic types of supervisory models:

1. Co Mpe Ten CY-Ba Se D Mo Del S - Focus on skills, learning needs and current knowledge of the supervisee.

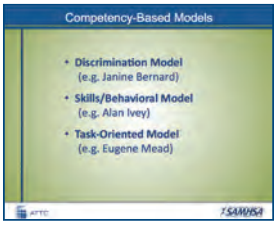
2. Trea TMen T-Ba Se D Mo Del S - Focus on the application of counseling models to the practice of supervision.

3. Develop Men Tal Mo Del - Focuses on applying a growth stages concept of counselor development to the development of clinical supervision skills. Note that the Stoltenberg model was presented in the online course.

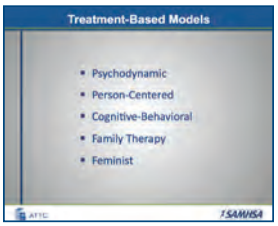
4. in Te Gra Te D Mo Del S - Focus on integrating two or more models into a single coherent framework for supervision. The Powell and Brodsky model was reviewed in the online course.

The titles of the specific models described in the workbook are listed on each slide. While time will not permit the presentation of those models, brief descriptions and references for further reading are included in the workbook.

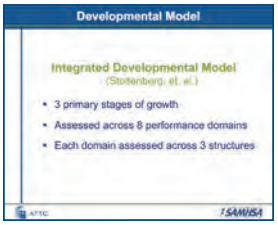
2-8 Supervisory



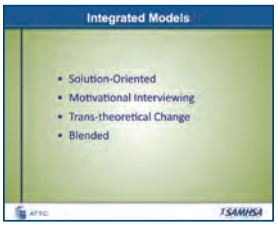
2-9 Competency-Based



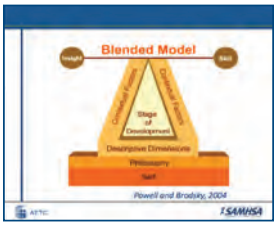
2-10 Treatment-Based



2-11 Developmental



2-12 Integrated



2-13 Blended Models

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DISCUSSION IN DYADS

> (20 minutes)

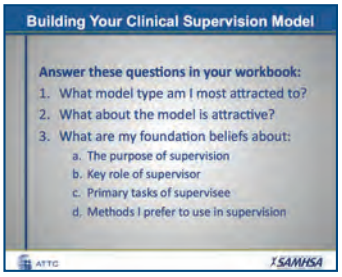
ASK

Ask participants to answer the questions in the "Building My Model of Clinical Supervision" page 24 of the workbook.

The questions include:

1. *What model type am I most attracted to?*
2. *What about the model is attractive?*
3. *What are my foundation beliefs about:*
   a. *The purpose of supervision*
   b. *Key role of the supervisor*
   c. *Primary tasks of the supervisee*
   d. *Methods I prefer to use in supervision*

When the questions have been answered, ask participants to pair off and share what they have written with their partner. Ask each other questions, and compare and contrast their answers.

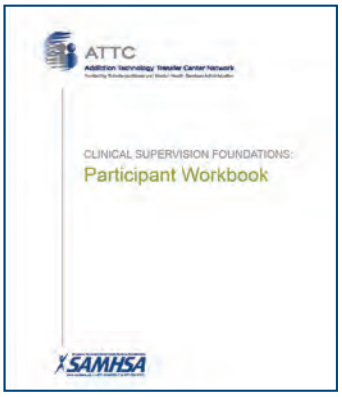


2-14 Building Your Clinical Supervision Model

LARGE GROUP DISCUSSION

> (10 minutes)

Encourage several participants to share their foundation beliefs and encourage a discussion of the individual differences that exist among group members. Note that we will be adding elements to these beginning foundations as we move through the workshop.



Participant Workbook pg 24

MODULE CLOSURE

Close the module by taking final questions and informing participants that the next module will cover the importance of developing a strong supervisory alliance.

2-15 Closure - Integrated Models

MODULE 3: Supervisory alliance

instructor's outline

INSTRUCTIONAL METHODS

- Lecture
- Inventory
- Small group exercise
- Large group discussion

PARTICIPANT MATERIALS

- Participant Workbooks

TRAINING AIDS

- PowerPoint slides 3-1 through 3-20 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

notes

90 minutes

3-1 Model Title

MODULE 3: Supervisory alliance

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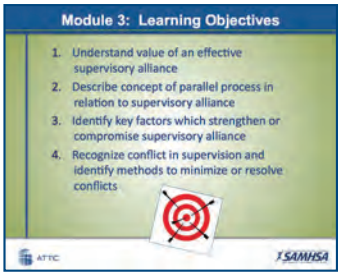
RECAP & INTRODUCTION

> (2 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

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



3-2 Learning Objectives

PURPOSE

This module introduces participants to the importance of an effective supervisory alliance, factors influencing the alliance, and methods to address weaknesses and failures in the supervisory relationship.

LEARNING OBJECTIVES

Participants will be able to:

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

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SELF-ASSESSMENT INVENTORY
> (15 minutes)

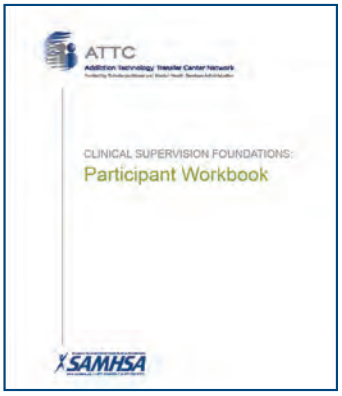
Refer participants to the inventory in their workbook and ask them to choose the response best describing their current thoughts regarding each statement using the five-point scale (3 minutes):

1 = Strongly agree
2 = Agree
3 = u ndecided
4 = Disagree
5 = Strongly disagree

After participants complete the inventory, ask them to discuss their response to the survey in their small groups. After about 5 minutes, pull the class back together and elicit responses to the inventory. (5 minutes).

Brainstorm with the group by asking the following questions (7 minutes):

ASK
1. *Which items did you talk about?*
2. *Which of these items have you not thought about before?*
3. *Which items surprised you on this list?*
4. *Which made you feel uncomfortable?*
5. *How do your responses fit with your description of your model in MOD 2?*



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CHARACTERISTICS OF AN EFFECTIVE SUPERVISORY ALLIANCE LECTURETTE
> (3 minutes)

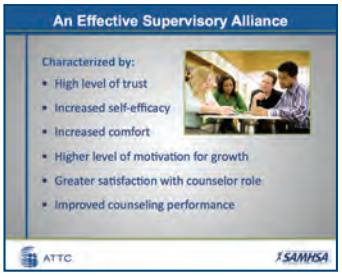
ASK
How do you know you have a positive supervisory alliance?

Hallmarks of a Positive Supervisory Alliance:

- *A high level of trust:*
  Trust plays a role in maintaining a positive supervisory alliance:
  - Trust leads to increased self-confidence
  - Trust leads to respect
  - Trust leads to a tacit approval for the supervisee to take risks without fear of judgment

- *Increased self-efficacy:*
  Point out: Several research studies have shown the strength of the supervisory alliance is a source of increased self-efficacy by the supervisee (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Chen & Bernstein, 2000; and Cashwell & Dooley, 2001). These studies have all also concluded that a strong working alliance in supervision leads to:
  - Increased comfort by the supervisee,
  - Self-motivation for continued growth,
  - Greater satisfaction with role as a counselor, and
  - Positive impact on counseling performance.

ASK
So now we have looked at the value of a positive supervisory alliance. How do you develop and build a positive alliance?



3-3 effective Supervisory alliance

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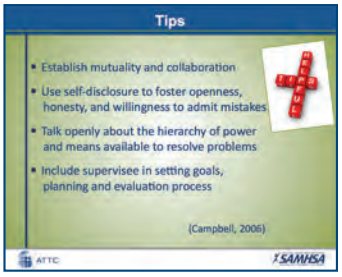
BUILDING AN EFFECTIVE WORKING ALLIANCE EXERCISE AND DISCUSSION

> (5 minutes)

Brainstorm important steps when building a positive supervisory alliance. Put responses on the flip chart. If not mentioned, include the following Jane Campbell's tips for building a working alliance:

- Establish mutuality and collaboration to accomplish tasks
- Use self-disclosure to foster openness, honesty, and willingness to admit mistakes
- Talk openly about the hierarchy of power and the means available to resolve problems
- Include supervisee in setting goals, planning and the evaluation process (Campbell, 2006, p. 164).



3-4 Tips for Building a Working Alliance

CHALLENGES TO THE SUPERVISORY ALLIANCE LECTURETTE

> (10 minutes)

TRAINER NOTE:
Let the attendees know the rest of this module will address challenges to the supervisory relationship, which was also covered in the online course. Inform them that you will be providing a quick review of the topics and then they will explore them in more depth in the exercise and subsequent class discussion. Material for this section is on pages 27-29 in the Participant Workbook. The trainer lectures notes follow on pages 32-33 here.

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CHALLENGES TO THE SUPERVISORY ALLIANCE

3-5 Challenges for Supervisors

Boundary issues / Dual r elationships

- Dual relationships extend the boundary beyond supervision and potentially complicates the relationship.

  All of you are familiar with examples of dual relationship between a counselor and a client, or between a family member and doing business with a client.

  Boundaries regarding dual relationships in supervision can be less clear. An example is allowing supervision to slip into psychotherapy. A good clinical supervisor is a therapist doing supervision not a supervisor doing therapy.

ASK
Is it possible to avoid all boundary issues?

Power And Authority

ASK
What is the difference between power and authority?

ANSWER
Power is the ability to influence or control others, while authority is the right to do so (Kadushin, 1992). As a supervisor, you will have both power and authority in your relationship.

- A built-in power differential exists in the supervisory relationship.

ASK
What is it?

ANSWER
Supervisors continually evaluate the work of their counselors.

instructor's outline	notes

The Supervisory relationship as an interpersonal processes

- Transference can occur in the supervisory relationship when a counselor unconsciously shifts feelings to the supervisor which are displacements from reactions to others.

- Counter-transference can occur when a counselor looses objectivity with a client due to unresolved personal issues triggered by clients.

- parallel process is a common phenomenon where the dynamics in supervision replicate those occurred or are occurring in the supervisee' relationship with a client.

Conflicts Between Supervisor & Supervisee

Conflict is a natural part of all relationships. Since the supervisor has more power, conflicts can easily occur in supervision. Some differences that can lead to conflict:

- Cultural conflict
- Political
- Religious
- Treatment model/orientation/school
- Difference in intellectual orientation

ASK
What's more important - Avoiding or Resolving Conflict?

Supervising the "Resistant" Counselor

There are many contributing factors to counselor resistance. The following factors might precipitate counselor hesitancy to participate in supervision:

- Uncertainty about the purpose of supervision
- Lack of trust in the supervisor
- Absence of structure in supervisory meetings
- Fear of criticism
- Hesitancy to take risks

ASK
What are some of the factors which create resistance?

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CHALLENGES TO THE SUPERVISORY ALLIANCE EXERCISE AND DISCUSSION

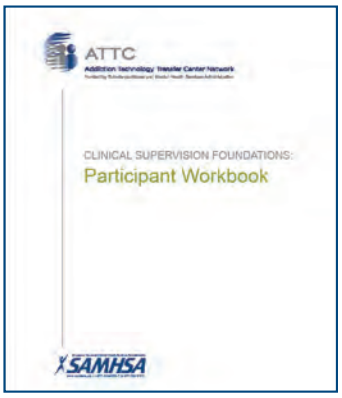
> (50 minutes)

TRAINER NOTE:
This next section will explore each of these topics by having the attendees work through scenarios. Encourage participants to refer to their workbook, which provides additional information, and details to help them hone in on the issue in their scenario. Let them know this is an opportunity for them to address and develop strategies to address these issues.

Exercise Instructions:

- Break the class into five groups.
- Assign each table one of the potential challenging scenarios below (provided in their workbook on pages 30-32).
- Give the groups 10 minutes to discuss and answer the questions provided with each scenario. Let them know they will be presenting their answers to the large group.
- Reconvene the large group and have each group present the main points of their answers (3 minutes each group). You can use the slides to present the scenarios and questions to the large group.
- As they are presenting, you may want to guide them to include the discussion point provided in your manual. Validate and encourage their response.
- After they have finished their presentation to the large group, present the slide with the discussion points as a supplement to their answers vs. here are the "right answers." (3 minutes each topic)

3-6 Scenarios



Participant Workbook pg 30

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SCENARIO 1 - BOUNDARY ISSUES

As we mentioned earlier dual relationship in supervision may be less clear and unavoidable.

Scenario:

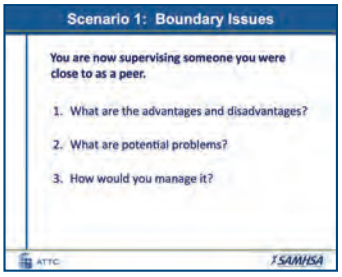
How many of you will be supervising a former peer? How many of you will be supervising someone you consider a friend? Let's talk about that. You are now supervising someone you were close to as a peer.

Questions:

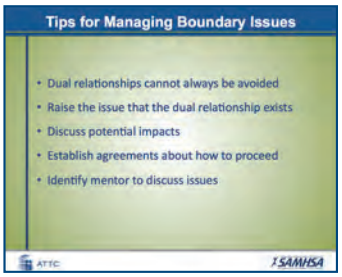
1. What are the advantages and disadvantages?
2. What are potential problems?
3. How would you manage it?

Discussion points:

- There are some situations in agencies where dual relationships cannot be avoided.
- The supervisor needs to raise the issue that the dual relationship exists and may impact our ability to work as supervisor and supervisee.
- Both the supervisor and supervisee need to discuss the potential impacts (i.e. may be less willing to expose their areas of weakness to someone holding them in high regard, may not respond appropriately).
- The supervisor needs to establish agreements about how to proceed, the importance of talking about sensitive issues, a d how things may change in the relationship (i.e. immediacy of access, not discussing personal issues).
- The supervisor needs to identify a mentor to discuss issues and help navigate the relationship.



3-7 Boundary issue Scenario



3-8 Boundary issue Tips

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SCENARIO 2 - POWER AND AUTHORITY

Scenario:

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

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

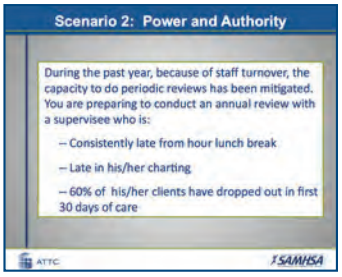
Questions:

1. What would be some examples of a supervisor overusing/abusing their power and authority?
2. What might cause the supervisor to underutilize their power and authority?
3. How will the fact that the persons' compensation package for the year will be influenced?
4. What are healthy guidelines for managing power and authority?

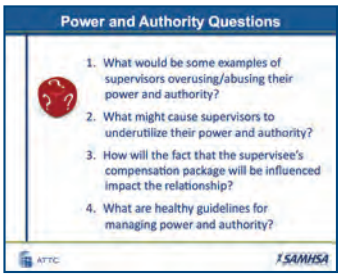
Discussion points:

Power and authority must be addressed by both supervisor and supervisee:

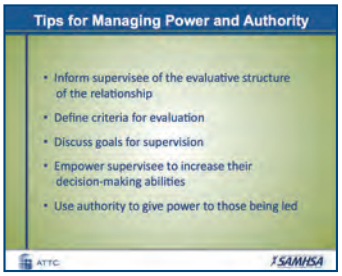
- Supervisor must clearly inform supervisee of the evaluative structure of the relationship
- Criteria for evaluation must defined
- Goals for supervision must be clearly discussed
- Assist supervisee to develop more power to increase their decision-making abilities – thus becoming empowered. In other words, leadership is the ability to use authority to make others powerful (Zander, R.S. & Zander, B., 2000).



3-9 Power and Authority



3-10 Power and Authority Discussion



3-10 Power and Authority Tips

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SCENARIO 3 - INTERPERSONAL RELATIONSHIP

Scenario:

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

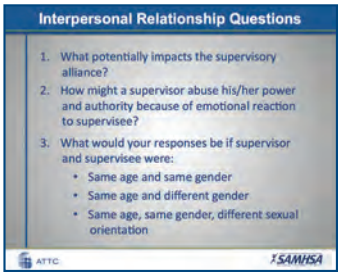
Questions:

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

Discussion points:

- Supervisors must be aware of when their feelings may compromise the supervisory relationship.
- To understand these reactions means recognizing clues (such as dislike of a supervisee or romantic attraction), doing careful self-examination, personal counseling, and receiving supervision of your supervision.
- In some cases, it may be necessary for you to request a transfer of supervisees, if this counter transference hinders the counselor's professional development.
- Counselors will be more open to addressing difficulties with counter-transference if you communicate understanding and awareness that these experiences are a normal part of being a counselor.
- Counselors should be rewarded in performance evaluations for raising these issues in supervision and demonstrating a willingness to work on them as part of their professional development.

3-12 interpersonal relationship Scenario and Questions



3-13 interpersonal relationship Scenario and Questions

3-14 interpersonal relationship Tips

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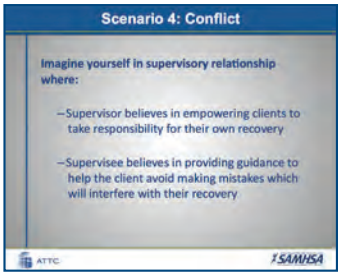
SCENARIO 4 - CONFLICT

Scenario:

Imagine yourself in supervisory relationship where:

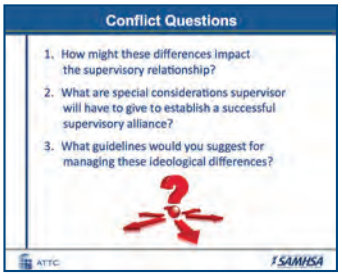
- Supervisor believes in empowering clients to take responsibility for their own recovery
- Supervisee believes in providing guidance to help the client avoid making mistakes which will interfere with his/her recovery



3-15 Conflict Scenario

Questions:

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



3-16 Questions

Discussion points:

- Resolution is reached with listening, understanding and working to clarify the ground rules of the relationship.
- Conflicts are resolved when:
  - There is a willingness by the supervisor to engage in open and frank discussions about concerns of the supervisee
  - The supervisor asks what the relationship would "look like" if it were working satisfactorily (and both answer)
  - Steps are identified that would lead the relationship to the point envisioned
  - An open discussion occurs involving the sharing of goals for supervision to gauge similarities or differences
  - The supervisor acknowledges the many challenges faced by the supervisee
  - The supervisor recognizes, appreciates, and understands the phenomenological world of the supervisee

3-17 Conflict Management Tips

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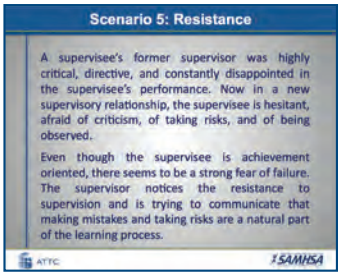
SCENARIO 5 - RESISTANCE

Scenario:

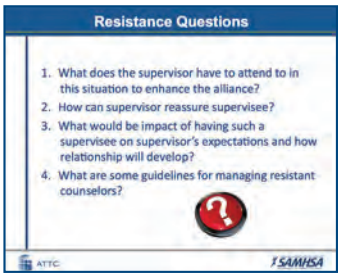
A supervisee's former supervisor was highly critical, directive, and constantly disappointed in the supervisee's performance. Now in new supervisory relationship, the supervisee is hesitant, afraid of criticism, taking risks, and being observed. Even though the supervisee is achievement oriented, there 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 (refer to Tip 52).



3-18 r esistance Scenario

Questions:

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



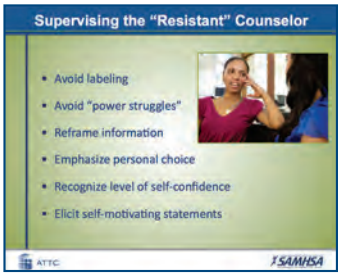
3-19 Questions

ASK

Have you ever had a supervisor who argued with you over something in supervision? If so, how did you feel and what was your reaction?

Discussion points:

- Avoid labeling: As in the client/counselor relationship, labeling evokes resistance and hinders progress; Think of the "resistant" counselor as being ambivalent.
- Avoid power struggles and arguments – they are counterproductive.
- Reframe information: A technique that offers validity to the counselor's observations while offering a new meaning or interpretation to him/her.
- Emphasize personal choice: Put the responsibility for goal setting squarely on the shoulders of the counselor; When individuals think their freedom of choice is being threatened, they tend to assert their liberty: "I'll show you - nobody tells me what to do!" This only feeds resistance.



3-20 Tips on r esistance

instructor's outline	notes
• Recognize level of self-confidence: Support, validate, and encourage progress and professional growth. • Elicit self-motivating statements: This becomes a guiding strategy to help resolve ambivalence; Examples: - Problem recognition: “In what ways has this been a problem for you?” - Concern: “In what ways does this concern you?” - Intention to change: “What would be the advantages of (making a change)?” - Optimism: “What makes you think that if you decide to (make the change) you could do it?”	
MODULE CLOSURE **ASK** *What are walkaways you are taking away from this section on building the alliance?*	
TRAINER TIP: Summarize the points as they are mentioned. Bridge to the next module by pointing out to the participants that the next module will cover the Techniques and Modalities of supervision.	

MODULE 4: Supervisory Modalities and Methods

instructor's outline	notes
INSTRUCTIONAL METHODS • Presentation • Case study • Demonstration • Practice exercise • Discussion	150 minutes
PARTICIPANT MATERIALS • Participant Workbooks	 4-1 Module Title
TRAINING AIDS • PowerPoint slides 4-1 through 4-18 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	

MODULE 4: Supervisory Modalities and Methods

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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.

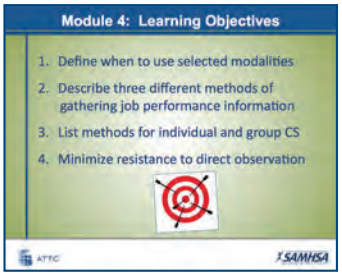
PURPOSE

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.



4-2 Learning Objectives

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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.

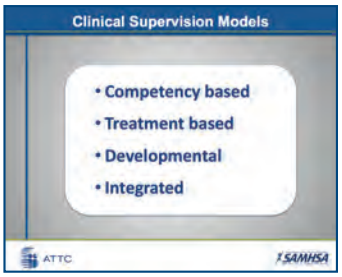
MODELS

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

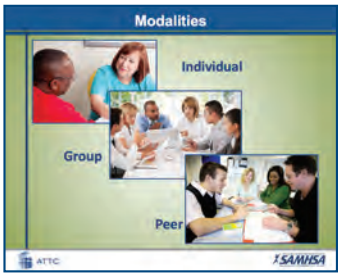
MODALITIES

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.

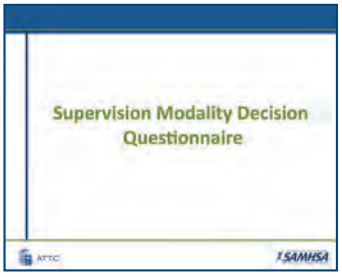
Review the questionnaire briefly, noting that the questions all relate to the needs of the counselor, the counselor's experience and the relationship of those issues with the needs and experience of other supervisees. The answers to those questions may help the supervisor decide on the modality or modalities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



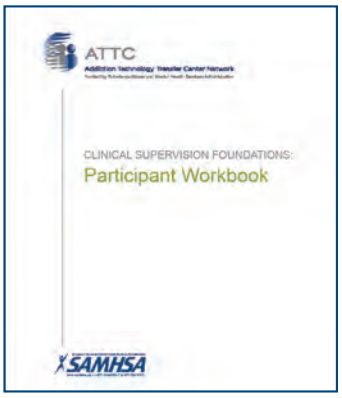
4-3 Models of Supervision



4-4 Modalities of Supervision



4-5 Supervision Modality Decision Questionaire



Participant Workbook pg 34

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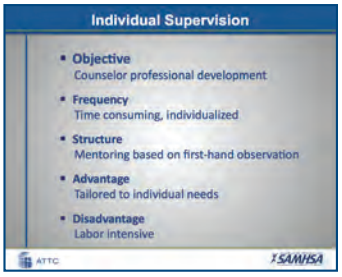
MODALITIES CONT.

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

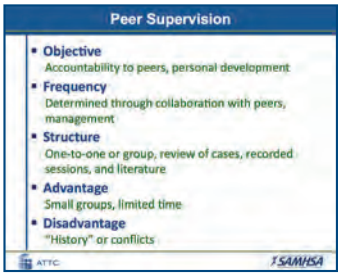
2. Group Supervision
   a. Objectives
   b. Frequency
   c. Structure
   d. Advantages and disadvantages

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



4-6 individual Supervision

4-7 Group Supervision



4-8 peer Supervision

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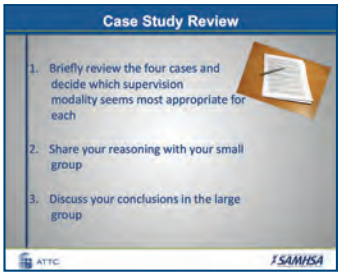
CASE STUDIES

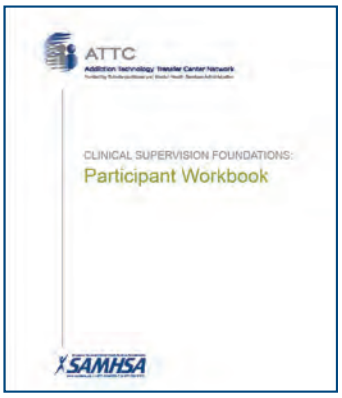
> (25 minutes)

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

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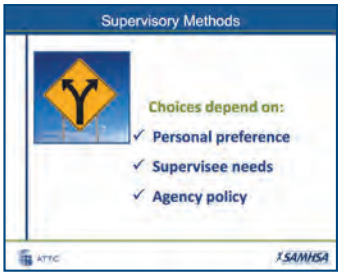
METHODS IN SUPERVISION

> (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.



4-10 introduction to Methods in Supervision

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.

4-11 Direct Supervision

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.

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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 hesitancies 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.

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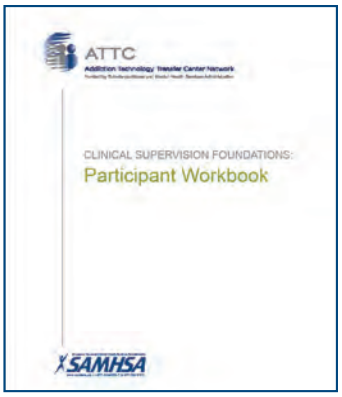

Participant Workbook pg 39

Tip 52 Consent form - pg 126

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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

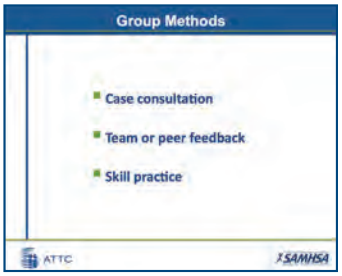
1. Case consultation – formal presentations by counselors to review client progress, identify potential changes in the treatment plan, or assess strategies being used to provide care. Typically the group then provides feedback and ideas for consideration by the presenting counselor.

2. Team or peer feedback – based on role play, review of a recording or some other observation of job performance.

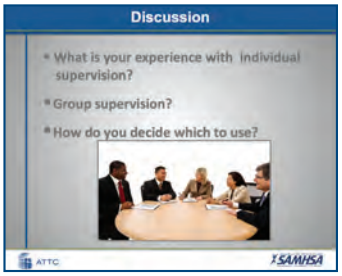
3. Skill practice – can take the form of role play following instruction delivered by supervisor or peer. Often most effective when most or all the group is at a similar skill level.

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

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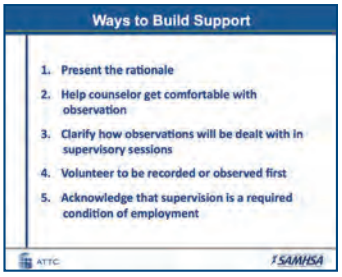
METHODS FOR BUILDING SUPPORT AND ENTHUSIASM

> (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



4-15 Ways to Build Support

DISCUSSION

> (10 minutes)

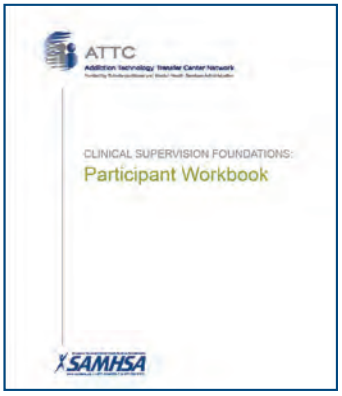
In the large group brainstorm responses to these questions in the workbook page 42:

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

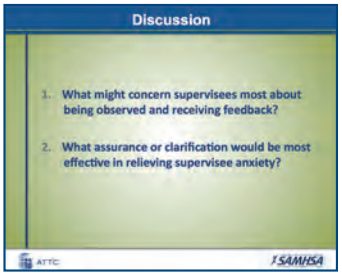
Some possible concerns include:
- Discomfort from an intrusion into the counseling process
- Disruption in continuity
- Fear of being criticized
- Performance anxiety
- Concern the supervisor's presence will result in unnatural or stilted performance by the counselor resulting in an inaccurate perception 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 provid opportunities to recognize good work and to identify ways to improve client services
- Describing what happens to recordings following their use



Participant Workbook pg 42



4-16 Discussion

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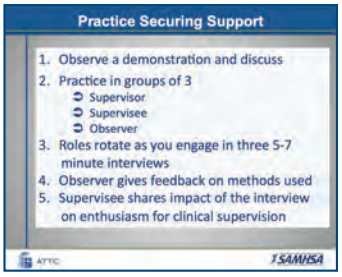
PRACTICE
> (50 minutes)

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.

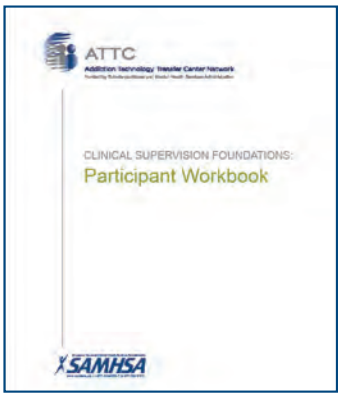
1. The practice begins with the trainer demonstrating how a supervisor might utilize the suggested methods to clarify and relieve anxiety about observed job performance. The trainer takes 5-7 minutes to play the role of a supervisor conducting an interview with a supervisee to introduce and secure support 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

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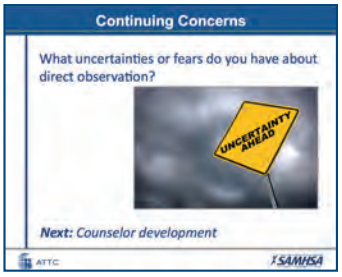
At the conclusion of the activity, take 10 minutes to inquire about any concerns participants still might have about observing supervisee job performance.

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.



4-18 Continuing Concerns

Easel pad and markers

MODULE 5: assessment r esources

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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

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RECAP & INTRODUCTION

> (5 minutes)

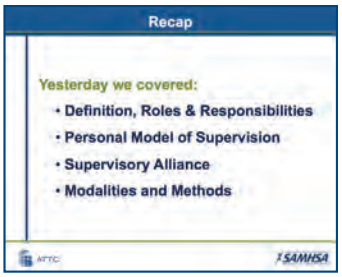
Set the context for the current module by reviewing the topics covered during Day 1:

Module 1: Definition, Roles and Responsibilities
Module 2: p ersonal Model of Supervision
Module 3: Supervisory a lliance
Module 4: Modalities and Methods

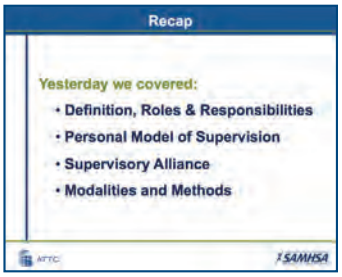
Review the agenda for Day 2:

Module 5: a ssessment r esources
Module 6: p erformance e valuation
Module 7: Counselor Development

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



5-2 r ecap



5-3 Day 2 Agenda

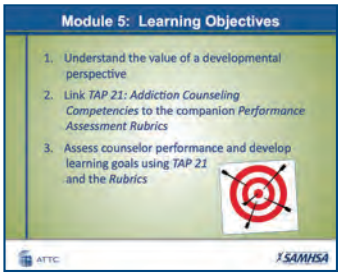
PURPOSE

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.



5-4 Learning Objectives

TRAINER NOTES:

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

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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.

5-5 iDM: individual Developmental Model

instructor's outline

notes

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.

5-6 Tap cover and contents

PERFORMANCE ASSESSMENT RUBRICS AND TAP 21 COMPETENCIES

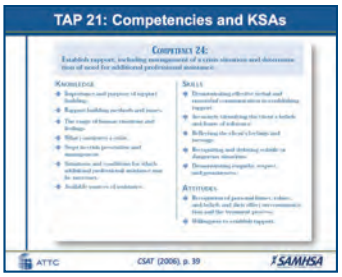
> (20 minutes) *Do not rush presentation.*

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.



5-7 TAP 21 KSAs

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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 articipants 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

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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.

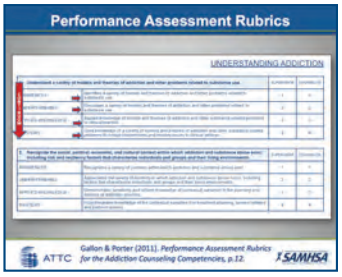
Let's look at the first, "Understands a variety of models and theories of addiction and other problems related to substance use."

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.



5-9 Rubric for Competency 1

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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 p ractice 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

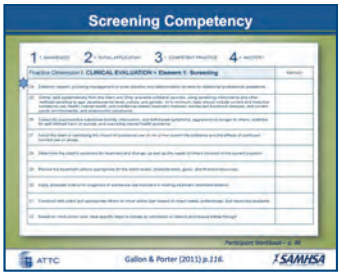
1. *How would you rate this supervisee's performance on Competency 27 – rate the supervisee's ability to: "Assists the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse?"*
2. *Is this supervisee at 1-Awareness level,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

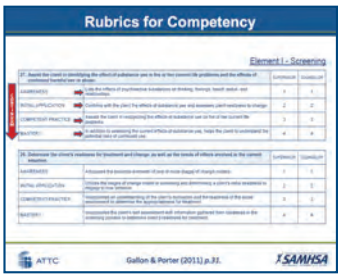
ASK:

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.



5-10 Sample Rubric Rating Form



5-11 Rubrics Example

instructor's outline

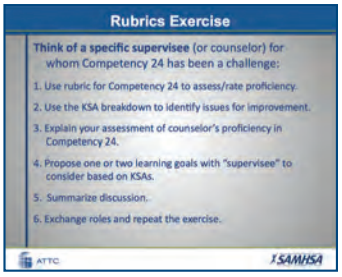
notes

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



5-12 Rubrics Exercise

ASK

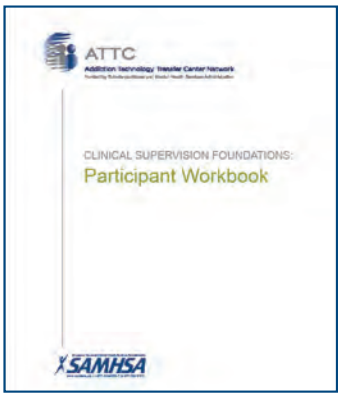
Ask participants to think of a specific supervisee (or counselor) for whom Competency 24 has been a challenge:

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.



Participant Workbook pg 46-47

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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

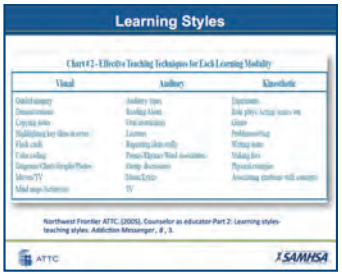
ASK

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.



5-13 Learning Styles

5-14 Tailoring Supervision

MODULE 6: performance evaluation

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notes

INSTRUCTIONAL METHODS

- Presentation
- Case study
- Practice exercises
- Discussion

PARTICIPANT MATERIALS

- Participant Workbooks
- *Performance Assessment Rubrics for the Addiction Counseling Competencies* (Gallon and Porter, 2011)
- *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice* (CSAT, 2006)

TRAINING AIDS

- PowerPoint slides 6-1 through 6-26 on computer disk
- LCD projector or overhead projector and screen
- Easel pad or white board, markers, and masking tape

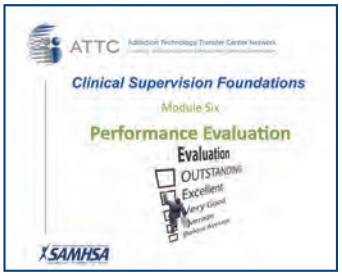
INSTRUCTIONAL RESOURCES

- *Competencies for Substance Abuse Treatment Clinical Supervisors* (CSAT, TAP 21-A, 2007)
- *Clinical Supervision and Professional Development of the Substance Abuse Counselor* (CSAT, TIP 52, 2009)

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

240 minutes



6-1 Module Title

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RECAP & INTRODUCTION

> (5 minutes)

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

- Module 1: Definition, Roles and Responsibilities
- Module 2: Personal Model of Supervision
- Module 3: Supervisory Alliance
- Module 4: Modalities and Methods
- Module 5: Counselor Development

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

6-2 r ecap

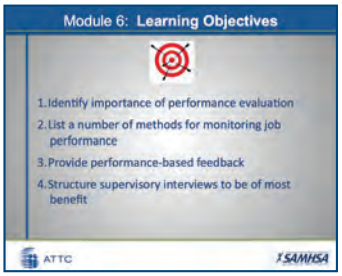
PURPOSE

r einforce performance evaluation as an essential component of clinical supervision. Review issues that potentially affect evaluation and then present and practice methods for assessing counselor proficiency, providing feedback and structuring supervisory interviews.

LEARNING OBJECTIVES

Participants will be able to:

1. Identify importance of on-going, timely, and objective performance evaluation to both the supervisee and the agency.
2. List a number of methods for monitoring counselor job performance.
3. Provide performance-based feedback to the supervisee.
4. Structure supervisory interviews to be of most benefit to the supervisee and the agency.



6-3 Learning Objectives

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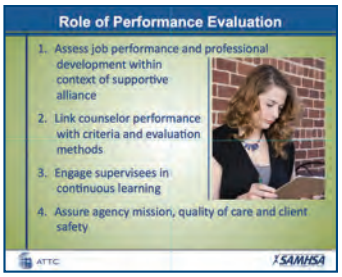
notes

ROLE OF PERFORMANCE EVALUATION
> (5 minutes)

A brief presentation of the purpose of evaluation as an essential supervisory responsibility. Emphasize that performance evaluation serves these functions:

1. Provides a process by which job performance and professional development can be assessed within the context of a supportive alliance between supervisor and supervisee,
2. Links counselor performance with criteria and methods of evaluation.
3. Engages supervisees in a process of continuous learning and development, and
4. Assures staff conformity to agency mission, delivery of quality services, and protection of client safety.

Additional talking points about each of these three functions are presented in the Participant Workbook on page 49.



6-4 role of performance evaluation

CASE STUDY ACTIVITY
> (15 minutes)

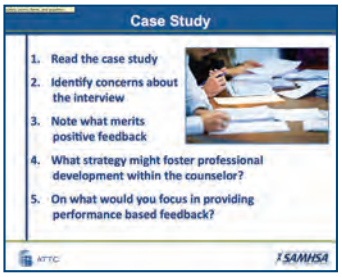
Ask participants to read a brief summary of a clinical situation in the workbook on page 50. After reading, pose the following questions in a large group discussion format. Note the responses on a easel pad.

ASK

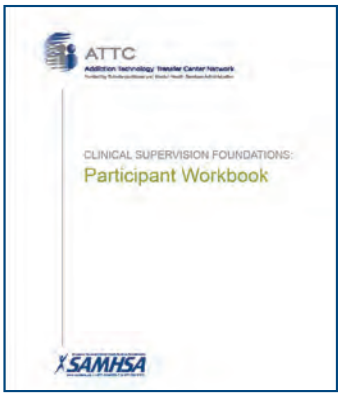
What are some issues of concern within the scenario?

TRAINER NOTE:
Note the differences in what participants identify and the assumptions made based on the minimal information in the case study. Although most participants will identify some common areas of interest; others will point out concerns that they will be more passionate about correcting.

TRAINER NOTE:
Some possible issues include:
- Doing a depression or suicide screening
- Needing to establish immediate plans for the interim prior to the next appointment
- Assuring safety of Laura and the children
- Seeking immediate consultation with a supervisor



6-5 Case Study



Participant Workbook pp 49-50

Easel pad and markers

instructor's outline	notes

ASK

What positive feedback could you provide the counselor? Providing positive feedback encourages counselors and creates a more positive attitude toward clinical supervision. Note how difficult it would be to provide accurate feedback without first hand objective data.

TRAINER NOTE:
Some possible positive feedback:

- Megan established rapport quickly with Tony
- The counselor listened well and facilitated Tony's disclosure about his drug use and its impact on his health

ASK

What feedback about your concerns would you give to the counselor?

TRAINER NOTE:
Feedback could include:

- The need to assess for suicidal thinking
- Importance of inquiring about and planning ways to meet client's personal needs during the next week

ASK

What strategy or tactic could the supervisor use to identify alternatives for managing the situation during the interview? What could the supervisor do that might lead to an expansion of the counselor's knowledge and skills?

TRAINER NOTE:
Some possible strategies:

- Inquire about Megan's thoughts and feelings during the interview,
- Review crisis management principles,
- Teach how to conduct a mental status exam, and
- Consult immediately with a supervisor.

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notes

REVIEW METHODS FOR MONITORING PERFORMANCE

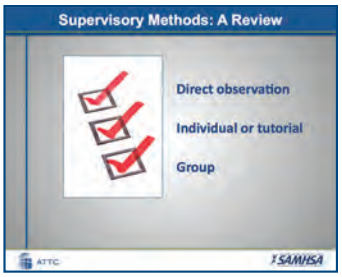
> (5 minutes)

Briefly review the direct methods introduced in Module 4 and summarized in the Participant Workbook on page 52. Remind the group about the several forms of:

- Observation – Live, through a one-way mirror, and audio or video recording
- individual methods – Role play, interpersonal process recall, motivational interviewing
- Group strategies – Case consultation, team or peer feedback, and skill practice.

NOTE:

1. **Direct sources of information about job performance can be supplemented with less direct client assessments and peer evaluations,** which can be gathered anonymously. Each has the potential to provide useful information to the supervisee, depending on the questions asked.
2. **Another way to assess performance is through the use of fidelity scales** which measure adherence to specific evidence-based practices. Often both the clinician and the supervisor complete a fidelity assessment and review the results together, working to assure as much conformance as possible to the practice in question.
3. **Agencies may also have specific performance measures** that will also be important in assessing counselor ability to perform expected duties. An annual performance evaluation is common among agencies. If on-going formative counselor assessments are being performed on a regular basis, the information will provide the necessary data for the annual summative performance evaluation.



6-6 Methods Review

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notes

PERFORMANCE ASSESSMENT RESOURCES

> (10 minutes)

TRAINER NOTE:
Trainer next presents the idea that once performance observations have been completed, the supervisor needs to assess the degree to which the counselor is proficient in delivering the services and work assigned by the agency. Two helpful resources available to the supervisor are the:

- *Performance Assessment Rubrics* introduced in the last module, and
- Fidelity surveys for specific evidence-based practices.

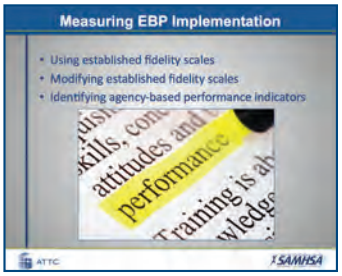
The concept of fidelity measures for specific evidence-based treatment programs may be new. Using slides 9 and 10 highlight that fidelity scales are typically published by the authors of a practice as a way to assess whether the practice is being utilized as intended and researched. Such scales can be lengthy and some agencies modify them to make them more useful in a practice setting. In addition, agencies which have developed their own clinical procedures will sometimes develop a fidelity tool to assess the degree to which their standards are being met.

The focus of fidelity assessment can be on one or more of the following:

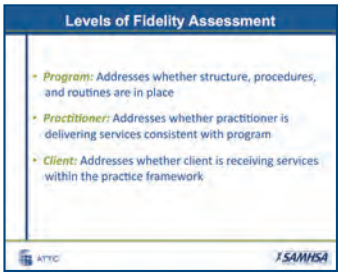
- Program: Addresses whether the structure, procedures, and routines are in place
- practitioner: Addresses whether practitioner is delivering services consistent with the program
- Client: Addresses whether client is receiving services within the framework of the practice

Both the *Rubrics* and specific fidelity measures help the supervisor not only evaluate the counselor's work but also raise issues to consider in developing a performance improvement plan.

6-7 resources



6-8 performance indicators



6-9 performance indicators

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INTEGRATIVE ACTIVITY

> (30 minutes)

ASK

Ask participants to reconsider the limited information in Megan's initial assessment of Tony we reviewed earlier in this section. Based on the information available and the assumptions participants made about the counselor's performance, ask each person to answer the questions posed in the Participant Workbook on page 50:

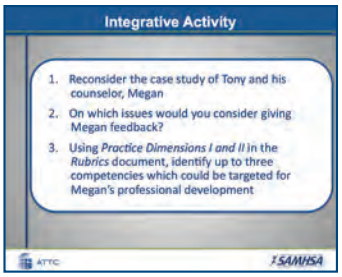
1. Imagine giving the counselor feedback on the assessment interview. What issues seem most important for discussion?
2. Using the *Rubrics* document, read through the rubrics for Dimension I, Screening and Assessment (pp.33-41), and Dimension II, Treatment Planning (pp. 42-49). Identify one to three competencies which might be targeted for improvement. Note in your workbook both the number and the essence of each competency you select.

After allowing sufficient time for discussion, ask the small groups to record their answers on easel pad paper and post them in the room. When posted, ask the groups to get out of their seats and go to each poster one at a time while a representative from each group presents the information on their poster. Discuss the variety of issues addressed by participants and the different competencies targeted for attention by the small groups. Note the decision about what takes priority might be made by the supervisor or decided in collaboration between the supervisor and counselor.

In conclusion, note that identifying strengths and needs for improvement comprise one set of skills. Delivering constructive feedback is essential in supervision and is a totally different skill set. Those skills will be considered next.

BREAK

> (10 minutes)



6-10 Integrative Activity

Easel pad and markers

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GIVING PERFORMANCE BASED FEEDBACK

> (80 minutes)

part 1:

Introduce the idea that feedback on job performance is an essential part of the evaluation process. Review the basic concepts and the definition of feedback included in the Participant Workbook on page 54. Then present and demonstrate the basic steps in the ORAL model by giving a positive feedback message to a co-trainer or, with permission, to a trainee. It is important for the trainer to be skillful in using this model. You should practice giving clear and concise feedback messages prior to teaching and demonstrating this material. (10 minutes)

Here is a sample demonstrating the importance and value of brevity in giving feedback:

O: You hear a colleague describe her/his work

R: I heard you talk about your program and the kids of services you provide.

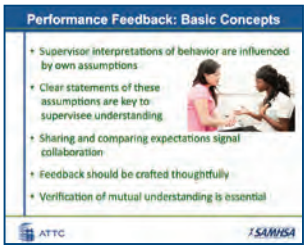
A: I assumed you all have really worked at putting together a great program.

L: I was really impressed and want to learn more about what you are doing.

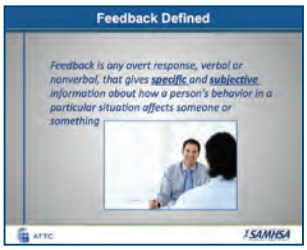
Participants then partner with a neighbor and each one uses the ORAL model in giving the neighbor feedback concerning an observed positive behavior or trait. After one minute, the partners switch roles and practice for another minute.

ASK

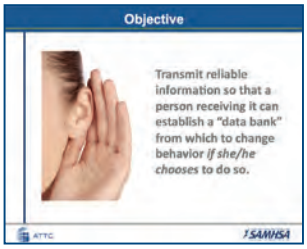
In large group, briefly process the participant's experience. Ask, "What problems did you encounter in using the model?" "How sure are you that the person receiving the feedback heard the message accurately?" (5 minutes)



6-11 performance Feedback



6-12 Feedback



6-13 Feedback

6-14 Feedback

6-15 Feedback

instructor's outline

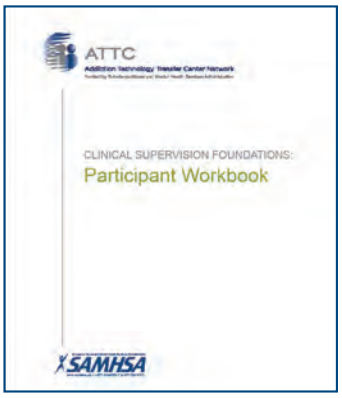
notes

part 2:
Ask a volunteer dyad from the previous practice to demonstrate the ORAL model in front of the large group by replaying one of the messages they just shared with one another. The trainer may need to coach the players in using the model correctly. Once the sender has delivered the message, ask the group if the receiver heard it accurately. Illustrate that the receiver of a message may or may not understand, hear accurately, or remember the important elements of the message.

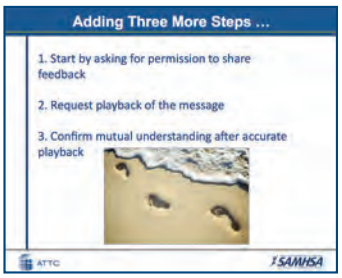
SAY
Since we do not know what the receiver heard or how the message is being interpreted, we need to add three more steps to the model.

Share the additional steps in the model as illustrated in the participant Workbook. Then ask the same volunteer pair to demonstrate the importance of the receiver summarizing or paraphrasing the message in order to be certain the message was heard accurately.

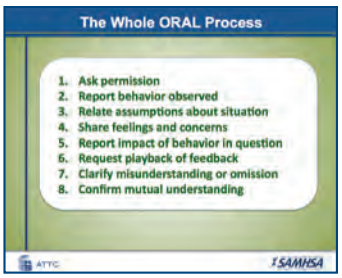
Add those steps to the model as illustrated in the workbook on page 55. Emphasize the importance of asking the recipient to summarize the feedback s/he heard. Supervisor listens carefully to all elements of the message, and only confirms accuracy when the recipient has summarized all parts of the message. (10 minutes)



Participant Workbook pp 54-55



6-16 Adding three more steps



6-17 The Whole ORAL process

instructor's outline

notes

part 3:
Now break the participants into groups of three. Each participant plays one of the following three roles to start the activity:

1. A supervisor,
2. A supervisee, and
3. An observer who provides feedback on the use of the skills

In this exercise the activity will be repeated three times for each participant to experience each role.

The first pair in each triad role-plays a hypothetical interaction in which the supervisor is to give a supervisee positive feedback on a skill.

- First, the supervisor asks permission to provide feedback.
- Then, the feedback is shared. The supervisor describes what was seen or heard, assumptions made about behavior, and its impact on others and client (if appropriate).
- The supervisee then summarizes the message and is corrected until all important aspects of the message are summarized accurately.
- Finally, the supervisor assures there is a mutual understanding with the supervisee.

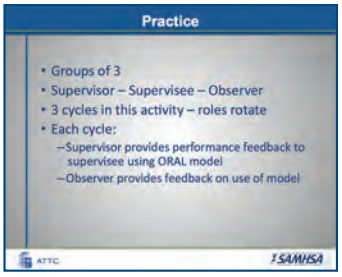
The observer notes the skills used and whether the message was heard accurately and mutually understood. Observers can use the Feedback Observation Checklist in the workbook on page 56 to structure their observations.

When the interaction is finished, the triad debriefs, with the observer and the supervisee each sharing feedback with the person who played the supervisor.

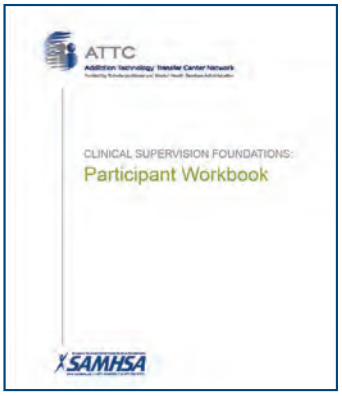
Following the debriefing, roles are changed within the triad and the next supervisor-supervisee pair does the exercise with the observer noting behaviors and providing feedback to the supervisor.

At the conclusion of the exercise the trainer facilitates a brief discussion in response to these questions: (15 minutes)

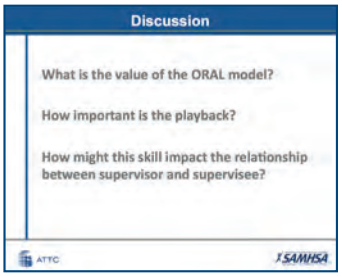
- What is the value of this model?
- How important is the playback?
- How might this model impact the relationship between supervisor and supervisee?



6-18 practice



Participant Workbook pg 56



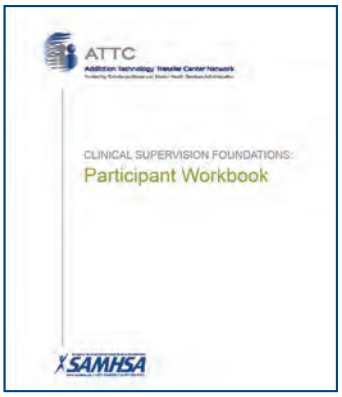
6-19 Discussion

instructor's outline

notes

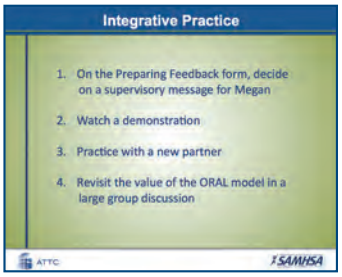
part 4:
SAY
Next we are going to practice giving a constructive message in a situation where the supervisor perceives a need for improved job performance.

TRAINER NOTE:
Using the work done on the case study thus far, participants, in the role of supervisor, craft a feedback message to share with Megan. Ask them to use the Preparing Feedback form in the workbook on page 57. In sharing feedback, encourage participants to refer to or use the *Rubrics* to identify and describe the counselor's current skill level.



Participant Workbook pg 57

ORAL model is on page 55 of the workbook. As before, the trainer first demonstrates. A volunteer is selected to play the role of Megan. The trainer, in the role of supervisor, uses the full ORAL model to share a feedback message. The demonstration ends when the receiver summarizes the feedback accurately. Again, it is important for the trainer to prepare this demonstration ahead of time, based on the information in the case study. (15 minutes)



6-20 Integrative Practice

After a brief discussion of what participants observed in the demonstration, the group is divided into dyads, with new partners. Each person will have a chance to practice giving a constructive, change-oriented message to their partner who will be in the role of Megan, the counselor. Encourage participants to use the full ORAL model.

As the role plays are occurring, the trainer monitors how participants are doing using the model.

after no more than 8-10 minutes (sufficient for both members of the pair to practice giving a single supervisory feedback) pull the group back together for a final discussion of the ORAL model and its value in supervision. (15 minutes)

BREAK
> (10 minutes)

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STRUCTURING SUPERVISORY INTERVIEWS

> (70 minutes)

Feedback is typically provided in the context of a supervisory interview in which the supervisor and supervisee collaborate and determine a course of action, if one needs to be taken. Trainer notes that such interviews can be structured to assure maximum usefulness.

Present a model defining the purpose and structure of the supervisory interview as noted in the Participant Workbook on page 58. Discuss the four steps of the interview structure, including the purpose and methods supervisors can use. (10 minutes)

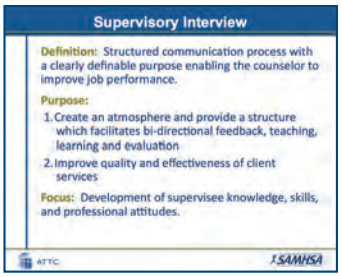
Next, the trainer demonstrates a 5-10 minute supervisory interview following the structure just presented. (Note: This could be recorded before the training takes place.) A volunteer should be recruited to play the role of the counselor, either a co-trainer or a participant. Prior to the role play come to agreement on the performance issues and examples of the counselor's abilities and deficiencies.

During the demonstration participants make notes on the Supervisory Interview Observations sheet in the workbook on page 59. Participants then analyze and critique the demonstration by pointing out how the instructor followed the suggested structure. Use the following questions to guide the discussion:

ASK

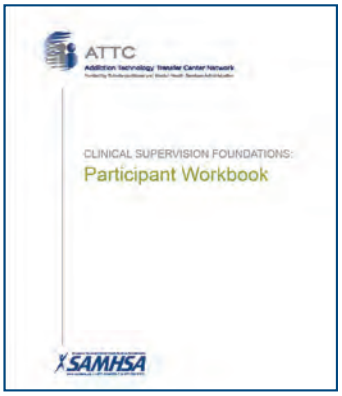
1. *What was the impact of using the structure?*
2. *How did the supervisee respond to feedback?*
3. *Was an adequate understanding achieved?*
4. *What helped bring it about?*
5. *What happened when the issue of improved performance was raised?*

(10 minutes)

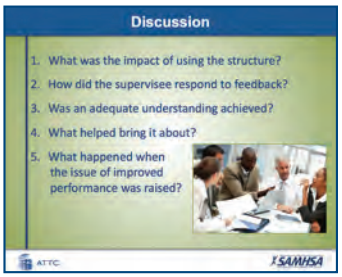


6-21 Supervisor Interview

6-22 Supervisor Interview



Participant Workbook
pp 58-59



6-23 Discussion

instructor's outline

Invite the group to practice using the supervisory interview structure. Start by giving participants time to decide on a performance issue and to note on the preparation sheet on page 60 in the workbook one or two examples to cite in providing feedback during the interview.

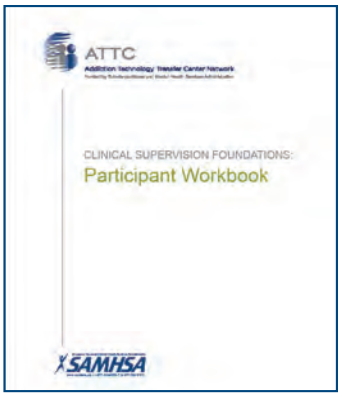
ASK

Next, ask participants to divide into pairs. They will each conduct a supervisory interview with the other. Allow 5-10 minutes for the first person to practice, and up to five minutes to have partner offer and discuss feedback. Then repeat the practice with the participants switching roles. (30 minutes)

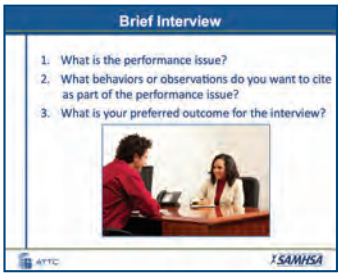
In large group, process this exercise. Help the participants pick the model apart. Discuss what went well and identify any difficulties encountered. Questions appearing in the Participant Workbook on page 61 include the following. The trainer might want to follow-up with any of these, depending on the available time: (10 minutes)

1. How did the supervisor do following the structure?
2. What was the impact of the agenda setting portion of the interview?
3. What was the impact of providing behavioral feedback?
4. What are the strengths and weaknesses of the ORAL model?
5. What was the impact of verifying that the counselor understood the feedback as intended?
6. How difficult was it to achieve an understanding between the supervisor and counselor?
7. If the supervisor got diverted, what happened?
8. What happened when you raised the issue of improving performance?

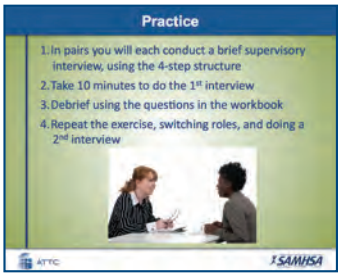
notes



Participant Workbook pp 60-61



6-24 Preparing to Conduct an Interview



6-25 practice

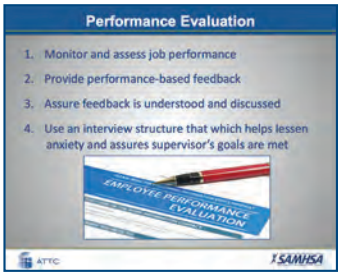
instructor's outline

notes

MODULE CLOSURE

End this module with a brief summary of the essentials of performance evaluation:

1. Monitoring and assessing job performance
2. Providing performance-based feedback
3. Assuring that feedback is understood and discussed
4. Using an interview structure which helps lessen anxiety and assures the goals of the interview are met



6-26 performance evaluation

MODULE 7: Counselor Development

instructor's outline

notes

INSTRUCTIONAL METHODS

- Presentations
- Practice exercises
- Discussion

PARTICIPANT MATERIALS

- Participant Workbooks
- *Performance Assessment Rubrics* for the *Addiction Counseling Competencies* (Gallon and Porter, 2011)
- *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice* (CSAT, 2006)
- Handouts
  - Professional Development Plan
  - Supervisor Professional Development Plan

TRAINING AIDS

- PowerPoint slides 7-1 through 7-16 on computer disk
- LCD projector or overhead projector and screen
- Easel pad or white board, markers, and masking tape

INSTRUCTIONAL RESOURCES

- *Competencies for Substance Abuse Treatment Clinical Supervisors* (CSAT, TAP 21-A, 2007)
- *Clinical Supervision and Professional Development of the Substance Abuse Counselor* (CSAT, TIP 52, 2009)

ROOM SET-UP

- Round or rectangle tables for 4-6 participants each to allow for discussion and ample space for use of participant materials and exercises.

120 minutes

7-1 Module Title

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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: A Personal Model of Supervision
- Module 3: Supervisory Alliance
- Module 4: Modalities, Methods
- Module 5: Assessment Resources
- Module 6: Performance Evaluation

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

7-2 r ecap

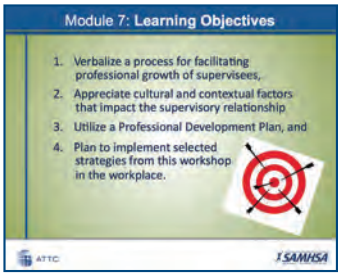
PURPOSE

Introduce a collaborative method for facilitating counselor professional development based on supervisor assessment of job performance and negotiation of a measurable proficiency improvement plan.

LEARNING OBJECTIVES

Participants will be able to:

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



7-3 Learning Objectives

TRAINER NOTE:
Remind the group there is a take-home assignment to be completed in order to receive a certificate for the 16 continuing education hours awarded following successful completion of the workshop. This assignment will be described at the conclusion of this module.

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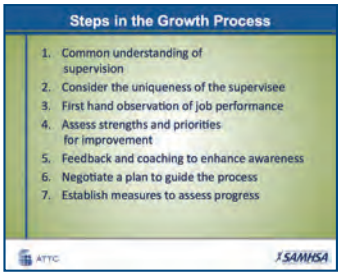
KEY STEPS IN THE PROCESS OF PROMOTING GROWTH

> (5 minutes)

Briefly review the following model for how to assure the ongoing development of counselor skills. Note that several of these steps have been covered and those that have not will be introduced in this portion of the workshop.

1. Both the supervisor and counselor understand one purpose of supervision is to assist the supervisee in building the knowledge, skills and attitudes essential to effective practice.
2. The context for professional counselor development is a collaborative alliance with the supervisor taking into account the unique individual characteristics and perspectives of the supervisee.
3. First hand observation is essential to developing an understanding of the counselor's knowledge, skills and attitudes.
4. An assessment of job performance helps identify both strengths and priorities for professional improvement.
5. Feedback and coaching help improve the counselor's self-awareness and understanding of agency expectations related to job performance.
6. A professional development plan negotiated between supervisor and supervisee can guide a process of knowledge and skill acquisition.
7. Establishing how progress or achievement will be measured helps determine the success of the process and make clear the criteria by which performance will be judged.



7-4 Key steps in the growth process

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RELATIONSHIP, CULTURE AND CONTEXTUAL FACTORS IN FACILITATING COUNSELOR DEVELOPMENT

> (15 minutes)

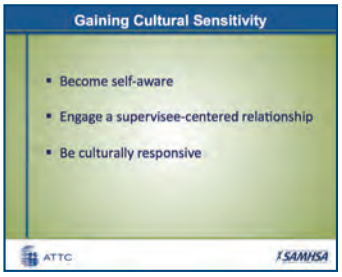
Note that these topics were addressed in the online course. Briefly review the following points:

- When we speak of context, we are referring to each person's unique frame of reference that influences the ways in which we think, perceive, interpret, and act.
- When we refer to cultural competence, we are talking about a person's ability to acknowledge cultural differences, to recognize personal biases and assumptions, and a willingness to increase personal knowledge and understanding of cultural differences.
- In relationships like clinical supervision, contextual factors often come into play. Context includes a broad range of factors such as ethnicity, culture, age, gender, socio-economic background, job position, education, experience, and treatment approach.

GUIDELINES FOR BUILDING AND DEMONSTRATING CULTURAL SENSITIVITY

Share the following as a review of what was presented in the online portion of the course:

- Become self-aware – of your identity as well as biases
- Engage a supervisee-centered relationship – know supervisees' individualized needs
- Be culturally responsive – Learn and use the supervisee's cultural knowledge, experience, and learning styles to tailor your supervision



7-5 Guidelines for Gaining Cultural Sensitivity

SAY

Each person brings a unique set of personal characteristics to the clinical setting. As supervisors and supervisees interact with one another, their relationship is strongly affected by each other's characteristics.

r elationship issues can arise from any of these personal characteristics:

- Ethnicity and race
- Age
- Gender
- Recovery
- Education
- Religion
- Culture
- Sexual orientation

7-6 r elationship issues

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STRATEGIES FOR BUILDING A RELATIONSHIP

Note: Supervisors play a critical role in increasing the understanding of how diversity can strengthen the work and clinical environment in an agency. And they have an obligation to seek ways to diminish problems caused by inattention to contextual factors.

Invite the group to consider how supervisors can improve the effectiveness of their supervisory relationships. Ask the participants to silently review the potential strategies on Slide 7-7 which a supervisor might employ:

- Recognize 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 open environment for multicultural communication

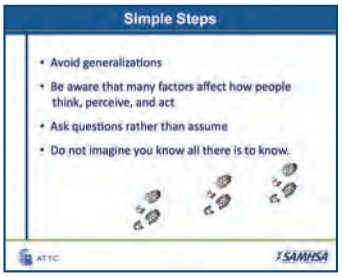
Refer to page 64 in the Participant Workbook.

ASK

Ask the group which strategies are most important to them. Allow the discussion to proceed for several minutes. Provide closure with a description of some simple steps to enhance the supervisory relationship and build a working alliance. The following are included on a slide:

- Avoid generalizations
- Remember many factors affect how people think, perceive, and act.
- Ask questions rather than assume.
- Do not imagine that you know all there is to know. There is more to learn about every culture-including your own.

7-7 Relationship building strategies



7-8 Simple Steps

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MOVING FROM PERFORMANCE EVALUATION TO IMPROVEMENT

> (50 minutes)

Note that earlier we reviewed the steps we might want to follow to foster improvement in our supervisees. Thus far we have addressed the first five steps. We have two more to consider:

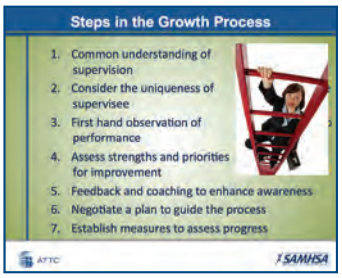
- Negotiating a plan to guide the process, and
- Determining how we will measure supervisee progress

Those are the topics we will address next. Stress that developing a plan for professional development is best done in the context of an effective working alliance with the supervisee, one embracing the issues just presented on understanding and diversity.

STEP 1

Begin a 15 minute presentation by proposing that a tool would help plan, keep the alliance on course, and clarify how the supervisee's progress will be measured. Elements of the tool could include:

1. Identification of a target competency
2. Counselor strengths upon which to continue development
3. Description of specific concerns to be addressed in the plan
4. Identification of knowledge, skills and/or attitudes targeted for improvement
5. Activities selected to help the supervisee achieve of the goal, and
6. How progress will be measured to assess progress

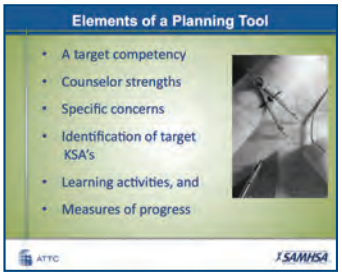


7-9 Key steps revisited

Continue the presentation by reviewing the first page of a proposed two-page form called the Professional Development Plan. Show how the information reviewed thus far contributes to filling out the form. The slide is animated and allows the trainer to click through each element of the form, clarifying the preferred content. Include the following points in the presentation:

1. Foundation/Practice Dimension and Competency form the targets of the plan and are often negotiated with the supervisee. It is important for the counselor to be invested and see the value of developing greater proficiency in the topic selected.

2. Strengths and Challenges/Concerns should be linked. The strengths provide the foundation upon which improvement will be based. The challenge/concern describes the need to improve and provides the rationale for encouraging the change.



7-10 Planning tool elements

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3. Present level of proficiency can result from the supervisor's assessment or be the result of collaboration between the supervisor and counselor. It represents the starting point for the targeted improvement.

4. The issue to be addressed provides specific descriptions of the knowledge, skills and/or attitudes targeted for change or improvement. They represent the prerequisites to enhanced proficiency or job performance.

5. The goal is a behavioral or measurable statement of what is to be accomplished. It could be considered the outcome of the improvement process or a statement of how job performance will be improved.

6. The activities include both what the counselor and the supervisor will do that will lead to achieving the goal. It is important for the activities list to be as specific as possible, including the what, where, when and how of the assignment.

7. Metrics refers to how progress will be measured. Examples include the counselor producing a product like making a presentation or demonstrating the targeted behavior or skill in a role play or actual clinical session. This is an important part of the plan in that it indicates what the criteria will be for determining the extent to which the plan's goal is achieved.

8. Target Completion Date establishes a time frame within which the specific activities will be accomplished. There may be several tasks to be completed, so this is not the date by which the ultimate goal will be achieved. Instead it represents the targets for completing the several objectives that may be necessary to attain the ultimate goal.

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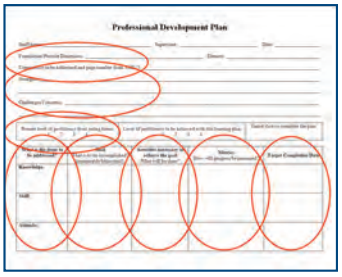

7-11 pDp

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STEP 2

Practice formulating a Professional Development Plan (PDP). Following the presentation invite small groups of three to develop a PDP for Megan, the counselor in the case study reviewed previously. In an earlier exercise participants identified 1-3 competencies that might be appropriate targets for Megan's professional development. Give each triad 20 minutes to fill in the form. You can handout a separate form for the group to use or ask them to use the form in their workbook. Suggest they follow this procedure:

1. Collaborate on targeting a Foundation/Practice Dimension and a single Competency, based on your previous review of the case study.

2. Describe Megan's strengths and the concerns you have related to the competency that was selected as the target for the plan.

3. Determine the proficiency level that best describes Megan's current ability, based on the Rubrics for the competency you selected.

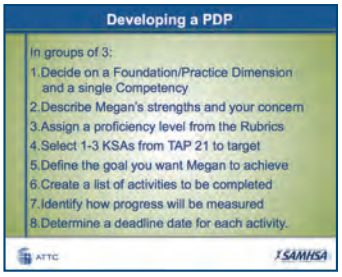
4. Indicate which Knowledge, Skills and/or Attitudes need to be addressed from the list in TAP 21. Choose one to three to focus on as a starting point.

5. Define the goal as clearly as possible. What is the anticipated outcome or behavior which will indicate successful achievement of the goal?

6. Specify what Megan and the supervisor will do to help her accomplish the goal. It is typical for the assignment to include several activities that serve as steps to the goal.

7. Clarify how progress will be measured. What will Megan do to demonstrate her progress or completion of a specific activity or objective?

8. Identify the deadline for completing each assigned activity.



7-12 activity instructions

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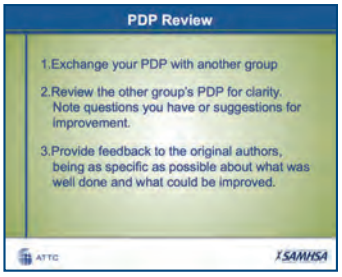
STEP 3

Next ask each group to exchange their PDP with another triad. Give each group about 5 minutes to review the other group's work and prepare some feedback regarding the clarity of the plan and what might be improved. Then provide about 10 minutes for the triads to give each other feedback and discuss how the plans could be enhanced.



7-13 Review and Feedback Instructions

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PRACTICE NEGOTIATING A PROFESSIONAL DEVELOPMENT PLAN
> (30 minutes)

In this final practice activity, the triads that developed the Megan PDP will now practice negotiating the PDP in a role play. Ask each tried to do the following:

1. Assign a role for each person: a supervisor, a counselor to play Megan (the supervisee) and an observer.

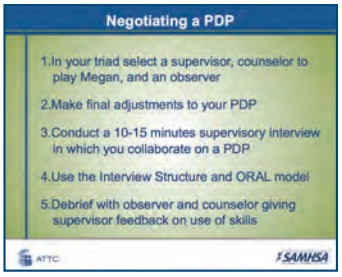
2. Make final adjustments to their PDP, based on the feedback they received in the previous activity.

3. Conduct a 10-15 minute supervisory interview between the supervisor and the counselor. The observer takes notes regarding use of:
   a. ORAL feedback model
   b. Interview structure
   c. Skills in negotiating a clear understanding/agreement with the supervisee

4. Following the role play the observer and the counselor share feedback with the supervisor, emphasizing strengths in using the skills and noting also suggestions for potential improvement. Unfortunately, due to time constraints, there will likely not be an opportunity for other members of the triad to role play the supervisor.

During the role play practice, the trainer should monitor the interviews and serve as a consultant if any of the small groups request assistance.

Next conduct a 10-15 minute discussion with the large group. Ask for comments about successes or challenges the supervisors experienced in using the skills and negotiating with the supervisee. In closing the discussion, compliment the group on the progress you have seen and transition to the next activity which is the assignment that will conclude the workshop.



7-14 Interview practice

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FINAL ASSIGNMENT

> (10 minutes)

To complete the workshop each participant will be given an assignment to complete upon return to the worksite. The instructions appear in the workbook. They include:

The assignment is to assess your supervisory knowledge and skills using the information in *Competencies for Substance Abuse Treatment Clinical Supervisors: TAP 21-A.* Specifically, here is the assignment:

1. Read Section I: Introduction and Section II: Implementation Guidelines in *TAP 21-A.*

2. Review Section III: Foundation Areas and Section IV: Performance Domains in *TAP 21-A.*

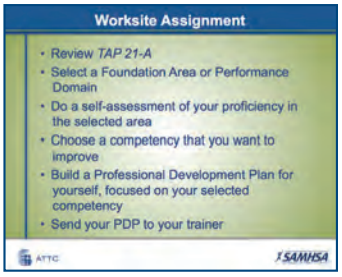
3. Select one Foundation Area or one Performance Domain and do a self-assessment of your proficiency on each of the competencies in the Foundation or Performance Domain you select. Suggestions include:
   a. FA3: Supervisory Alliance
   b. PD1: Counselor Development
   c. PD4: Performance Evaluation

4. Select one competency from the Foundation or Performance Domain you selected that you would like to improve.

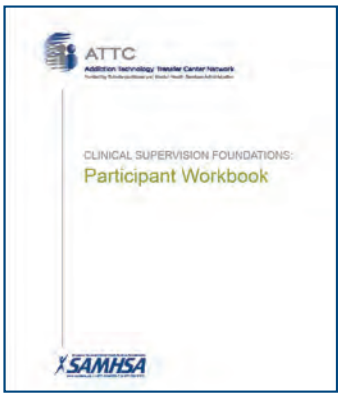
5. Complete a Supervisor Professional Development Plan, using the form that appears in your Participant Workbook, for the competency you selected. Be specific with regard to what Knowledge, Skill or Attitude you want to develop, what activities you will undertake to accomplish your goal, and how you will measure your progress/ success.

6. Mail the completed Supervisor PDP to your trainers for their review.

7. Upon satisfactory completion of the assignment you will receive a Continuing Education Certificate by return mail.



7-15 Worksite assignment



Participant Workbook pg 78

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CLOSURE
> (5 minutes)

In closing the workshop make sure you include the following:

The assignment is to assess your supervisory knowledge and skills using the information in *Competencies for Substance Abuse Treatment Clinical Supervisors: TAP 21-A.* Specifically, here is the assignment:

1. Invite participants to share any final message they might have for the group.
2. Ask each to complete the workshop evaluation form.
3. Confirm that you have each participants mailing and e-mail address.
4. Be sure to share the mailing and/or e-mail address to which their final assignment should be sent.
5. Thank everyone for attending and wish them safe travel home.

7-16 Thank you

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