Supervision Instructional Guide: A Manual for Training Supervision Competencies in Health Service Psychology

Barbara Garcia-Lavin, Ana Fins, and Soledad Arguelles-Borge

College of Psychology, Nova Southeastern University
Acknowledgement

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Introduction

The last two decades have witnessed increased efforts to establish clinical supervision as its own distinct area of competency within health service psychology. Specifically, many of these efforts have focused on the definition of supervision (Milne, 2007) on specific components, especially supervisor-supervisee alliance and on the different supervision models, with the competency-based model being the most closely related to the profession standards (Falender & Shafranske, 2021). Supervision, as a stand-alone professional activity, is included in the competencies for health service psychology (APA, 2019). The American Psychological Association made possible the development of the Supervision Guidelines, which set the model for both education and training on competency-based supervision (APA, 2015). The limited existing literature examining tele-supervision provided by licensed psychologists to trainees suggests that it is of equal quality to in person supervision, and in some ways may be more beneficial than supervision delivered in person (Jordan & Shearer, 2019). However, there is a paucity of studies examining the use of tele-supervision to train supervision competency in psychology trainees.

The authors of this instructional guide are faculty members in both the Ph.D. and Psy.D. programs in Clinical Psychology at Nova Southeastern University (NSU), and teach a course called Consultation & Supervision. Since 2019, students in this advanced doctoral course have provided supervision to first-year doctoral students enrolled in a pre-practicum course designed to build basic counseling and diagnostic interviewing skills. The development of this instructional guide was informed from our years of teaching the supervision course and providing supervision of supervision to the supervisors-in-training as part of the course. It was funded by a generous grant provided by the Association of Psychology Postdoctoral and Internship Centers (APPIC) 2020-2021 Call to Action on Tele-Supervision and Tele-Training initiative. Grant funds were used to evaluate doctoral-level trainee perceptions of their supervisory competencies and supervisee satisfaction with the supervision they received from the doctoral-level supervisors-in-training following peer supervision delivered in one of three formats: face-to-face, hybrid (face-to-face and virtual), or virtual (synchronous videoconferencing and/or telephone). The study sought to respond to Phillips et al. (2021) call to engage trainees in “education and practice of tele-supervision as part of their supervision competency training”, which is critical during this post-pandemic period of increased tele-supervision and tele-training (p.2). In our own programs, the COVID-19 pandemic necessitated the transition to fully on-line instruction and supervision for nearly one year followed by a blended (combination of face-to-face and virtual) model. As a result, these changes provided a naturalistic manner by which we compared the face-to-face supervision provided in 2019 before the pandemic with the hybrid and fully virtual supervision provided in 2020 and 2021.

NSU College of Psychology students who completed the doctoral programs’ supervision course during three consecutive years (2019-2021) were surveyed using a modified Supervisor Competency Self-Assessment (Falender et al., 2016) to assess their perceived supervisor competencies following the course, which included at minimum six sessions of supervision with first-year doctoral psychology students. Students who were in their first year in the doctoral program and received peer supervision from the advanced students enrolled in the Supervision course during the same years were also surveyed to assess their satisfaction with the supervision
they received from these supervisors-in-training. Seventy-five former supervisors-in-training completed the supervisor survey in its entirety. Of the former first-year students who received supervision from these supervisors-in-training, a total of 110 supervisees completed the satisfaction survey in its entirety. Kruskal-Wallis ANOVAs were used, due to nonparametric features of the data, to examine if there were any differences in supervisor self-perceived competency attainment as well as supervisee satisfaction related to supervision delivery format (face-to-face, hybrid, and virtual). For domains with significant differences, pairwise comparisons using a Bonferroni correction were utilized to further examine group differences.

Overall, the findings suggest that supervisors-in-training perceived themselves to experience greater competency delivering supervision in hybrid or fully virtual formats relative to doing so in person for some domains of supervision, including Supervisor Competence, Supervisory Relationship, Professionalism, and Providing Assessment, Evaluation, and Feedback. There were no significant differences between supervision delivery formats for the Diversity, Managing Professional Competence Problems, and Ethics, Legal and Regulatory Consideration domains. In addition, there were statistically significant differences in reported satisfaction with the supervision based on supervision delivery format. Supervisees reported the most satisfaction with supervision delivered in a hybrid format and significantly greater satisfaction from supervision delivered in either a hybrid format or via tele-supervision relative to in-person supervision. These findings contradict previous research which found no differences in satisfaction with the supervision process between supervision delivered in-person and virtually (Rowen et al., 2021; Ruble et al., 2013), but are consistent with the findings of Jordan and Shearer (2019) which suggest that tele-supervision may offer some advantages over in-person supervision. Overall, the results of the study suggest that tele-supervision may be a promising method for training supervision competency in doctoral-level training programs. Future research should examine the comparative effectiveness of tele-supervision and in-person supervision for training supervisory competence among psychology trainees at all levels, doctoral, internship, and postdoctoral.

This instructional guide is intended to be used as a tool for teaching/training supervision competencies within a doctoral-level course, but it can be modified to provide training to interns and postdoctoral residents as part of a didactic sequence and supervision (of supervision provided to practicum students or others). Throughout the guide, we provide suggestions for modifications that can be made at other levels of training. This guide provides a sample syllabus for a 12-week combined didactic and supervision of supervision training experience. The first six weeks are focused on didactic topics with related readings covering basic supervision practices, including: An Introduction to Supervision; Models and Formats of Supervision; Competency-based Supervision; Personal Issues, Countertransference, Ethics and Legal Issues of Supervision; and Culturally Competent Supervision.

Beginning the seventh week of the semester, once foundational concepts of supervision have been discussed via didactic lectures, the supervisors-in-training begin meeting with their assigned first-year supervisee students. They are required to meet with their supervisees weekly for a minimum of six sessions. Throughout this six-week period, supervisors-in-training also meet weekly during their regularly scheduled class meeting (or didactic sequence/supervision for interns and postdocs) time with the course instructor (or
supervisor/Training Director) in a group format for supervision of supervision (SOS). SOS meetings are meant to provide opportunities for the supervisors-in-training to talk about their experiences, discuss challenges they may be experiencing, and learn from each other, all within a supportive environment. Face-to-face and tele-supervision formats may be utilized by supervisors-in-training to provide their supervision and to engage in SOS. This guide will cover six SOS topics including: Managing the Supervisory Relationship; Self-awareness and Self-reflection in Supervision; Risk Assessments; Diversity, Equity, and Inclusion (DEI) in Supervision; Self-disclosure; and Future Planning and Self-care and Preventing Burn-out. These topics are suggested based on those our students have found helpful over the years. They are not exhaustive, and programs may add topics of greater relevance to them or remove less relevant topics as they see fit. The timeline for delivery of this training experience may also be adjusted as necessary to meet program needs.


Syllabus

Supervision – Training and Practice for Psychology Trainees

Learning Outcomes

1. Demonstrate knowledge of supervision models and practices
2. Be able to begin applying basic supervision skills
3. Have a more complex understanding of the APA 2017 Ethics Code as it pertains to supervision and supervisory activities
4. Demonstrate knowledge of culturally competent supervision

[Internship programs might consider modifying these learning outcomes to include demonstration of applied knowledge of supervision practices in line with the American Psychological Association (APA) Standards of Accreditation (SOA) Implementing Regulations (IR) for Supervision competency at the internship level.]

Required Texts:

Required Readings:


**Schedule and Topic Outline**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Lecture Topic</th>
<th>Readings</th>
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</table>
| Week 1| Introduction to Supervision             | Chapter 2: What makes for good and effective clinical supervision (or not)?  
| Week 2 & Week 3 | Models & Formats of Supervision | Chapter 1: The practice of clinical supervision  
|---|---|---|
| Week 4 | The Building Blocks of Supervision | Chapter 3: Building clinical competence and facilitating professional development  
Chapter 8: Evaluation in the supervisory process  


Week 6 Culturally Competent Supervision

Chapter 4: Building multiculturalism and diversity competence in clinical supervision

Chapter 2: Psychotherapy and supervision as cultural encounters: The Multidimensional Ecological Comparative Approach framework
Chapter 11: Group supervision as a multicultural experience: The intersection of race, gender, and ethnicity
Chapter 12: Reflective practice: Culture in self and other


<table>
<thead>
<tr>
<th>Week 7</th>
<th>Supervision of Supervision (SOS) session one: Managing the supervisory relationship (ongoing topic during SOS)</th>
<th>Supervision Instructional Guide p.p.19-22</th>
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<tr>
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<td>Tools/Resources:</td>
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<td>1. Report of Supervision Session (Appendix A)</td>
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<td>2. Sample supervision contracts:</td>
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<td>• <a href="http://www.cfalender.com/supervision-contracts.html">http://www.cfalender.com/supervision-contracts.html</a></td>
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<td>3. SPICES (Appendix B)</td>
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<td>Tools/Resources:</td>
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<td>1. Models of Supervision within a Competence-based Context:</td>
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<td>• <a href="https://www.youtube.com/watch?v=j0ptzCzvXL8">https://www.youtube.com/watch?v=j0ptzCzvXL8</a></td>
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<td>2. Theravue (web-based deliberate practice tool): OR role plays</td>
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<td>• <a href="https://www.theravue.com/">https://www.theravue.com/</a></td>
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<td>3. Remediation planning:</td>
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<td>• <a href="https://www.apa.org/ed/graduate/competency-resources">https://www.apa.org/ed/graduate/competency-resources</a></td>
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<tr>
<th>Week 9</th>
<th>SOS session three: Risk assessments</th>
<th>Supervision Instructional Guide p.p. 25-27</th>
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<tr>
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<td>Tools/Resources:</td>
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<td>1. Suicide severity rating scale:</td>
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<td>2. Comprehensive school assessment guidelines:</td>
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<td>• <a href="https://education.virginia.edu/faculty-research/centers-labs-projects/research-">https://education.virginia.edu/faculty-research/centers-labs-projects/research-</a></td>
<td></td>
</tr>
</tbody>
</table>
3. NSU Suicide Prevention tools:
   - https://www.nova.edu/suicideprevention/index.html
   - https://www.nova.edu/promo-k.html?id=samhsa&video=1_l4v8at1n&title=NSU%20Suicide%20and%20Violence%20Prevention%20Training&subtitle=Suicide%20Assessment
   - https://www.youtube.com/watch?v=qkfKp_GcGaQ

4. When you click the link below, please click “Apply” and join under Psychology Doctoral Student and Trainees; Create an Account and click on “Continuing Education.” Find a course- search CAM- three sessions

5. School Violence Prevention Guidelines:
   - https://education.virginia.edu/faculty-research/centers-labs-projects/research-labs/youth-violence-project/comprehensive-school

6. Safety Plan Template:

7. Web-based Suicide training (requires enrollment-no cost):
<table>
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<tr>
<th>Week 10</th>
<th>SOS session four: Diversity, Equity and inclusion (DEI) in Supervision</th>
<th>Supervision Instructional Guide p.p. 28-30</th>
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<tr>
<td></td>
<td><strong>Tools/Resources:</strong></td>
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<tr>
<td></td>
<td>1. DSM-5 CFI (culturally formulated interview):</td>
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<td>• <a href="https://www.youtube.com/watch?v=8SjBG9di8ss">https://www.youtube.com/watch?v=8SjBG9di8ss</a></td>
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<td>2. Improving Cultural Competency for Behavioral Health Professionals – click on “Register” and then “Create an Account”; select “Psychologist/Psychiatrists”</td>
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<td>• <a href="https://thinkculturalhealth.hhs.gov/education/behavioral-health">https://thinkculturalhealth.hhs.gov/education/behavioral-health</a></td>
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<td>Week 11</td>
<td>SOS session five: Self-Disclosure</td>
<td>Supervision Instructional Guide p.p. 31-32</td>
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<td>Week 12</td>
<td>SOS session six: Future Planning, Self-care and Preventing Burn-out</td>
<td>Supervision Instructional Guide p.p. 33-34</td>
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<tr>
<td></td>
<td><strong>Tools/Resources:</strong></td>
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<td>2. Wellness/self-care plans:</td>
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Supervision and Supervision of Supervision (SOS)

Supervisors-in-training should be provided detailed instructions about providing supervision to others, including a rationale for this activity, expectations, and any specific associated requirements. The information we provide on our course syllabi for this activity is detailed below as an example with notations about alternative activities other training programs may consider including in their SOS.

Instructions to supervisors-in-training:

To apply the knowledge and skills from your readings, you will be assigned first-year, Pre-Practicum students to supervise over the course of six weeks after the didactic supervision lectures are completed. Within their Pre-Practicum course, students will meet with standardized patients (actors) for a pre-test to assess their diagnostic interviewing skills. They will be evaluated using the Skills in Psychological Interviewing: Clinical Evaluation Scales (SPICES) tool, the results of which will be made available to the students. [Other programs may consider pairing up practicum students with each other for recording role plays of diagnostic interviews or therapy sessions (pre-scripted vignettes may be helpful) if standardized patients are not available. The SPICES tool found in Appendix B of this document can be used the supervisors-in-training to provide the supervisees with feedback about their performance].

You will provide supervision focused on helping the students enhance their interviewing skills [or psychotherapy skills]. Supervision may be carried out individually or in group format and you may meet with your supervisees in person or via videoconferencing platform (e.g., Zoom). You are encouraged to request that students provide you with the recording of their pre-test with the standardized patients and their SPICES results so that you may individually tailor supervision to help them augment their interviewing skills. [Other programs may consider having supervisees record themselves role playing, as noted above, and share these recordings with supervisors-in-training.] Additionally, in your supervision, you can utilize Theravue.com vignettes to help supervisees practice skills. Theravue is a web-based deliberate practice platform with a course-dependent subscription fee.

It is important that you assist students with recognizing and addressing individual and cultural diversity considerations throughout the supervisory process. You are required to hold a minimum of six (6) supervisory sessions with your assigned students. Additional specifics about supervision assignments and procedures [the topics in the instructional guide] will be discussed in SOS. You should negotiate supervision scheduling with your students independently, but you are encouraged to consult your course instructor should scheduling challenges arise. It is important to note the value/importance of supervisors-in-training feedback to inform the evaluation of first-year students’ readiness for practicum. [For this to work, there will need to also be buy-in form the supervisees’ training directors, faculty instructors, or supervisors; we have found that trainees take the activity more seriously if all trainers are supportive of the peer supervision experience.] Please discuss with your instructor any concerns you have about the first-year students you are supervising. To earn full credit for this assignment [to maximize learning and potential attainment of supervision competency], you must complete the following:
1. A minimum of six supervisory sessions with your assigned supervisees and submit one Report of Supervision Session form (found in Appendix A of this document) for each supervisory session; hence, there should be a minimum of six notes. The notes must be complete and demonstrate use of knowledge or skill (e.g., Models of supervision, ethics/legal issues, competency-based supervision, cultural competence, etc.) from the course/training sequence, as well as content related to helping students enhance their diagnostic interviewing skills/therapy skills.

2. You must discuss the progress of your supervision sessions during Supervision of Supervision (SOS) discussions. If you are co-facilitating supervision with another student in this course, you must both participate in the discussion. Each student/supervisory team must discuss their case a minimum of four (4) times during the term/learning sequence to earn full credit. [The APA SOA IRs (APA, 2019) for supervision at the internship level require that trainees demonstrate applied knowledge of supervision models and practices. Therefore, internship programs might consider requiring supervisors-in-training record their supervision sessions for review in SOS.]
Supervision of Supervision (SOS) Modules

**Topic: Managing the Supervisory Relationship** (Week 7)

**Rationale:**
The supervisory relationship is an integral aspect of competent supervision. As such, focus on the supervisory relationship is required from the inception of the supervisory process. Discussions should address the characteristics of an effective and competent supervisory relationship early on in the SOS meetings (APA, 2015; Beinart, 2014) and emphasize the expectations and responsibilities of both supervisor and supervisee in maintaining an effective relationship. In addition, communication and feedback regarding concerns or conflicts that occur in the relationship should be recognized quickly addressed in a competent manner (APA, 2015). Setting expectations for supervision, requirements for training, and contingencies for unexpected problems through a supervision contract is a helpful way for supervisors to set the tone for supervision and reduce the likelihood of misunderstandings or conflicts (Falender & Shafranske, 2017; Thomas, 2010)

**Supervision of supervision:**
- Discuss expectations for the SOS experience. At each weekly meeting supervisors-in-training will be expected to:
  - Report on their supervision meetings
  - Discuss any challenges that they have experienced with supervision or supervisees
  - Share with the group any strategies that they used that they found useful or effective
  - Help other supervisors-in-training in the group who may be experiencing challenges or difficulties
- Focus discussion on use of face-to-face supervision and tele-supervision (Martin, Kumar & Lizarondo, 2017)
  - Identify when tele-supervision may be necessary/appropriate; pros and cons to each
    - When utilizing tele-supervision, potential challenges associated with the modality (e.g., distractions, increased chance for multitasking, technology glitches) and ways to minimize these should be addressed early in the supervisory relationship.
    - Important to recognize potential loss of non-verbal feedback in tele-supervision and possible impact on supervisory relationship; discuss with supervisee strategies that can maximize the tele-supervision modality (Martin et al., 2017).
- Discuss example tele-supervision policy (e.g., https://carruth.wvu.edu/training/health-service-psychology-internship/telesupervision-policy)
- Identify elements of a supportive and effective supervisory relationship (use list from Beinart, 2014)
  - Recognize power differential in supervisory relationship and impact this may have on supervisory relationship; discuss differences in power differential in
supervision with a peer supervisor/supervisor-in-training and additional roles that supervisor-in-training may have with supervisee
  o Address unique circumstances that can arise for peer supervision (i.e., multiple relationships peer supervisors may have with supervisees)
• Supervisors-in-training share some of their own supervision experiences (without identifying site or supervisor). Specifically, discussion around their own first experiences as supervisees, how they were “socialized” into the supervisory relationship, things that were helpful to them starting off as supervisees and information they would have liked to have been provided at the start of their own supervision to help them understand supervision expectations
• Identify goals for first supervision session and brainstorming strategies to use during this first meeting with supervisees to facilitate rapport and discuss expectations for supervision
• Remind supervisors-in-training of the importance of modeling appropriate behaviors in supervision to help socialize supervisees to the supervisory relationship (e.g., starting supervision on time regularly, respecting the length of the supervision session, coming prepared to supervision)
• Concerns/conflicts and difficult questions can be tough for new supervisors-in-training. Important to address this early in the SOS group meetings so the supervisors-in-training can be prepared in the event they need to provide feedback or address difficult topics with supervisees. In this first session a general discussion can begin to take shape regarding how supervisors-in-training can manage conflict or concerns in supervision.
• Review Report of Supervision Session (Appendix A) used to document supervision meetings.
• Review SPICES document used by supervisees in their pre-practicum course (see Appendix B). For internship and postdoctoral trainees supervising practicum students, consider reviewing the supervisee’s graduate program practicum evaluation to identify competency goals or develop other relevant supervision goals in SOS.
• Discussion of supervision contracts; purpose of serving as a “living document” (Falender & Shafranske, 2017); use of informal contract for their supervision experience; review sample contracts from Dr. Falender
  http://www.cfalender.com/supervision-contracts.html

**Guidance for supervisor-in-training when providing supervision:**
• Introductions; share information about yourself and ask the supervisee(s) to share something about themselves
  o Suggestions to facilitate rapport-building
    ▪ Share some of your own expectations when you were starting practicum, describe what you were feeling when you were getting ready to begin your practicum, share some of the things you wish you had known
• Focus on understanding what the supervisee knows and/or understands about supervision then transition into discussion about what supervision generally is
  o Consider sharing some of your own experiences as a supervisee
• Discuss the nature of this supervision experience, shared goals, etc.
• Address potential difficulties with tele-supervision (if applicable) and begin devising plan to minimize these

• Introduce expectations for your supervision; inquire about your supervisee’s own expectations about supervision
  ○ Review expected professional behaviors in supervision (e.g., attendance, timeliness, prepared for each supervision session)
  ○ Discuss general format for supervision sessions

• Describe use of SPICES as part of supervision activities

• Address the purpose for supervision contract; discuss supervision contract for the supervision experience

References/readings:


**Topic: Self-awareness and Self-reflection in Supervision** (Week 8)

**Rationale:** Self-awareness is considered an important aspect of a psychologist’s effectiveness. Without development of self-awareness, supervisees might miss opportunities of self-reflection and growth in their clinical work and might not be advocating for the appropriate support and direction from their supervisors. Supervisees are often unsure if they are performing within their expected developmental stage or the direction of their professional development which may create insecurities and uncertainty. It is important for supervisors-in-training to be aware and responsive to supervisee's developmental needs. Basic understanding of the different developmental models by both supervisors-in-training and supervisees can provide significant clarity for the direction and focus of supervision. The supervisor-in-training can use the Integrated Developmental Model (Stoltenberg & McNeill, 2010) to identify the supervisees areas of strength and areas of improvements within their expected developmental stage (i.e., beginning trainees, intermediate trainees, and advanced trainees). With guidance from the supervisor-in-training, supervisees might gain insight, self-awareness, and reflection on areas of strength and areas of improvement within their expected developmental stage. Collaboratively using this tool in supervision can assist both the supervisor-in-training and supervisee in setting goals within specific competence domains where a trainee might be demonstrating different levels on different competency domains. The Discrimination Model (Bernard, 1997) is meant to provide supervisors-in-training a framework to guide supervision and what role they should take: Teacher (instructor) Role, Consultant Role, and Counselor Role. Supervisors-in-training would benefit from understanding the different roles they can implement when working with supervisees. Supervisees would benefit from understanding the roles and areas to be able to advocate for what they want to work on and roles they feel they need from the supervisor.

**Supervision of Supervision:**
- Discuss Integrated Developmental Model (Stoltenberg & McNeill, 2010)
  - Learn what exactly beginning trainees, intermediate trainees, and advanced trainees look like and discuss ways to help trainees reach their developmental stage.
- The Discrimination Model (Bernard, 1997)
  - Identify different roles supervisors can take when working with supervisees.
- Watch the video on Understanding models of supervision within a competence-based context: [https://www.youtube.com/watch?v=j0ptzCzvXL8](https://www.youtube.com/watch?v=j0ptzCzvXL8)
- Discuss ways of identifying supervisee competency problems and remediation planning: [https://www.apa.org/ed/graduate/competency-resources](https://www.apa.org/ed/graduate/competency-resources)

**Guidance of supervisor-in Training when providing supervision:**
- Introduce the Integrated Developmental Model (Stoltenberg & McNeill, 2010) and the Discrimination Model (Bernard, 1997) to supervisees
  - You can utilize the Understanding Models of Supervision within a Competence-based Context video to introduce supervisees
    - [https://www.youtube.com/watch?v=j0ptzCzvXL8](https://www.youtube.com/watch?v=j0ptzCzvXL8)
- Have a collaborative approach with supervisees to identify where they would rank themselves within different competency domains. You can use the SPICES or
supervision evaluation forms documents to provide additional information on performance in different competency domains.

- Work on setting goals depending on competencies you both identify need improvement. Reassess goals throughout the course of supervision.
- Use self-disclosure of your own progression through the developmental stages to normalize the trainees' insecurities or uncertainties of their current stage and future directions.
- Encourage the supervisee to take a proactive approach in their supervision and help them advocate for competency domains they want to focus on or specific roles they find beneficial from the supervisor.

References/readings:


**Topic: Risk Assessments** (Week 9)

**Rationale:** In order to practice as competent psychologists, it is important to be able to complete and respond appropriately to risk assessments. Mental health practitioners strive to keep their clients/patients safe, particularly from suicidal, homicidal, and abusive behaviors. The World Health Organization (World Health Organization [WHO], 2019) has specified that close to 800,000 people die by suicide every year and that many more attempt to die by their own hands. In addition, US estimates indicate that at least one in seven children have experienced abuse or neglect in the past year (CDC, 2019) and that approximately 10% of the elderly population in the US is abused annually (Lachs & Pillemer, 2015). Unfortunately, psychologists frequently report that they are not provided sufficiently effective interview training to assess for suicidality (Schmitz et al., 2012), to evaluate for abuse (Young et al., 2001), or to respond effectively to suicidal risk (Mackelprang et al., 2014). Providing effective supervision in these areas can help clinicians be more competent in such vital parts of their client/patient interactions. A basic outline for guiding risk assessments, reporting, and safety planning in SOS as well as supervisors-in-training to guide their discussions with supervisors is provided below. The information below is not exhaustive.

**Supervision of Supervision:**

- Normalize anxiety and other emotions associated with risk assessments
- Review tools for effective assessment (ASQ, Columbia suicide severity rating scale, PHQ-9, CARS)
  - Suicide severity rating scale
    - IS PATH WARM? Ideation, Substance Abuse, Purposelessness, Anxiety, Trapped, Hopeless, Withdrawal, Anger, Recklessness, Mood Changes
  - Comprehensive school violence assessment guidelines:
    - [https://education.virginia.edu/faculty-research/centers-labs-projects/research-labs/youth-violence-project/comprehensive-school](https://education.virginia.edu/faculty-research/centers-labs-projects/research-labs/youth-violence-project/comprehensive-school)
  - Asking about abuse
- Discuss supervisor experience/comfort with these assessments. This discussion should include consideration of supervisor-in-training future legal/ethical responsibility for these risk assessments when they are licensed.

**Guidance for supervisor-in Training when providing supervision:**

- Discuss the importance of completing risk assessments and what needs to be included in the assessment
  - [https://www.nova.edu/promo-k.html?id=samhsa?vieo=1_14v8at1n&title=NSU%20Suicide%20and%20Violence%20Prevention%20Training&subtitle=Suicide%20Assessment](https://www.nova.edu/promo-k.html?id=samhsa?vieo=1_14v8at1n&title=NSU%20Suicide%20and%20Violence%20Prevention%20Training&subtitle=Suicide%20Assessment)
  - Tools for effective assessment (ASQ, Columbia suicide severity rating scale, PHQ-9, CARS)
  - Evaluating for suicide, homicide, and abuse
    - Suicide severity rating scale
• IS PATH WARM? Ideation, Substance Abuse, Purposelessness, Anxiety, Trapped, Hopeless, Withdrawal, Anger, Recklessness, Mood Changes
  ▪ Comprehensive school assessment guidelines:
    • https://education.virginia.edu/faculty-research/centers-labs-projects/research-labs/youth-violence-project/comprehensive-school
  ▪ Asking about abuse
• Discuss creating a safety plan
  o www.nova.edu/promo-k.html?id=samhsa?video=1_l4v8at1n&title=NSU%20Suicide%20and%20Violence%20Prevention%20Training&subtitle=Suicide%20Assessment
  o Numbers to call/Websites
    ▪ Poison Control: 800-222-1222
      • www.pediatrics.med.miami.edu/poison-control-center
    ▪ Sexual Assault: 1-800-656-4673
    ▪ Suicide Prevention: 800-784-2433 (SUICIDE)
      • Suicide Prevention Spanish: 888-628-9454
      • www.hopeline.com 800-442-4673 (HOPE)
      • www.suicidepreventionlifeline.org 800-273-8255 (TALK)
      • www.afsp.org 800-333-2377
    ▪ National Domestic Violence Hotline: 1-800-799-SAFE (7233)
• Review reporting and documentation guidelines
  o If you suspect suicide, homicide, abuse after completing an assessment inform your supervisor
    ▪ After discussing with supervisor, to report abuse call to state/local hotline
  o Managing trainee anxiety
    ▪ Normalize anxiety and other emotions associated with risk assessments
    ▪ Assign Theravue vignettes or role play scenarios to practice asking about suicide, homicide, and abuse

References/readings:

Center for Disease Control (2019) Preventing Child Abuse & Neglect Factsheet. Available at: www.cdc.gov/violenceprevention


Rationale: In order to be a multiculturally competent psychologist, diversity issues as they relate to supervision (supervisees and supervisors) need to be discussed. Supervisors and trainees may sometimes have difficulties addressing diversity topics and how they relate to both the supervisory experience and the client-therapist relationships. Garett et al (2001) identified two important questions related to the supervision process as it pertains to multicultural diversity: 1) What is the best way to train responsive and competent multicultural supervisors? and 2) What is the best way to facilitate and develop supervisees’ multicultural competence? Specifically, Falender and Shafranske (2021) described multicultural diversity supervision competence as “…an interactive process attending to the client(s)/family, supervisee/therapist, and supervisor” (p. 94). Furthermore, the same authors argue that multicultural competence entails addressing relationships among the following diversity identities: race; immigration; acculturation; poverty and socioeconomic status; language; gender nonbinary, nonconforming, transgender, and gender; disabilities; religion; age; and international students, globalization, and worldviews. Additionally, Sue and Sue (2019) included the additional component of social justice when delineating multicultural competence. Finally, it has been discussed that being multiculturally competent is also being ethical as competence encompasses dignifying and respecting clients’ diversity (Falender & Shafranske, 2021; APA, 2017). A basic outline to guide such discussions in SOS as well as an outline for the supervisors-in-training to guide their discussions with supervisees is provided below. The information below is not exhaustive.

Supervision of Supervision:
- Discuss the importance of multicultural supervision competence, especially in light of the Ethical Principles
- Facilitate supervisors-in-training cultural curiosity
- Supervisors-in-training share some of their own multicultural supervision experiences (without identifying site or supervisor)
- Review process of supervisors-in-training's awareness of their own diversity domains and of their own potential biases (i.e., microaggressions)
- Review ways to identify diversity domains and to address them
- Review some of the models to be used with supervisees as they learn how to incorporate diversity domains into their interventions
  - Multidimensional Ecological Comparative Approach MECA (Falender, Shafranske, & Falicov, 2014; Falicov, 2014)

Guidance for supervisor-in-training when providing supervision:
- Take some time to know the supervisee
- Supervisors model behaviors that are conducive to awareness, openness, and exploration of diversity domains
- Provide tools that will offer opportunities for the supervisees to learn additional skills related to multicultural diversity
  - Improving Cultural Competency for Behavioral Health Professionals:
- Review baseline performance on SPICES document as it pertains to the diversity items. For interns and postdocs, consider items on supervisee’s practicum evaluation related to diversity.
- Assign and review pertinent Theravue vignettes or role play vignettes so the supervisees will have the chance to practice therapeutic interventions as they address some of the diversity domains (e.g., older adults, transgender patients).
- Introduce models that will assist supervisees to comprehensively address diversity domains in their clients
  - Use of Hays’ (2016) diversity framework that considers the complexity of the intersectionality of the diversity domains stipulated in the ADDRESSING acronym: A=age; D=developmental disability; D=other disability; R=Religion; E=ethnic and racial identity; S=socioeconomic status; S=sexual orientation; I=indigenous heritage; N=national origin; G=gender
  - Interpersonal Process Recall (IPR: Ivers, Rogers, Borders, & Turner, 2017)

References/readings:


Olkin, R. (2010). The three R’s of supervising graduate psychology students with disabilities: reading, writing, and reasonable accommodations. Women & Therapy, 33, 73-84. Doi:10.1080/02703140903404788


**Topic: Self-Disclosure (Week 11)**

**Rationale:** Students (and seasoned clinicians) often struggle with self-disclosures, either responding to client’s direct questions about personal matters or deliberate of accidental disclosures of therapist’s personal information. Multiple factors affect therapists’ comfort (or discomfort) with self-disclosures in clinical situations (assessment, therapy). Some of these include the therapists’ fear of committing ethical violations such as boundary crossings or violations, the therapist’s theoretical orientation, client and therapist individual and cultural differences, and more. The research in the area of self-disclosures in psychotherapy and training over the past decade have consistently recommended that instead of avoiding self-disclosure in therapy, therapists should be thoughtful about when and how to appropriately self-disclose because there are many potential benefits associated with appropriate therapist self-disclosures (Barnett, 2011). Hence, supervisors-in-training would benefit from discussions in supervision of supervision (SOS) to prepare them for addressing appropriate self-disclosures with their supervisees. Basic outlines to guide such discussions in SOS as well as an outline for the supervisors-in-training to guide their discussions with supervisees are discussed below. The information below is not exhaustive.

**Supervision of Supervision:**

- **Ethics of self-disclosure (Barnett, 2011)**
  - Power dynamics in therapeutic relationship
  - Navigating boundaries in the context of the therapeutic relationship – when to share personal information and how much to share
  - Difference between boundary crossing and boundary violations and careful consideration of the following
    - Intent – what is the goal of the boundary crossing (self-disclosure or other)? Avoid any boundary crossing that are for the sole benefit of the therapist.
    - Consent- have potential crossings been discussed during the informed consent process? Do clients welcome therapist self-disclosures?
    - Do no harm – avoid exploitative or harmful actions
- **When and how to disclose (in terms of diversity but also generally)**
  - Therapist-initiated self-disclosures
  - Review key points for responding to disclosure questions from a client suggested by Phiri et al. (2019).

**Guidance for supervisor-in-training when providing supervision:**

- Normalize for the supervisees the challenges of self-disclosures. Consider modeling appropriate self-disclosure by sharing your own experiences with self-disclosure in your clinical work.
- Increase supervisee awareness about all types of self-disclosures (Barnett, 2011), including:
  - Deliberate self-disclosure: intentional sharing of personal information to promote rapport or enhance therapy process; family photos in therapist’s office; explanation of extended leaves, web-postings, etc.
- Unavoidable self-disclosures: therapist’s disability; wearing of religious symbols or attire; participation in activism events; community outings at bars, restaurants, etc.
- Accidental: therapist’s non-verbal reactions to client disclosures
  - Discuss ethical considerations (see above topics)
  - Role play self-disclosure scenarios

References/readings:


Rationale: According to the APA (2014) Supervision Competency Guidelines, “An essential aspect of competence is metacompetence, or the ability to know what one does not know and to self-monitor reflectively one’s ongoing performance” (p.3). As the semester/training sequence comes to an end, supervisors-in-training are encouraged to reflect on their growth in supervision competence over the course of training, to promote self-awareness and self-reflection, and to plan for further development. While reflecting on their future work, it would be important to acknowledge the challenges and demands psychologists-in-training (and psychologists) face daily and discuss the importance of self-care and preventing burn-out. The deleterious effects of poor self-care, including mood disorders, poor coping, competency problems, and greater risk for ethical lapses have been well-documented (Callan et al., 2021; Grus et al., 2017). Recently, Callan and colleagues (2021) identified two domains of self-care that are particularly important for helping graduate students in psychology maximize personal wellbeing and professional competence. These are (a) professional support, including “sharing work-related stress with colleagues, avoiding isolation, and building positive relationships with mentors,” and (b) awareness, “such as remaining mindful of one’s feelings and needs, being thoughtful and proactive about managing challenges in one’s work, and noticing triggers of personal distress” (p. 287).

Supervision of Supervision:
- Promote supervisor-in-training self-evaluation using the Supervisor Competency Self-Assessment (Falender et al., 2016; http://societyforpsychotherapy.org/guidelines-clinical-supervision-health-service-psychology/), and discuss supervisor competency development over the semester/training sequence as well as future goals for continued growth.
  - Prepare supervisors-in-training for eliciting feedback from supervisees
    - Managing emotions elicited from the feedback
    - Exploring how feedback will be integrated with their self-perceptions for objective goal setting.
  - Discuss the importance of self-care and preventing burn-out and help supervisors-in-training develop individualized wellness/self-care plans: https://www.betterup.com/blog/self-care-plan

Guidance for supervisor-in-training when providing supervision:
- Discuss supervisee self-perceived growth over the semester/training sequence and help them identify areas of strength and growth.
  - Explore longer-term goals based on supervisee level of training (practicum, internship, postdoc, and licensure) and provide guidance for next developmental level.
- Elicit feedback from supervisees about the supervision you provided them to help identify strengths and areas of growth.
- Discuss the importance of self-care and preventing burn-out and help supervisees develop individualized wellness/self-care plans.
References/readings:


Appendix A

Supervision of Supervision
Report of Supervision Session

Date:__________  Time:______ to _______  Session #:____  Location: ______________

Name of Supervisor:_____________________________________________________________

Name of Supervisee(s):________________________________________________________________

Persons Present:__________________________________________________________________

Type of Supervision (circle one):    Individual    Group

I. Summary of the supervision (including techniques, modalities)

II. Assessment/Evaluation (supervisee progress, supervisor strengths/areas of growth)

III. Plan


Appendix B
Skills in Psychological Interviewing: Clinical Evaluation Scales (SPICES)
Readiness for Practicum-Level,
Intake Interview Rating Form

The SPICES is re-printed with permission from the authors Drs. Sarah Valley-Gray and Ralph “Gene” Cash. If interested in the SPICES, please contact Sarah Valley-Gray valleygr@nova.edu and Ralph Cash gcash1@aol.com.
Skills in Psychological Interviewing: Clinical Evaluation Scales (SPICES)

Readiness for Practicum-Level, Intake Interview Rating Form

Instructions: When rating an interview, raters should not penalize students for the same construct multiple times for the same error.

Clinical Competency: An individual’s demonstrated ability to understand and to engage in specific tasks in a manner consistent with the expectations for training in a specific profession (Kaslow et al., 2009)

FOUNDATIONAL COMPETENCIES

PROFESSIONALISM

A. Ethical and Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations

Knowledge of Ethical, Legal, and Professional Standards and Guidelines: Demonstrates basic knowledge of the principals of the APA Ethical Principles and Code of Conduct (ethical practice and basic skills in ethical decision making); demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting

1. Informed Consent*

(as demonstrated by referring to an agency-approved consent form, thoroughly explaining to the client [or parent/guardian, if working with a minor], attempting to ensure that client understands, indicating the interviewer’s training status, and obtaining or referring to obtaining the client’s [or the parent’s/guardian’s] signature.)

1-Does not address verbal or written consent
2-Addresses informed consent issues (either accurately or inaccurately) but does not obtain (or refer to obtaining) signature
3-Obtains (or refers to obtaining) signature but explains informed consent issues inaccurately or incompletely
4-Obtains (or refers to obtaining) signature and explains informed consent issues accurately and completely

2. Limits of Confidentiality**

1-Fails to address limits of confidentiality
2-Addresses limits to confidentiality inaccurately or incompletely
3-Indicates limits to confidentiality but inadequately explains one or both
4-Indicates limits of confidentiality fully

**Limits to confidentiality may apply under the following circumstances: Danger to self; Danger to others; Suspected abuse of a child or vulnerable adult; Court order; Placing mental health status at issue in litigation; Self-defense of professional in legal action
Awareness and Application of Ethical Decision-Making: Demonstrates awareness of the importance of applying an ethical decision model to practice

3. Suicide Assessment
   1. Fails to ask about suicidality or to follow-up if client communicates suicidal ideation
   2. Asks about suicidality inappropriately (e.g., “You’re not suicidal, are you?”)
   3. Asks about suicidality appropriately but fails to evaluate for ideation, intent, plans, and means when necessary
   4. Asks about suicidality appropriately and evaluates for ideation, intent, plans, and means (or client indicates none)

4. Threat Assessment
   1. Fails to ask about homicidality or to follow-up if client communicates homicidal ideation
   2. Asks about homicidality inappropriately (e.g., “You’re not homicidal, are you?”)
   3. Asks about homicidality appropriately but fails to evaluate for ideation, intent, and plans
   4. Asks about homicidality appropriately and evaluates for ideation, intent, and plans (or client indicates none).

5. Abuse Assessment (physical, verbal, emotional, and sexual)
   1. Fails to ask about possible abuse or to follow-up if client communicates abuse issues
   2. Asks about possible abuse inappropriately (e.g., “You don’t abuse anybody, do you?”)
   3. Asks about possible abuse appropriately but fails to evaluate including history, signs of abuse, and current threat level
   4. Asks about possible abuse appropriately and evaluates including history, signs of abuse, and current threat level

6. Ethical Conduct: Displays ethical conduct and values
   6. Personal Boundaries
      1. Conveys non-constructive or non-constructive, excessively intimate information
      2. Conveys constructive but excessively intimate information
      3. Self-discloses constructively in an attempt to normalize or to build rapport, but focus is largely shifted from the client
      4. Self-discloses constructively to normalize client concerns and to build rapport or interview does not require self-disclosure

B. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology

Appearance: Understands how to present oneself in a professional manner

7. Personal Hygiene
   1. Disheveled and/or unclean (e.g., unkempt hair or too much makeup/cologne/perfume, etc.) OR mostly clean cut, but may have loud nail polish, shaggy beard, etc.
   2. Clean cut, neat hair OR meticulously groomed and coiffed

8. Attire
1. Dressed in a provocative or unkempt manner (e.g., low cut, tight, and/or short clothing for females; low slung and/or tight for males) OR dressed too casually or inappropriately (e.g., jeans or shorts and/or t-shirt and/or sandals and/or dirty/stained clothes)
2. Dressed in appropriate but casual attire OR dressed in professional attire

**Concern for the Welfare of Others:** *Demonstrates awareness of the need to uphold and to protect the welfare of others and to facilitate client disclosure*

9. **Non-Judgmental Attitude**
   1. Is consistently critical of client either verbally, non-verbally, or both
   2. Expresses criticism toward client verbally, non-verbally, or both at times
   3. Rarely displays criticism toward client
   4. Demonstrates consistent acceptance of client

10. **Appreciation for Client’s Life Circumstances**
    1. Fails to acknowledge or is dismissive of client’s stressors
    2. Minimizes the significance of client’s stressors
    3. Acknowledges client’s stressors but without conveying the significance of the impact
    4. Acknowledges and conveys the importance of client’s life circumstances

11. **Compassion for the Client**
    1. Fails to demonstrate compassion for the client
    2. Rarely demonstrates compassion for the client
    3. Sometimes demonstrates compassion for the client
    4. Often/always demonstrates compassion for the client

**Efficiency:** *Demonstrates organization and effectiveness within the session*

12. **Structure of the Interview**
    1. Fails to provide any identifiable structure (e.g., allows conversation to wander, no discernible goals for session, minimal conversation, or entirely client-dominated)
    2. Provides some structure, but allows frequent digressions (many questions are followed by tangential client comments without redirection)
    3. Provides structure allowing only occasional digressions (a few questions are followed by tangential client comments without redirection)
    4. Provides consistent, responsive structure so client is redirected to salient issue(s)

13. **Time Management** *(Note: Key points consist of presenting problem(s), support system, family history, substance use/abuse, job/school history, mental health treatment history, medical history, and legal history).*
    1. Uses time inefficiently; obtains fewer than two key points in allotted time
    2. Obtains four or fewer key points in allotted time
    3. Obtains six or fewer key points in allotted time
    4. Obtains more than six key points in the allotted time

**C. Individual and Cultural Diversity:** *Awareness, sensitivity, and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.*
Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context: Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others.

14. Diversity (e.g., age, gender, race, religion, culture, ethnicity, sexual orientation, language)
   1- Conveys intolerance, either explicitly or implicitly, for salient diversity issues (e.g., makes insensitive/disrespectful comments, nonverbal communication conveys insensitivity/disrespect)
   2- Does not acknowledge salient diversity issues
   3- Promotes some discussion of client’s diversity but does not explore its impact upon presenting problem(s)
   4- Explores client’s diversity and its impact upon presenting problem(s)

RELATIONAL

D. Relationships: Relates effectively and meaningfully with individuals, groups, and/or communities

Interpersonal Relationships: Displays interpersonal skills (e.g., develops rapport through posture, facial expression, and voice tone)

15. Response to Client’s Feelings
   1- Ignores or does not reflect client’s feelings
   2- Reflects client’s feelings inaccurately and responds ineffectively
   3- Reflects client’s feelings accurately but responds ineffectively
   4- Reflects client’s feelings accurately and responds effectively

16. Response to Client’s Expressions of Concerns
   1- Consistently interrupts client while he/she is trying to share information and fails to acknowledge client’s concerns
   2- Does not overtly argue, but is inappropriately emotional (e.g., withdraws or appears hostile) with the client
   3- Acknowledges client’s concerns, but interrupts the client frequently
   4- Only interrupts client constructively and acknowledges client’s concerns

17. Indirect Messages/Communications
   1- Only responds to the direct messages communicated and ignores or does not acknowledge incongruent tone, non-verbals, etc.
   2- Acknowledges client’s indirect messages inaccurately and responds ineffectively
   3- Acknowledges client's indirect messages accurately but treats them as of secondary importance
   4- Acknowledges and responds effectively to both the direct and the indirect communication of the client

Affective Skills: Displays personal affective skills

18. Management of Interpersonal Conflict
   1- Actively argues and is inappropriately emotional with the client
   2- Does not overtly argue, but is inappropriately emotional (e.g., withdraws or appears hostile) with the client
   3- Does not overtly respond to conflict, but is noticeably negatively affected (e.g., appears anxious or upset)
4- Manages interpersonal conflict in a mature and professional manner (e.g., using a calm tone and a reflective statement) or no interpersonal conflict observed

19. **Management of Ambiguity and Uncertainty**
   1. Does not tolerate ambiguity and uncertainty and rushes to problem definition and resolution
   2. Demonstrates difficulty tolerating ambiguity and uncertainty and rushes to problem definition without sufficient data
   3. Tolerates ambiguity and uncertainty but does not clarify problem definition
   4. Tolerates ambiguity and uncertainty and facilitates clear problem description(s)

   **Expressive Skills:** *Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills*

20. **Language in Professional Communication**
   1. Uses profanity or inappropriate language (e.g., slang) during session
   2. Uses language more typical of informal social interactions
   3. Uses occasional professional jargon (e.g., use of “technical” terms/acronyms without clarification)
   4. Uses language that is clear, coherent, socially appropriate, and consistent with the client’s cognitive and emotional level

21. **Tone of Speech**
   1. Uses a tone that is harsh and impairs the development of rapport
   2. Uses a tone that is difficult to understand and may interfere with rapport
   3. Uses a tone that is intelligible but reflects anxiety (e.g., pressured speech) or is inadequately comforting
   4. Uses a tone that sounds comforting and relaxed

22. **Communication of Ideas and Information (taking into account client’s educational and developmental level)**
   1. Fails to communicate information and ideas
   2. Communicates ideas and information in a confusing or difficult to interpret manner
   3. Communicates information and ideas with some lack of clarity and at times fails to be congruent with client’s educational and developmental level
   4. Communicates information and ideas clearly and consistent with the client’s educational and developmental level

23. **Nonverbal Communication (e.g., eye contact, posture, attention to client)**
   1. Poor nonverbal communication
   2. Fair nonverbal communication
   3. Good nonverbal communication
   4. Excellent nonverbal communication

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**FUNCTIONAL COMPETENCIES**

**APPLICATION**

E. **Assessment:** *Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups and/or organizations*
Skills: Displays basic helping skills

24. Open-Ended Questioning (when appropriate to question)
   1-Utilizes only closed-ended questions
   2-Utilizes primarily closed-ended questions
   3-Utilizes open-ended questions at least half of the time
   4-Primarily utilizes open-ended questions

25. Paraphrasing or Summarizing
   1-Fails to utilize paraphrasing and/or summarizing
   2-Inappropriately or excessively utilizes paraphrasing and/or summarizing
   3-Appropriately but rarely utilizes paraphrasing and/or summarizing
   4-Consistently and appropriately utilizes paraphrasing and/or summarizing

26. Closure of the Session
   1-Ends the session abruptly
   2-Does not end abruptly but fails to summarize or to suggest a plan
   3-Does not end abruptly and either summarizes the session or suggests a plan but not both
   4-Does not end abruptly, summarizes the session, and suggests a plan