



**Supervision Portfolio:
Supervisor Documents for Supervision**

**Compiled and Created By:
Dr. Rhonda Johnson
LPC-S, LMFT-S,
RPT-S, NCC, CEAP, EMDR CONSULTANT,
SOMATIC EXPERIENCING™ PRACTITIONER IN
TRAINING**

**Center for Counseling & Family Relationships Training
4500 Mercantile Plaza Drive, Ste. 307
Fort Worth, TX 76137
817-232-9400
training@ccfam.com**

**© Dr. Rhonda Johnson
Last Revision August 2021**

This portfolio is given to training participants.
Please do not copy or distribute without permission of the author.

Reference Request Questions for Supervisees

What responsibilities does/did the applicant have when working with your organization? If you were a professor for this applicant, what were the requirements they had within the counseling program in clinical training?

What are his/her strengths?

What are his/her weaknesses?

Is he/she dependable (absenteeism) and punctual as well?

Does he/she have good organizational skills and complete assignments on time? How does he/she respond to supervision? Is he/she willing to incorporate suggestions into work habits/flexible?

Is he/she a team player (collaborate and work well with co-workers)? What kind of relationship did he/she have with co-workers? What kind of relationship did he/she have with clients/students?

What information do you have that would attest to her counseling skills or ethics in working with clients?

Is there any other information I should consider before hiring this applicant? Would you choose to work with this applicant again?

Informed Consent for Telemental Health Supervision

The following information is provided to supervisees who are seeking Telemental Health supervision. This document covers your risks and benefits associated telesupervision. Please read this document carefully, note any questions you would like to discuss and sign.

Tele Mental Health Services Defined:

Telemental Health Services means the remote delivering of health care services via technology-assisted media. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of service delivery.

Limitations of Tele Mental Health Supervision:

While Telemental Health Supervision offers several advantages such as convenience and flexibility, it is an alternative form of supervision and thus may involve disadvantages and limitations. For example, there may be a disruption to the service. This can be frustrating and interrupt the normal flow of personal interaction. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, various details such as facial expressions might not be able to be seen. If audio quality is lacking, I might not hear differences in your tone of voice that I could easily pick up if you were in my office. Additionally, the therapy office decreases the likelihood of interruptions. However, there are ways to minimize interruptions and maximize privacy and effectiveness. As the supervisor, I will take every precaution to insure technologically secure and environmentally private supervision sessions. As the supervisee, you are responsible for finding a private, quiet location where the sessions may be conducted. The virtual sessions must be conducted on a Wi-Fi connection for the best connections and to minimize disruption.

In Case of Technology Failure:

During a Telemental Health supervision session, we could encounter a technological failure. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, please call me back at 817-232-9400. Please make sure you have a phone with you and that I have that phone number. We may also reschedule if there are problems with connectivity.

Structure of Sessions:

After assessment of your supervision needs, we will determine if Telemental Health Services are appropriate for you. If appropriate, you may engage in either face-to-face sessions, Telemental Health or both. We will discuss what is best for you.

Email:

Email is not a secure means of communication and may compromise your confidentiality.

I strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g. has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.)

Please use the Valant portal to send secure communications if you do not have access to HIPAA compliant email.

I agree to take full responsibility for the security of any communications or treatment on my own computer or electronic device and in my own physical location. I understand I am solely responsible for maintaining the strict confidentiality of my user ID, password, and/or connectivity link. I shall not allow another person to use my user ID or connectivity link to access services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversations.

I understand that there will be no recording of any of the online sessions.

By signing this Informed Consent, I, the undersigned supervisee, acknowledge that I have both read and understood all the terms and information contained herein.

Supervisee Signature

**Sample Release Form for Permission to Tape Client Sessions
Video and Electronic Media Recording Client Release Form**

I, _____ give my consent to record audio and video of my child's counseling sessions and securely store the file on electronic media. **I have been informed and acknowledge that all electronic recording will be done with my full knowledge and will be used for counselor training and supervision.** Any other use of this material is unauthorized unless I give informed written consent.

I acknowledge and agree that any and all recordings will be erased/deleted from any and all recording media at no later than ninety days after the counseling session.

The co-signature of the provider on this form acknowledges responsibility for the professional use and appropriate protection of and disposal of recorded material.

Date

Therapist Signature

Parent/Guardian Signature

LPC-Associate Counseling Agreement

Please initial the following statement to acknowledge your understanding:

___ I understand that I am seeing a Licensed Professional Counselor Associate for counseling services. The State of Texas requires 1,500 hours of direct client hours to become fully licensed.

___ I understand that my counselor will be participating in supervision with their supervisor on a weekly basis.

Client's printed name

Date

Signature of client OR parent or guardian, if client is under 18 years of age
Supervised By: Dr. Rhonda Johnson

LPC Supervision Beginning Checklist

Name of Supervisor _____

Contact Info _____

Name of LPC Associate _____

Contact Info _____

Both Initials required for completion and/or changes

Date of completion

Starting Supervision

_____ **Three E-mail Addresses for Professional References (with at least 2 returned)**

_____ **Copy of Signed Informed Consent**

_____ **Copy of Supervision Contract**

_____ **Supervisory Agreement Form Signed or Supervisor Change Request Form (copy in file)**

_____ **Copy of LPC-S Current Renewal License**

_____ **Matching LPC Associate and Supervisor Liability Insurance**

_____ **If you are now creating a group practice, consider group liability insurance**

_____ **Make copies of everything**

_____ **Mail everything certified mail signature return receipt**

_____ **Online Confirmation of Supervisor/LPC Associate Status**

_____ **Confirmation of Supervisory Site(s) by Supervisor**

LPC Supervision Ongoing Checklist

_____ **Copies of Supervision Logs Initialed by LPC-S and Associate at Each Supervision Session**

_____ **Clarify what counts as Direct/Indirect hours**

_____ **Notes of Content for Each Session Documented on Logs and in File**

_____ **Copies of Supervisor Approved LPC-Associate Advertising in File**

_____ **Notes of LPC Rules/Statutes Discussion Documented in Log (as per LPC rules)**

_____ **Receipts for any Supervision Payments/Copies of Financial Agreements in File As Needed**

_____ **Copies of Any Address Changes of Supervisor or Associate (return receipt included, or checked TX Site)**

_____ **Notes in File of Any Remediation Plans and Progress for Associate Every 6 months**

_____ **Check Websites of LPC-Associate Advertising for Requirements of the Supervisor Being Listed**

_____ **Completed Evaluations by Supervisor and Supervisee Ending Supervision**

_____ **Copy of Supervisory Experience Documentation Form Sent to Board (w/return receipt)**

_____ **Copy of Licensing Approval or Deficiency Letter**

_____ **Supervisee Name Removed from Supervisor Name on Website Once License Is Obtained**

We have reviewed this checklist together throughout the supervisory relationship and agree that the materials in the LPC Associate file and actions toward licensure accurately reflect our professional experience.

Signature of LPC-S _____ Date _____

Signature of LPC Associate _____ Date _____

On-Site Supervisor Release/Acknowledgement of Responsibilities

Associate Information

- Name _____
- Cell phone number: _____
- Home phone number: _____

Clinical Hours Site Information

- Name of field site program: _____
- Address (include zip): _____
- Phone number of field site: _____
- Website address: _____

Site Supervisor Information

- Name of Site Supervisor: _____
- Site Supervisor E-mail: _____
- Site Supervisor Phone Number: _____

Board Supervisor Information

- Name of Board Supervisor: _____
- Board Supervisor E-mail: _____
- Board Supervisor Phone Number: _____

Please Attach A Copy of Job Responsibilities at This Site

Site Information Requested from Site Supervisor

- How does the Supervisee receive supervision at this site?

- What types of accountability do they have for their work/clinical responsibilities at your site?

- Please sign the bottom of the attached job responsibilities to acknowledge that the information includes all pertinent responsibilities and roles of the supervisee at your site

Supervisee Release for Board Supervisor to Speak with Site Supervisor

I, _____, give my consent for Dr. Rhonda Johnson to given information to and receive information from my site supervisor, _____ . Contact with my site supervisor will be to assist with my professional growth during evaluations and ensure compliance with ethical guidelines with the _____ Board Rules and Regulations and Code of Ethics.

Supervisee Signature: _____

Site Supervisor (please circle the appropriate response):

The supervisee (is allowed/is not allowed) to videotape direct clinical hours performed at this site with an appropriate video release form.

The supervisee (is allowed/is not allowed) to bring clinical notes and treatment plans to supervision for review and to strengthen skills.

If the supervisee is not allowed to videotape or clinical notes, will the supervisee have consistent accountability and supervision to strengthen clinical skills and professional knowledge? (Yes/No)

Please contact Dr. Rhonda Johnson if the supervisee does not comply with the following requirements at their site. Dr. Johnson is liable for all clinical and ethical actions of the supervisee.

- Being ethical with all job responsibilities
- Being on time for responsibilities
- Being open to feedback for responsibilities
- Being a team player for the organization
- Keeping accurate documentation up to date as required
- Completing all job responsibilities

Supervision Weekly Documentation

Supervisee Name _____

Today's Date _____

Dates Clients Seen _____

I want to focus our next supervision session on:

What actions I took based on the areas we talked about in our last supervision session and an overview of the results.

Any ethical concerns	YES	NO
----------------------	-----	----

I have completed all my notes for all my clients	YES	NO
--------------------------------------------------	-----	----

I have completed all my treatment plans on all existing clients	YES	NO
-----------------------------------------------------------------	-----	----

I have called all my clients who have not had a session in a month	YES	NO
--------------------------------------------------------------------	-----	----

I have completed all needed termination forms	YES	NO
-----------------------------------------------	-----	----

All of my e-mails using my LPC Associate credential, all web advertising (including Psychology Today, LinkedIn, and employment websites), all business cards with my credential have my supervisor's name

YES	NO
-----	----

Homework I completed and resources I have read or looked into to help my clients:

I believe my strengths in the counseling sessions since my last supervision were:

Some things I need to improve on in counseling sessions before my next supervision are:

Total Number of Hours:

Direct _____

Indirect _____

Supervisor Signature _____

Clients Seen and Actions Taken: (initials and diagnosis/issue they are coming for)

**LPC ASSOCIATE LEAVE OF ABSENCE
SUPERVISION CONTRACT**

This SUPERVISION CONTRACT is effective the _____ day of _____,
_____ by and between Dr. Rhonda Johnson (the "Supervisor") and _____
(the "Supervisee").

SUPERVISEE: The supervisee is asking for a leave of absence of longer than a month for the purpose of:

TIME FRAME: The supervisee is asking for a leave of absence for this time frame. The expected return to supervision date is _____.

MALPRACTICE INSURANCE: The Supervisee shall maintain their professional liability insurance during this time of absence.

HOURS FOR LICENSURE: It is understood that the Supervisee shall not count any direct or indirect hours for board licensure requirements during this leave of absence from supervision.

CONFIRMATION OF RETURN: The Supervisee shall contact the Supervisor by this date _____ to confirm their return date to supervision.

TERMINATION: If the Supervisee does not confirm their return and return to supervision by the agreed upon time frame, it is at the Supervisor's discretion whether or not they would like to extend the leave of absence at the Supervisee's request or terminate the Supervisor relationship with the Supervisee. If the Supervisor chooses to terminate supervision, the Supervisor will give 30 days to obtain a new supervisor. The Supervisee shall be entitled to a copy of the records kept by Supervisor for Services rendered up to the effective date of such termination.

Supervisee Signature: _____ Date:

Supervisor Signature: _____ Date:

Supervisee Remediation Plan

Date of Remediation Plan Meeting:

Name of Employee:

Supervisor:

Any Additional Pertinent Supervisors: Dr. Rhonda Johnson

Date for Follow-up Meeting:

Description of the problem:

Professional problems: (Examples Below)

Not receptive to feedback from supervisor

Not open to self-examination

Exhibits inappropriate boundaries with clients, peers, colleagues, supervisor, and faculty

Not able to retain clients

Procedural Compliance: (Examples Below)

Not following policies and procedures of counseling setting or the licensing board.

Not attending supervision weekly

Participating in required staff meetings

Not adding supervisor name to all advertising on websites and all e-mails

Professional Identity:

Does not demonstrate ethical behavior

Counseling Skills problems: (Examples Below)

Does not demonstrate basic counseling skills

Does not consult with other professionals and coordinate services

Does not show advanced counseling skills

Does not demonstrate a theory orientation

Unable to diagnose or conceptualize client cases

Documentation: (Examples Below)

Does not complete application for clinical work

Does not submit logs on time

Does not submit evaluations on time

Is not documenting treatment plans or notes for client sessions

Is not documenting call log

Is not documenting termination forms

Steps already taken by the supervisor:

(Examples: verbal warning on what dates?, written warnings, termination etc.)

Tasks/Expectations for Acceptable Performance:
(These should be the opposite of the examples above. They need to be clearly defined and specific.)

Consequences for Unsuccessful Remediation (or next steps if not completed):

I, _____, have reviewed the above remediation plan with my supervisor. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below.

_____ Supervisee Name	_____ Date	_____ Supervisor Name	_____ Date
--------------------------	---------------	--------------------------	---------------

Dufrene, Roxane and Kathryn Henderson. A Framework for Remediation Plans for Counseling Trainees. A Paper based on a program presented at the 2009 American Counseling Association Annual Conference and Exposition, March 19-23, Charlotte, North Carolina.

Supervisee's comments:

Evaluation Using the Supervisee Performance Assessment Instrument

Evaluation

Evaluation is considered to be a foundational aspect of clinical supervision, which embodies the supervisor roles of monitoring supervisee development and serving as a gatekeeper for the profession (Bernard & Goodyear, 2004; Bradley & Ladany, 2001; Haynes, Corey, & Moulton, 2003; Stoltenberg, McNeill, & Delworth, 1998). Many supervisors look at evaluation with a love-hate relationship, since it poses some significant challenges. Since most supervisors have been trained as nonevaluative advocates, they often exhibit reluctance, lack of skill, and anxiety in conducting evaluations. These challenges notwithstanding, evaluation is ever present in all stages of supervisee development and cannot be ignored or overlooked.

Intro to the Supervisee Performance Assessment Instrument

The Supervisee Performance Assessment Instrument (SPAI) is a multifaceted tool that allows for self-assessment by the supervisee, collaboration between the supervisor and the supervisee, and/or supervisor assessment. The design of this instrument is to focus on the collaborative process between the supervisor and the supervisee through the option of choosing both the evaluation criteria and the performance scale items. In developing this instrument as a collaboration tool, we decided to depart from many other scales by introducing a large number of evaluation criteria and by using a nonhierarchical type of scaling. Our rationale behind these two ideas is to provide the user with as much flexibility as possible in creating an evaluation tool that meets the needs of both the supervisee and supervisor.

The evaluation criteria of the SPAI are arranged in five categories. These categories consist of skill development, case conceptualization, and personalization as defined by Bernard's (1979) Discrimination Model, with the addition of professional issues and supervision skills. We have attempted to include as many different criteria for assessment in each category as possible, and thus you will find there are far too many for any one situation. This allows the supervisor and supervisee to choose the specific criteria for evaluation and tailor these to specific individuals or groups. This instrument also has the flexibility of accommodating additional criteria to customize the evaluation for individuals or unique applications.

The absence of a traditional evaluation scale is a foundational feature of this instrument. Traditional scales often succumb to response styles such as the halo effect, generosity, and central tendency. We are suggesting the use of some combination of the following instrument scale items.

-
- A. I have not been trained in using this skill.
 - B. I seldom use this skill.

- C. I use this skill often.
- D. This is a skill that does not fit my model/style.
- E. I am comfortable using this skill.
- F. I am uncomfortable using this skill.
- G. I would like additional information and training on this skill.

Supervisees may choose one or more of these scale items based on their own self-reflection. This type of scale is far less hierarchical and lends itself to more discussion and action. Although this scale is designed for supervisees, supervisors could adapt it to fit their needs by inserting hierarchical words, such as adequate/inadequate, sufficient/insufficient, satisfactory/unsatisfactory, effective/ineffective.

We describe this as a collaborative instrument. The collaboration takes place between the supervisor and supervisee in developing the specific criteria and scaling to be used in each application. Following is a brief example of this assessment in action.

Example: The supervisor and supervisee collaborate and focus on each of the five categories, together choosing the criteria that best apply to the supervisee's situation. In this example, we have chosen the criterion, "Helps clients build on their strengths." Once the criteria have been identified, the supervisee decides which scale items best describe his or her situation and goals. In this example, the supervisee might pick the following:

B, F, G Helps clients build on their strengths

Note: B, F, and G represent instrument scale items above. B = I seldom use the skill; F = I am uncomfortable using this skill; G = I would like additional information and training on this skill.

In discussion with the supervisor, the supervisee says that she is not using the skill often because it feels awkward, as though she is praising the client. This dialog both identifies the area of weakness and provides sufficient information to begin forming a plan to increase the efficacy of the behavior.

The criteria that have been developed thus far for the instrument have a bias toward the inexperienced counselor, whether a graduate student or a licensed counselor in the temporary-license category. ... (continues in original document)

The SPAI

Place the letter(s) of the instrument scale items chosen in the space preceding the criterion.

Intervention Skills

- ___ Listens to verbal and nonverbal communications
- ___ Projects warmth, caring, and acceptance
- ___ Communicates empathy and genuineness with clients
- ___ Communicates effectively, using basic skills such as paraphrases, reflections, questions, and summaries
- ___ Establishes effective therapeutic relationships
- ___ Observes in-session behavior (e.g., client language) and uses it to facilitate the client/counselor relationship
- ___ Uses silence as an effective intervention technique
- ___ Times interventions to maximize effectiveness
- ___ Attends to the relationship with clients
- ___ Demonstrates readiness to explore charged areas
- ___ Understands and uses resistance to assist clients
- ___ Demonstrates effectiveness in making formal assessments
- ___ Performs effective harm assessments
- ___ Assists clients in goal setting
- ___ Helps clients build on their strengths
- ___ Assists clients in assuming responsibility for their progress in therapy
- ___ Assists clients in normalizing their behavior
- ___ Understands how to help clients change their behavior
- ___ Understands how to assist clients who are in crisis
- ___ Demonstrates an ability to be concrete and specific
- ___ Assists clients in identifying and exploring presenting problems
- ___ Demonstrates the use of multiple approaches to treatment
- ___ Works effectively with immediacy
- ___ Exhibits control of the session
- ___ Models effectively for clients
- ___ Assists clients by partializing behavior
- ___ Effectively uses reinforcement
- ___ Rehearses new behaviors and skills with clients
- ___ Effectively uses contracts and homework assignments
- ___ Makes referrals when necessary
- ___ Is knowledgeable about planned breaks, interruptions, and unplanned endings
- ___ Is knowledgeable about termination:
 - ___ Reviewing the treatment process
 - ___ Giving and receiving feedback
 - ___ Saying goodbye

Conceptualization Skills

- ___ Identifies relevant client themes and patterns
- ___ Assists clients in perceiving situations from different points of view
- ___ Assists clients in creating new perspectives
- ___ Uses client information to develop working hypotheses or hunches
- ___ Makes relevant observations about client behavior
- ___ Identifies and uses client discrepancies
- ___ Perceives underlying client discrepancies
- ___ Perceives underlying client issues
- ___ Uses client cultural background in assessment, diagnosis, and treatment
- ___ Encourages clients to hypothesize about their own behavior
- ___ Assists clients in developing relevant focus and direction
- ___ Evaluates the efficacy of interventions
- ___ Is knowledgeable about systems and their impact on the client
- ___ Accurately ascertains the reality of the client
- ___ Adapts theory and techniques to meet the client's reality
- ___ Grasps the complexity of issues involved with each client
- ___ Willing to reevaluate the conceptualization of the client
- Diagnosis and treatment:
 - ___ Identifies presenting symptoms and formulates DSM diagnoses
 - ___ Formulates hypotheses based on client information
 - ___ Develops appropriate strategies and interventions based on established counseling theories and techniques

Personalization Skills

- ___ Recognizes personal assets and liabilities
- ___ Perceives self in relationship with clients
- ___ Directly addresses the relationship process
- ___ Understands differences between clients and self
- ___ Understands the dynamics of transference and countertransference
- ___ Perceives and addresses countertransference
- ___ Understands power and influence and their use in enhancing client development
- ___ Perceives and understands boundaries in the client/counselor relationship—
 e.g., limit setting, sexual involvement, time limits, gifts
- ___ Sets and maintains appropriate boundaries
- ___ Understands the advantages and disadvantages of self-disclosure
- ___ Responds effectively to personal questions
- ___ Is knowledgeable concerning out-of-office contacts
- ___ Works effectively with clients who are culturally different
- ___ Is aware of own cultural background and how it may influence the
 client/counselor relationship
- ___ Is aware of own feelings and uses them in assisting clients

Professional Behavior

- ___ Participates in continuing education activities such as supervision, consultation, personal counseling, courses, workshops, teaching, reading, writing
- ___ Completes paperwork, such as intakes and case notes, in a concise and timely manner
- ___ Communicates written information clearly and effectively
- ___ Provides a thoughtful disclosure statement to clients
- ___ Communicates orally clearly and effectively
- ___ Respects appointment times with clients and supervisors
- ___ Possesses working knowledge of relevant professional literature
- ___ Dresses appropriately
- ___ Is aware and responsive to relevant ethical standards:
 - ___ Is knowledgeable about the profession's primary ethical standards
 - ___ Effectively applies ethical standards to practice situation
 - ___ Has begun to think ethically
 - ___ Seeks consultation on complex ethical situations
- ___ Is aware and responsive to relevant legal standards:
 - ___ Is knowledgeable concerning laws that pertain to counseling practice
 - ___ Applies legal mandates to practice situations
 - ___ Seeks consultation on complex legal matters
- ___ Makes a conscious effort to improve counseling knowledge and skill
- ___ Exhibits willingness to work on personal issues
- ___ Exhibits respectful behavior towards clients and peers
- ___ Demonstrates an awareness of personal influence and impact on client

Supervision Skills for the Supervisee

- ___ Initiates dialog with the supervisor
- ___ Arrives prepared at each supervision session
- ___ Identifies questions, concerns, and issues relevant to current cases
- ___ Creates professional development goals for supervision
- ___ Shows interest in learning
- ___ Understands and incorporates suggestions
- ___ Willing to take risks for learning and identifying troublesome situations
- ___ Seeks clarification of unfamiliar situations
- ___ Accepts encouragement and constructive criticism
- ___ Demonstrates concern and commitment to clients
- ___ Actively participates in the supervisory process
- ___ Shows willingness to engage in and use role-plays effectively

Fall, M. & Sutton, J. (2004). *Clinical Supervision: A Handbook for Practitioners*. Boston, MA: Allyn & Bacon.

Adaptation of **Counseling Self-Estimate Inventory (COSE)**

1. When using responses like reflection of feeling, active listening, clarification, probing, I am concise and to the point.
2. When I initiate the end of a session, it is not abrupt or brusque and I end sessions on time.
3. I respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutia).
4. I am certain that my interpretation and confrontation responses will be concise and to the point.
5. The wording of my response's reflection of feeling, clarification, and probing are easy to understand.
6. I respond to the client in a non-judgmental way with respect to the client's values, beliefs, etc.
7. I respond to a client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).
8. The type of response I use at a particular time, reflection of feeling, interpretation, etc., is the appropriate response.
9. The content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with what the client is saying.
10. I appear competent and earn the respect of my client.
11. I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.
12. The content of my interpretation and confrontation responses will be consistent with what the client is saying.
13. I have enough fundamental knowledge to do effective counseling.
14. I maintain the intensity and energy level needed to produce client confidence and active participation.
15. The wording of my interpretation and confrontation responses will be clear and easy to understand.
16. I express myself in a way that is natural, without deliberating over every response or action.

17. I understand and properly determine probable meanings of the client's nonverbal behaviors.
18. I know when to use open or closed-ended probes and that these probes will reflect the concerns of the client and not be trivial.
19. My assessments of client problems are as accurate as I would like them to be.
20. I am able to appropriately confront and challenge my client in counseling.
21. I possess a large enough repertoire of techniques to deal with the different problems my clients may present.
22. I feel competent regarding my abilities to deal with crisis situations that may arise during the counseling sessions (e.g., suicide, alcoholism, abuse).
23. I am comfortable dealing with clients who appear unmotivated to work towards mutually determined goals.
24. I am sure how to work with clients who do not verbalize their thoughts during the counseling session.
25. I am sure how to work with clients who appear noncommittal and indecisive.
26. When working with ethnic minority clients, I am confident that I will be able to bridge cultural differences in the counseling process.
27. I will be an effective counselor with clients of a different social class.
28. I am confident that I will be able to conceptualize my client's problems.
29. I am sure about how to lead my client towards the development and selection of concrete goals to work towards.
30. I can assess my client's readiness and commitment to change.
31. I do not give advice to clients.
32. In working with culturally different clients, I can view situations from their perspective.

Larson et. al

ANTICIPATORY SUPERVISEE ANXIETY SCALE (ASAS)

Directions: Complete before your supervision session.

Below are a number of statements that describe possible feelings or experiences you may have about your upcoming supervision session. Recall, if you have more than one supervisor or supervision session per week, please choose the supervision session you were asked to rate.

Please indicate your *current* thoughts and/or feelings about your *upcoming* supervision session by responding to the sentence stem: "in anticipation of my upcoming supervision session, I...." Rate each item on a scale of 1 to 9; 1 meaning "not at all true of me," 5 meaning "moderately true of me," and 9 meaning "completely true of me." It is very important to answer all questions; otherwise your data will not be fully useable.

1	2	3	4	5	6	7	8	9
<i>Not at all true</i>		<i>Mildly true</i>		<i>Moderately true</i>		<i>Very true</i>		<i>Completely true</i>

"In anticipation of my upcoming supervision session, I....."

- ___ 1. have difficulty focusing on what I will say to my supervisor
- ___ 2. feel my heart pounding
- ___ 3. feel anxious about how my supervisor might evaluate me
- ___ 4. feel self-conscious
- ___ 5. worry about how my peers will see me
- ___ 6. think less of myself because of my shortcomings as a therapist
- ___ 7. feel fearful that I might receive a negative evaluation from my supervisor
- ___ 8. notice I am having a hard time relaxing
- ___ 9. feel nervous
- ___ 10. feel annoyed with my limitations
- ___ 11. am concerned about my skills compared to other therapists
- ___ 12. can't help but compare myself to my peers
- ___ 13. feel overwhelmed
- ___ 14. begin to find fault with my therapy session
- ___ 15. feel apprehensive

- ___ 16. feel calm
- ___ 17. feel antsy
- ___ 18. feel stressed out
- ___ 19. feel afraid I might lose face in front of my supervisor
- ___ 20. question my abilities as a therapist
- ___ 21. think that I won't perform at my best in the supervision session
- ___ 22. feel myself getting tense
- ___ 23. feel relaxed
- ___ 24. worry that I might not make sense (be coherent in presenting the issues)
- ___ 25. wonder what my supervisor might be thinking of me
- ___ 26. become concerned about what my supervisor might think of me
- ___ 27. worry that I might appear stupid
- ___ 28. am uneasy about receiving criticism from my supervisor

*reverse scored item

To score the ASAS, reverse score items first, then sum items; higher scores indicate greater anticipatory supervisee anxiety.

Singh and Ellis

SUPERVISEE LEVELS QUESTIONNAIRE

Please answer the items that follow in terms of your own *current* behavior. In responding to those items, use the following scale:

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Half the Time</i>	<i>Often</i>	<i>Most of the time</i>	<i>Always</i>
1	2	3	4	5	6	7

1. I feel genuinely relaxed and comfortable in my counseling/therapy sessions. ____
2. I am able to critique counseling tapes and gain insights with minimum help from my supervisor. ____
3. I am able to be spontaneous in counseling/therapy, yet my behavior is relevant. ____
4. I lack self-confidence in establishing counseling relationships with diverse client types. ____
5. I am able to apply a consistent personalized rationale of human behavior in working with my clients. ____
6. I tend to get confused when things don't go according to plan and lack confidence in ability to handle the unexpected. ____
7. The overall quality of my work fluctuates; on some days I do well, on other days, I do poorly. ____
8. I depend upon my supervision considerably in figuring out how to deal with my clients. ____
9. I feel comfortable confronting my clients. ____
10. Much of the time in counseling/therapy I find myself thinking about my next response instead of fitting my intervention into the overall picture. ____
11. My motivation fluctuates from day to day. ____
12. At times, I wish my supervisor could be in the counseling/therapy session to lend a hand. ____
13. During counseling/therapy sessions, I find it difficult to concentrate because of my concern about my own performance. ____
14. Although at times I really want advice/feedback from my supervisor, at *other* times I really want to do things my own way. ____
15. Sometimes the client's situation seems so hopeless. I just don't know what to do.

16. It is important that my supervisor allow me to make my own mistakes. ____
17. Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don't. ____
18. Sometimes I question how suited I am to be a counselor/therapist. ____
19. Regarding counseling/therapy, I view my supervisor as a teacher/mentor. ____
20. Sometimes I feel that counseling/therapy is so complex, I never will be able to learn it all. ____
21. I believe I know my strengths and weaknesses as a counselor sufficiently well to understand my professional potential and limitations. ____
22. Regarding my counseling/therapy, I view my supervisor as a peer/colleague. ____
23. I think I know myself well and am able to integrate that into my therapeutic style. ____
24. I find I am able to understand my clients' view of the world yet help them objectively evaluate alternatives. ____
25. At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn't change much from day to day. ____
26. I find I am able to empathize with my clients' feeling states, but still help them focus on problem resolution. ____
27. I am able to adequately assess my interpersonal impact on clients and use that knowledge therapeutically. ____
28. I am adequately able to assess the client's interpersonal impact on me and use that therapeutically. ____
29. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without *undue overinvolvement* with my clients. ____
30. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without *excessive distance* from my clients. ____

Scoring key: Self and Other Awareness items: 1, 3, 5, 9, 10*, 13*, 24, 26, 27, 28, 29, 30

Motivation items: 7, 11*, 15*, 18*, 20*, 21, 23, 25

Dependency/Autonomy items: 2, 4*, 6*, 8, 12*, 14, 16, 17, 19*, 22

*indicates reverse scoring. To score: sum the items in the scale, then divide by the number of items.

Supervisee Evaluation of Skills

Rate yourself on a Likert scale of your competence in these areas

1=Not competent at all 5=Very Competent

Intervention skills competence

1 2 3 4 5

Assessment techniques

1 2 3 4 5

Interpersonal assessment

Listening skills, verbal communication, emotional intelligence

1 2 3 4 5

Client conceptualization

Diagnosis, history, and characteristics affecting functioning

1 2 3 4 5

Individual differences

Ethnic and cultural influences

1 2 3 4 5

Treatment plans and goals

1 2 3 4 5

Professional ethics

1 2 3 4 5

Common Events To Be Addressed During Supervision

Negotiating role conflicts

Sharing all information despite insecurity

Working through transference

Working through countertransference

Managing sexual attraction

Clients wanting to record in session

Seeing a client in public

Panic attacks in session

Teens/Parents with Sexual Orientation Concerns

Gender-related misunderstandings

Addressing problematic thoughts, feelings, behaviors

Disability Paperwork/FMLA/Crime Victims

paying

Social Media

Going to court/subpoena

Chapter 611

Sexual Harassment

Client death/harm to self

Gifts from clients

Owning Skills

Attachment to clients

Physical touch

Weddings and funerals

Termination by ther. choice

Threatened by client

Adult Children/Parent

Summative Evaluation Rating Scale for Supervisor

Competencies	Poor	Below average	Average	Above average	Excellent
Knowledge					
Knowledge of theory and interventions strategies					
Knowledge of DSM diagnostic manual					
Knowledge of role of multicultural differences					
Knowledge of resources in community					
Knowledge of current ethical guidelines and legal issues					
Practice					
Ability to apply intervention strategies					
Timely and thorough documentation					
Ability to develop rapport					
Ability to assess and diagnose					
Ability to respond to multicultural differences					
Ability to formulate treatment goals					
Personal					
Awareness of biases that may interfere with client care					
Demonstrates use of ethical judgment					
Ability to identify thoughts and feelings that interfere with client care					
Ability to identify own strengths and weaknesses					
Ability to accept and learn from feedback					
Seeks consultation to maintain objectivity					

Campbell, J. M. (2006). *Essentials of Clinical Supervision*. Hoboken, NJ: John Wiley & Sons, Inc.

Signature of Supervisee

Date

Signature of Supervisor

Date

Summative Supervision Evaluation Rating Scale for Supervisee

Date: _____ Supervisee: _____

Rate the following qualities on a Likert Scale:

0-Not Observed

1-Not Effective

2-Somewhat Effective

3-Effective

4-Very Effective

	Score
Is Punctual for supervision	
Is attentive to supervisee's needs and goals for the session	
Encourages self evaluation by supervisee	
Gives suggestions to apply in counseling sessions	
Provides resources or gives suggestions for resources to research	
Solicits supervisee input and techniques	
Is available and accessible outside of supervision sessions	
Gives full attention to supervisee in supervision	
Shows care for supervisee as a person	
Provides assignments to encourage growth in knowledge, skills, and ethical behavior of supervisee	
Addresses ethical issues and promotes ethical decision making	
Is multiculturally responsive	
Gives positive feedback as well as constructive criticism	

Signature of Supervisee

Date

Signature of Supervisor

Date

Summative Supervision Evaluation Rating Scale for Supervisor

Date: _____ Supervisee: _____

Rate the following qualities on a Likert Scale:

- 0-Not Observed
- 1-Needs Significant Improvement
- 2-Needs to Improve
- 3-Effective
- 4-Very Effective

	Score
Comes prepared to supervision	
Asks for help with client needs	
Is able to self evaluate	
Follows suggestions given	
Brings personal style to counseling	
Finds resources to give to clients	
Uses a variety of methods and techniques	
Is open and honest in supervision	
Does not let personal issues affect client care	
Is able to build a therapeutic alliance	
Has personal goals for growth as a counselor	
Finds resources for techniques with clients	
Is able to diagnose and treatment plan	
Sets boundaries with clients	
Displays ethical behavior	
Shows professionalism	
Is able to take responsibility for actions	

Signature of Supervisee

Date

Signature of Supervisor

Date

Summative Supervision Styles Index Form for Supervisor

The following survey explores the supervisory relationship. This questionnaire will ask you several questions about yourself, how you do supervision, and about some of your thoughts concerning the process of supervision. For these questions you are asked to rate your perceptions of yourself in the supervision setting with a minimum of one of your supervisees. If you rate more than one supervisee, it is suggested that you rate each supervisee independently of the other.

A=All of the time
R=Rarely

M=Most of the time
N=Never

S=Some of the time

	<u>A</u>	<u>M</u>	<u>S</u>	<u>R</u>	<u>N</u>
1. I solicit the opinions of my supervisee.	A	M	S	R	N
2. My understanding about what is going on with the client(s) is more accurate than the supervisee's.	A	M	S	R	N
3. If the supervisee's ideas about the case differ from my own, I support the supervisee's ideas.	A	M	S	R	N
4. I recognize the supervisee as a person with expertise.	A	M	S	R	N
5. I expect my supervisee to consult with me concerning all aspects of case management (i.e., case notes, follow-up phone calls).	A	M	S	R	N
6. During supervision I direct the conversation.	A	M	S	R	N
7. During live supervision I am in charge of the session.	A	M	S	R	N
8. I choose the videotape segments to be processed.	A	M	S	R	N
9. I spend time joining with the supervisee.	A	M	S	R	N
10. The supervisor phones in directives at least 3 times per hour.	A	M	S	R	N
11. I develop the final intervention to be used in a session.	A	M	S	R	N
12. I have primary responsibility to develop the homework tasks given to the client(s).	A	M	S	R	N
13. I enter the session when I feel the supervisee is not being effective.	A	M	S	R	N
14. I am in charge of the video equipment.	A	M	S	R	N
15. I insist on strict adherence to my directives.	A	M	S	R	N
16. I openly share examples from my own experience as a therapist.	A	M	S	R	N
17. I am willing to discuss how my family-of-origin issues affecting my performance as a therapist.	A	M	S	R	N
18. I acknowledge my own limitations as a therapist.	A	M	S	R	N
19. I disclose how current issues in my life affect the supervision process.	A	M	S	R	N
20. I will admit when I make a mistake in supervision.	A	M	S	R	N
21. I talk about my own life experiences.	A	M	S	R	N
22. I discuss my clinical work.	A	M	S	R	N

Reasonably Complete Systemic Supervisor, 137

Supervision Styles Index for Supervisee

The following survey explores the supervisory relationship. This questionnaire will ask you several questions about yourself, how you do supervision, and about some of your thoughts concerning the process of supervision. For these questions you are asked to rate your perceptions of yourself in the supervision settings.

A=All of the time

M=Most of the time

S=Some of the time

R=Rarely

N=Never

	A	M	S	R	N
1. The supervisor is respectful of my opinions about the therapy process.	A	M	S	R	N
2. The supervisor considers his/her understanding about what is going on with the client(s) to be more accurate than my own.	A	M	S	R	N
3. If the supervisor's ideas about the case differ from my own, the supervisor supports my ideas.	A	M	S	R	N
4. The supervisor recognizes me as a person with expertise.	A	M	S	R	N
5. The supervisor expects me to consult with him/her concerning all aspects of case management (i.e., case notes, follow-up phone calls).	A	M	S	R	N
6. The supervisor directs the conversation.	A	M	S	R	N
7. During co-therapy the supervisor is in charge of the session.	A	M	S	R	N
8. The supervisor chooses the videotape segments to be processed during supervision.	A	M	S	R	N
9. The supervisor spends time joining with me.	A	M	S	R	N
10. The supervisor phones in directives at least 3 times per hour.	A	M	S	R	N
11. The supervisor develops the final intervention to be used in a session.	A	M	S	R	N
12. The supervisor has primary responsibility for developing homework tasks given to the client(s).	A	M	S	R	N
13. The supervisor enters the session when he/she feels that I am not being effective.	A	M	S	R	N
14. The supervisor is in charge of the video equipment.	A	M	S	R	N
15. The supervisor insists on strict adherence to his/her directives.	A	M	S	R	N
16. The supervisor openly shares examples from his/her experience as a therapist.	A	M	S	R	N
17. The supervisor is willing to discuss how his/her family-of-origin issues affected his/her performance as a therapist.	A	M	S	R	N
18. The supervisor acknowledges his/her own limitations as a supervisor.	A	M	S	R	N
19. The supervisor discloses how current issues in his/her life affect the supervision process.	A	M	S	R	N
20. The supervisor admits mistakes.	A	M	S	R	N
21. The supervisor is open about his/her own life.	A	M	S	R	N
22. The supervisor discusses his/her clinical work.	A	M	S	R	N

Reasonably Complete Systemic Supervisor, 138

Supervisory Working Alliance Inventory (SWAI) – Supervisor

The SWAI is designed to measure the working alliance in supervision from both a supervisor and supervisee perspective. Higher scores are generally indicative of alliances that are more effective. The SWAI can be used as an ongoing repeated measure of the SWA.

Instructions: Indicate the frequency with which the behaviour described in each of the following items seems characteristic of your work with your supervisor (or how you would like to work with a supervisee). Estimate the frequency of occurrence within supervision on the seven-point scale from almost never to almost always.

Scale:	1 almost never	2 rarely	3 occasionally	4 sometimes	5 often	6 very often	7 almost always
--------	--------------------------	--------------------	--------------------------	-----------------------	-------------------	------------------------	---------------------------

Client focus	Circle most relevant						
1. I help my supervisee work within a specific treatment plan with his/her consumer.	1	2	3	4	5	6	7
2. I help my supervisee stay on track during our meetings.	1	2	3	4	5	6	7
3. My style is to carefully and systematically consider the material that my supervisee brings to supervision.	1	2	3	4	5	6	7
4. My supervisee works with me on specific goals in the supervisory session.	1	2	3	4	5	6	7
5. In supervision, I expect my supervisee to think about or reflect on my comments to him/her.	1	2	3	4	5	6	7
6. I teach my supervisee through direct suggestion.	1	2	3	4	5	6	7
7. In supervision, I place a high priority on our understanding the clients' perspective.	1	2	3	4	5	6	7
8. I encourage my supervisee to take time to understand what the client is saying and doing.	1	2	3	4	5	6	7
9. When correcting my supervisee's errors with a client, I offer alternate ways of intervening with that client.	1	2	3	4	5	6	7
10. I encourage my supervisee to formulate his/her own interventions with his/her client.	1	2	3	4	5	6	7
11. I encourage my supervisee to talk about their work in ways that are comfortable for him/her.	1	2	3	4	5	6	7

Rapport	Circle most relevant						
12. I welcome my supervisee's explanations about his/her client's behaviour.	1	2	3	4	5	6	7
13. During supervision, my supervisee talks more than I do.	1	2	3	4	5	6	7
14. I make an effort to understand my supervisee.	1	2	3	4	5	6	7
15. I am tactful when commenting about my supervisee's performance.	1	2	3	4	5	6	7
16. I facilitate my supervisee's talking in our session.	1	2	3	4	5	6	7
17. In supervision, my supervisee is more curious than anxious when discussing his/her difficulties with clients.	1	2	3	4	5	6	7
18. My supervisee appears to be comfortable working with me.	1	2	3	4	5	6	7

Identification	Circle most relevant						
19. My supervisee understands client behaviour and treatment technique similar to the way I do.	1	2	3	4	5	6	7
20. During supervision, my supervisee seems able to stand back and reflect on what I am saying to him/her.	1	2	3	4	5	6	7
21. I stay in tune with my supervisee during supervision.	1	2	3	4	5	6	7
22. My supervisee identifies with me in the way he/she thinks and talks about his/her clients.	1	2	3	4	5	6	7
23. My supervisee consistently implements suggestions made in supervision.	1	2	3	4	5	6	7

Scoring
Client focus: sum items 1 through 10, then divide by 10
Rapport: sum items 11 to 18, and then divide by 8
Identification: sum items 19 to 23, and then divide by 5
Higher scores are indicative of alliances that are more effective.
Norms derived from the Efstation and colleagues (1990) study for supervisor version; 5.48 for Client focus subscale, 5.97 for the Rapport subscale and 5.41 for the Identification subscale.

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counsellor supervision. *Journal of Counseling Psychology, 37*, 322–329. doi:10.1037/0022-0167.37.3.322

Supervisory Working Alliance Inventory (SWAI) – Supervisee

The SWAI is designed to measure the working alliance in supervision from both a supervisor and supervisee perspective. Higher scores are generally indicative of alliances that are more effective. The SWAI can be used as an ongoing repeated measure of the SWA.

Instructions: Indicate the frequency with which the behaviour described in each of the following items seems characteristic of your work with your supervisor (or how you would like to work with a supervisee). Estimate the frequency of occurrence within supervision on the seven-point scale from almost never to almost always.								
Scale:	1 almost never	2 rarely	3 occasionally	4 sometimes	5 often	6 very often	7 almost always	
Rapport		Circle most relevant						
24. I feel comfortable working with my supervisor.		1	2	3	4	5	6	7
25. My supervisor welcomes my explanations about the clients' behaviour.		1	2	3	4	5	6	7
26. My supervisor makes the effort to understand me.		1	2	3	4	5	6	7
27. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.		1	2	3	4	5	6	7
28. My supervisor is tactful when commenting about my performance.		1	2	3	4	5	6	7
29. My supervisor encourages me to formulate my own interventions with the client.		1	2	3	4	5	6	7
30. My supervisor helps me talk freely in our sessions.		1	2	3	4	5	6	7
31. My supervisor stays in tune with me during supervisions.		1	2	3	4	5	6	7
32. I understand client behaviour and treatment technique similar to the way my supervisor does.		1	2	3	4	5	6	7
33. I would feel free to mention to my supervisor any troublesome feelings I might have about him/her.		1	2	3	4	5	6	7
34. My supervisor treats me like a colleague in our supervisory sessions.		1	2	3	4	5	6	7
35. In supervision, I am more curious than anxious when discussing difficulties with clients.		1	2	3	4	5	6	7

Rapport	Circle most relevant						
36. In supervision, my supervisor places a high priority on our understanding the clients' perspective.	1	2	3	4	5	6	7
37. My supervisor encourages me to take time to understand what the client is saying and doing.	1	2	3	4	5	6	7
38. My supervisor's style is to carefully and systematically consider the material I bring to supervision.	1	2	3	4	5	6	7
39. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.	1	2	3	4	5	6	7
40. My supervisor helps me work within a specific treatment plan with my clients.	1	2	3	4	5	6	7
41. My supervisor helps me stay on track during our meetings.	1	2	3	4	5	6	7
42. I work with my supervisor on specific goals in the supervisory session.	1	2	3	4	5	6	7

Scoring
Rapport: sum items 1 through 12, then divide by 12
Client focus: sum items 13 to 19, and then divide by 6
The subscales can also be combined (due to high correlation between scales) to give an overall score of the alliance from the supervisee's perspective. Higher scores on each of the subscales and overall are indicative of alliances that are most effective.
Norms derived from the Efstation et al. (1990) study for supervisee version; 5.85 for Client focus and 5.44 for Rapport.

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counsellor supervision. *Journal of Counseling Psychology, 37*, 322–329. doi:10.1037/0022-0167.37.3.322

Evaluating Competency

1. Multicultural Supervision Competencies Questionnaire Dressel et al. (2007)

35 behaviors most of which address culture directly

Supervisory Behaviors in Successful Multicultural Supervision

RANK	BEHAVIOR STATEMENT
1.	Creating a safe (nonjudgmental, supportive) environment for discussion of multicultural issues, values, and ideas
2.	Developing my own self-awareness about cultural/ethnic identity, biases, and limitations
3.	Communicating acceptance of and respect for supervisees' culture and perspectives
4.	Listening [to] and demonstrating genuine respect [for] supervisees' ideas about how culture influences the clinical interaction
5.	Providing openness, genuineness, empathy, warmth, and nonjudgmental stance
6.	Validating integration of supervisees' professional and racial/ethnic identities and helping to explore potential blocks to this process
7.	Discussing and supporting multicultural perspectives as they relate to the supervisees' clinical work
8.	Tending to feelings of discomfort experienced by supervisees concerning multicultural issues
9.	Supporting supervisees' own racial/ethnic identity development
10.	Presenting myself nondefensively by tolerating anger, rage, and fear around multicultural issues
11.	Providing supervisees a multiculturally diverse caseload to ensure breadth of clinical experience
12.	Attending to racial/ethnic/cultural differences reflected in parallel process issues (supervisor/supervisee and supervisee/client)
13.	Discussing realities of racism/oppression and acknowledging that race is always an issue
14.	Acknowledging, discussing, and respecting racial/ethnic multicultural similarities and differences between myself and supervisees, and exploring feelings concerning these
15.	Addressing a broad range of differences (e.g., learning styles, interpersonal needs, sexual orientation, religious/spiritual beliefs, race)
16.	Checking out the supervisory expectations with supervisees
17.	Initiating discussions about the importance of culture
18.	Acknowledging and discussing power issues in supervision that may be related to racial/ethnic multicultural differences
19.	Encouraging supervisees to share, within supervision, their person and professional cultural background and experiences
20.	Consulting colleagues willingly about my own reactions to racial/ethnic concerns from supervision
21.	Acknowledging my own lack of knowledge on racial/ethnic multicultural differences and inviting supervisees to give me feedback and teach me
22.	Testing hypotheses about my supervisees, not accepting just one view
22.	Self-disclosing aspects of my own cultural background

24. Implementing knowledge and awareness of supervision theory by attending to supervisees; process and stage of development
25. Engaging supervisees in peer review with each other's cases through case conferences
26. Seeking understanding of supervisees' culture through both didactic and experiential means on my own
27. Providing written and verbal feedback regarding supervisees' multicultural interactions with staff and clients
28. Providing multicultural readings and related training experiences for supervisees
29. Being willing to confront supervisee's inadequate skills, listening if that is challenged on grounds of cultural insensitivity, but not backing away from my own standards and values
30. Allowing supervisees to see my clinical work in cross-cultural counseling and/or consultation through tapes or live observation
31. Letting supervisees take responsibility
32. Providing supervisees with information about various cultures
33. Offering supervisees mentorship and other collaborative professional opportunities with me (e.g., co-led presentations, coauthored papers)
33. Departing from Western theoretical perspectives in supervision
35. Having supervisees keep a journal that documents personal reactions to interactions with seminar facilitator and inter-colleagues

Fundamentals of Clinical
Supervision, 129-130

Multicultural Assessment
www.implicit.harvard.edu

MULTICULTURAL SUPERVISION COMPETENCIES QUESTIONNAIRE

This questionnaire is intended to evaluate the quality of multicultural supervision. If you have had a supervisor who is culturally or racially different from you, I would like you to complete this questionnaire with respect to this particular supervisor.

Your ethnic/racial identity _____

Your supervisor's ethnic/racial background _____

Your gender _____ Your supervisor's gender _____

How long ago? _____ How long did you have him/her as supervisor? _____

What was the level of your clinical training during this supervision?

What was the nature of the clinical site where this supervision took place?

Based on your experiences and observation, please rate the following statements according to the following scale:

1	2	3	4	5
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>

Circle the response code (e.g., 4 for Agree, or 2 for Disagree) at the end of each statement that most clearly reflects your opinion about this supervisor. Try to use 3 sparingly.

1. Understands my culture and value systems. _____
2. Shows openness and respect for culturally different supervisees. _____
3. Actively avoids cultural biases and discriminatory practices in working with minority students. _____
4. Understands the worldviews of supervisees and clients from other cultures. _____
5. Understands the tendency and the problem of racial stereotyping. _____
6. Makes an effort to understand and accommodate culturally different supervisees. _____
7. Is able to avoid racial stereotypes by taking into account both the uniqueness of individuals as well as the known characteristics of the culture. _____
8. Makes use of every opportunity to increase supervisees' multicultural competence in counseling. _____
9. Is able to clarify presenting problems and arrives at culturally relevant case conceptualization with clients from different cultural backgrounds. _____
10. Shows an understanding of how culture, ethnicity, and race influence supervision and counseling. _____
11. Is able to overcome cultural and language barriers in relating to minority students and clients. _____
12. Has never mentioned that race is an important consideration in supervision and counseling. _____

13. Demonstrates skills to balance between the generic characteristics of counseling and the unique values of different cultural groups. ____
14. Shows sensitivity and skills in supervising culturally different supervisees. ____
15. Shows unconditional acceptance of all supervisees, regardless of their race, ethnicity, and culture. ____
16. Recognizes the limitations of models and approaches based on Western assumptions in working with culturally different individuals. ____
17. Knows how to encourage discussion of cultural and racial issues in counseling and supervision. ____
18. Shows interest in learning new skills and enhancing own multicultural competence in supervision and counseling. ____
19. Recognizes that what is inappropriate from the standpoint of the majority culture may be appropriate for some minority cultures. ____
20. Takes into account cultural biases in assessing supervisees and forming clinical judgments. ____
21. Exhibits respect for other cultures without overly identifying self with minority culture or becoming paternalistic. ____
22. Is willing to advocate for minorities who experience institutional discrimination. ____
23. Understands the cultural reasons why minority students and clients tend to defer to authority figures. ____
24. Communicates effectively with culturally different supervisees at both the verbal and nonverbal levels. ____
25. Understands cultural differences in help-giving and help-seeking. ____
26. Believes that Western models and approaches of counseling are equally generalizable to ethnic minorities. ____
27. Gives emotional support and encouragement to minority students. ____
28. Is very rigid and dogmatic regarding what constitutes the proper approach of counseling. ____
29. Shows an interest in helping minority students overcome systemic and institutional barriers. ____
30. Welcomes my input even when I express different views and values. ____
31. Knows how to consult or refer to resources available in ethnocultural communities. ____
32. Takes into account racial biases and sociopolitical implications in counseling and supervision. ____
33. Considers supervisees' cultural and linguistic backgrounds in giving them feedback and evaluation. ____
34. Shows a genuine interest in learning about other cultures. ____
35. Recognizes individual differences in ethnic/racial identity. ____
36. Demonstrates a familiarity with the value systems of diverse cultural groups. ____
37. Knows that biases and assumptions of Western counseling models can have a negative effect on culturally different supervisees and clients. ____

38. Knows how to adapt knowledge of cultural differences to supervision and counseling. ____
39. Does not seem to be aware of own limitations in working with culturally different supervisees or clients. ____
40. Does not pay any attention to the demographics of supervisees. ____
41. Is able to develop culturally appropriate treatment plans for clients from different cultural backgrounds. ____
42. Makes an effort to establish a relationship of trust and acceptance with culturally different supervisees. ____
43. Is flexible in adjusting his/her supervisory style to culturally different supervisees. ____
44. Assists supervisees in formulating culturally appropriate assessment and treatment plans. ____
45. Makes use of the support network of minorities. ____
46. Does not seem to be aware of own implicit cultural biases in counseling and supervision. ____
47. Acknowledges that his or her own life experiences, values, and biases may influence the supervision process. ____
48. Actively interacts with minority students outside of counseling and classroom settings. ____
49. Knows something about how gender, socioeconomic status, and religious issues are related to minority status. ____
50. Shows some knowledge about the cultural traditions of various ethnic groups. ____
51. Is able to integrate own beliefs, knowledge, and skills in forming relationships with culturally different supervisees. ____
52. Is able to reduce my defensiveness, suspicions, and anxiety about having a supervisor from a different culture. ____
53. Shows no interest in understanding my cultural background and ethnic/racial heritage. ____
54. Negatively evaluates supervisees who do not conform to supervisor's own theoretical orientation and approach of counseling. ____
55. Has a tendency to abuse supervisory power (e.g., imposes view on supervisees). ____
56. Respects the worldview, religious beliefs, and values of culturally different supervisees. ____
57. Demonstrates competence in a wide variety of methods of assessment and interventions, including nontraditional ones. ____
58. Provides guidance to international students and new immigrants to facilitate their acculturation. ____
59. Makes minority supervisees feel safe to share their difficulties and concerns. ____
60. Is able to relate to culturally different supervisees, while maintaining own cultural values. ____

Scoring: Before scoring, reverse the scoring of the following items: 12, 26, 28, 39, 40, 46, 53, 54, 55

Attitude and beliefs (how the supervisor feels about multicultural issues and culturally different supervisees): 2, 12, 16, 19, 21, 26, 34, 39, 40, 46, 47, 56

Knowledge and understanding (what the supervisor knows about multicultural supervision): 1, 4, 5, 10, 23, 25, 36, 37, 49, 50

Skills and practices (how the supervisor demonstrates multicultural competencies in actual practices of supervision): 7, 8, 9, 13, 14, 17, 18, 20, 24, 28, 31, 32, 33, 35, 38, 41, 43, 44, 45, 52, 54, 57

Relationship (how the supervisor relates to culturally different supervisees): 3, 6, 11, 15, 22, 27, 29, 30, 42, 48, 51, 53, 55, 58, 59, 60

Fundamentals of Clinical Supervision, 349 -352

REFERENCES

- Abell, S. C. (1998). The use of poetry in play therapy: A logical integration. *The Arts in Psychotherapy*, 25, 45-49. doi:10.1016/S0197-4556(97)00024-5
- Allen, P. (1995). *Art Is a Way Of Knowing: A Guide to Self-knowledge and Spiritual Fulfillment Through Creativity*. Boston, MA: Shambhala Publications Inc.
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of Clinical Supervision* (4th ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- Boothby, D. M., & Robbins, S. J. (2011). The effects of music listening and art production on negative mood: A randomized, controlled trial. *The Arts in Psychotherapy*, 38, 204-208. doi:10.1016/j.aip.2011.06.002
- Bordin, Edward (1983). A Working Alliance Based Model of Supervision. *The Counseling Psychologist* 11(1): 35-42. <<http://hdl.handle.net/2027.42/68473>>
- Bright, Serey and Evans, Amanda. (2019). Supervision Development and Working Alliance: A Survey of Counseling Supervisors. *The Journal of Counselor Preparation and Supervision*. 12, (1).
- Campbell, J.M. (2000). *Becoming an Effective Supervisor*. New York, NY: Routledge.
- Campbell, J. M. (2006). *Essentials of Clinical Supervision*. Hoboken, NJ: John Wiley & Sons, Inc.
- Deaver, S. P., & Shiflett, C. (2011). Art-based supervision techniques. *Clinical Supervisor*, 30, 257-276. <http://dx.doi.org/10.1080/07325223.2011.619456>
- Dunbar, Kelly Agnes, "Creativity in Triadic Supervision: Using Mandalas to Impact the Working Alliance" (2011). Theses and Dissertations. 147. <http://scholarworks.uark.edu/etd/147>
- Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the Working Alliance in Counselor Supervision. *Journal of Counseling Psychology*, 37(3), 322-329. <https://doi.org/10.1037/0022-0167.37.3.322>
- Elkaïm, M. (2012). Les résonances picturales [Pictorial resonances]. *Cahiers Critiques de Thérapie Familiale et de Pratiques de Réseaux*, 48, 149-166. doi:10.3917/ctf.048.0149
- Fall, M. & Sutton, J. (2004). *Clinical Supervision: A Handbook for Practitioners*. Boston, MA: Allyn & Bacon.

- Falvey, J. E. (2002). *Managing Clinical Supervision: Ethical Practice and Legal Risk Management*. Pacific Grove, CA: Brooks/Cole Cengage Learning.
- Felton, Andrew; Morgan, Michael; Bruce, Mary Alice. (2015). Lessons from Triadic Supervisors: Maximizing Effectiveness. *Journal of Counselor Preparation and Supervision*. 7, (3). DOI:10.7729/73.1107
- Fish, B. J. (2017). *Art-based supervision: Cultivating therapeutic insight through imagery*. New York, NY: Routledge.
- France, Kharod. (August 2015). *Triadic Supervision: An Exploration of Supervisors' Perceptions, Experiences and Practices*, dissertation.
- Hammel, S. (2017). *Handbook of therapeutic storytelling: Stories and metaphors in psychotherapy, child and family therapy, medical treatment, coaching and supervision*. New York, NY: Routledge.
- Homeyer, L. E., & Sweeney, D. S. (2016). *Sandtray therapy: A practical manual* (3rd ed.). New York, NY: Routledge.
- Jackson, S. A., Muro, J., Lee, Y., & DeOrnellas, K. (2008). The sacred circle: Using mandalas in counselor supervision. *Journal of Creativity in Mental Health*, 3(3), 201–211. <http://dx.doi.org/10.1080/15401380802369164>
- Kielo, J. (1991). Art therapists' countertransference and post-session therapy imagery. *Art Therapy: Journal of the American Art Therapy Association*, 8 (2), 14-19.
- Kissil, K., Carneiro, R., & Aponte, H. J. (2018). Beyond duality: The relationship between the personal and the professional selves of the therapist in the Person Of the Therapist Training. *Journal of Family Psychotherapy*, 29, 71-86. doi:10.1080/08975353.2018.1416244
- Ko, KyungSoon. Korean Expressive Arts Therapy Students' Experiences with Movement-Based Supervision: A Phenomenological Investigation, *American Dance Therapy Association*, 2014.
- Koltz, R. L. (2008). Integrating creativity into supervision using Bernard's discrimination model. *Journal of Creativity in Mental Health*, 3(4), 416–427. <http://dx.doi.org/10.1080/15401380802530054>

- Kottman, Terry. <http://www.a4pt.org/page/ResourceCenter>. December 30, 2016.
- Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. (1992). Development and validation of the Counseling Self-Estimate Inventory. *Journal of Counseling Psychology, 39*, 105–120. doi: 10.1037/0022-0167.39.1.105
- Levine, E. (2015). *Play and art in child psychotherapy: An expressive art therapy approach*. London, UK: Jessica Kingsley.
- Malchiodi, C. A. (2012). Art therapy materials, media, and methods. In C. A. Malchiodi (Ed.), *Handbook of art therapy* (2nd ed., pp. 27-41). New York, NY: Guilford.
- Malloch, S. (2017). Establishing a therapy of musicality: The embodied narratives of Myself with Others. In S. Daniel & C. Trevarthen (Eds.), *Rhythms of relating in children's therapies: Connecting creatively with vulnerable children* (pp. 63-81). London, UK: Jessica Kingsley.
- Mazza, N. (2016). *Poetry therapy: Theory and practice*. New York, NY: Routledge.
- McLafferty, H. (2018). *Mind-body medicine in clinical practice*. New York, NY: Routledge.
- Neswald-McCalip, R., Sather, J., Strati, J. V., & Dineen, J. (2003). Exploring the process of creative supervision: Initial findings regarding the regenerative model. *Journal of Humanistic Counseling, Education and Development, 42*, 223–237. <http://dx.doi.org/10.1002/j.2164-490X.2003.tb00008.x>
- Neswald-Potter, R. (2005). Deeper analysis and continued refinement of the regenerative mode. *Journal for Humanistic Education and Development, 44*, 209–224. <http://dx.doi.org/10.1002/j.2164-490X.2005.tb00032.x>
- Newsome, D. W., Henderson, D. A., & Veach, L. J. (2005). Using expressive arts in group supervision to enhance awareness and foster cohesion. *Journal of Humanistic Counseling, Education and Development, 44*, 145–157. <http://dx.doi.org/10.1002/j.2164-490X.2005.tb00027.x>
- Peabody, M. A. (2017, October). Reflective brick camp: Using Lego® Serious Play® to enhance play therapy supervision and consultation. Workshop (6h) presented at the Association for Play Therapy International Conference, Minneapolis, MN.
- Potter, Rhonda & Simmons, Robyn. (2016). Regenerative Supervision: A Restorative Approach for Counsellors Impacted by Vicarious Trauma. *Canadian Journal of Counselling and Psychotherapy, 50*(1), 75-90.

Ray, D. C. (2011). *Advanced play therapy: Essential conditions, knowledge, and skills for child practice*. New York, NY: Routledge.

Shepard, B. C., & Guenette, F. L. (2010). Magazine picture collage in group supervision. *Canadian Journal of Counselling, 44*(3), 296–306.

Singh, N. and Ellis, M. (2000). *Supervisee Anxiety in Clinical Supervision: Constructing the Anticipatory Supervisee Anxiety Scales*. Paper presented at the 108th Annual Convention of the American Psychological Association, Washington, DC.

Stauffer, Sarah and Michelle Pliske. (2019, October). Inevitable Stuckness: Supporting Play Therapy Supervisees through Art and Movement. Workshop (6h) presented at the Association for Play Therapy International Conference, Dallas, TX.

Storm, C. L., & Todd, T. C. (2002). *The Reasonably Complete Systemic Supervisor Resource Guide*. Lincoln, NE: Authors Choice Press.

Storm, C. L., & Todd, T. C. (2002). *The Complete Systemic Supervisor*. Lincoln, NE: Authors Choice Press.

Tотора, S. (2019). Children are born to dance! Pediatric medical dance/movement therapy: The view from integrative pediatric oncology. *Children, 6*: 14. doi:10.3390/children 6010014