## Tool 7. Clinical Supervision Policy and Procedure

### Underlying Principles

Clinical supervision is a powerful tool for managing and ensuring continuous improvement in service delivery. Clinical supervision is comprised of balancing four distinct functions: administrative, evaluative, supportive, and clinical. Fundamental structures include a positive working relationship, client-centered approach, commitment to professional development, and accountability. The following principles ensure high-quality clinical supervision:

- A safe, trusting working relationship that promotes a learning alliance.
- A counselor-centered program with a culturally and contextually responsive focus.
- Active promotion of professional growth and development.
- Shared clinical responsibility ensuring that the client's treatment goals are addressed.
- A rigorous process that ensures ethical and legal responsibility.
- An individualized approach based on the learning needs and style of the supervisee.
- Congruence with the values and philosophy of the agency.

### Terms

A healthy **working relationship** is built on shared vision and goals, clear expectations, and the belief in the good intentions of staff members. It demonstrates reciprocal communication where all parties provide comprehensive, timely information that is respectful. Each person is responsible for providing relevant information critical to his or her job function and the mission of the agency. The working relationship recognizes the importance of the chain of command throughout all agency levels. The agency expects that this chain of command supports structure, appropriate boundaries, and decisionmaking at all levels. The chain of command is followed to ensure effective and efficient communication.

Trust is central to the working relationship. This is manifested in several ways: (1) people are accountable to their work and job responsibilities, (2) confidentiality is maintained, (3) decisions are respected, and (4) misunderstandings are pursued to clarify miscommunication, seek to understand the other person, air emotions, and reach resolution.

The **learning alliance** is based on the belief that the supervisee has specific learning needs and styles that must be attended to in supervision. The relationship between supervisor and supervisee is best formulated and maintained when this frame of reference is predominant. Supervisees participate in a mutual assessment based on a combination of direct and indirect observations.

### Guidelines for Clinical Supervision

The principles of clinical supervision are made explicit by a clear contract of expectations, ongoing review and feedback, and a commitment to professional development.

*Clear contract of expectations*
It is critical that both the supervisor and supervisee share their expectations about the process, method, and content of clinical supervision. This can advance the development and maintenance of a trusting, safe relationship. The following information should be discussed early in the working relationship:

- Models of supervision and treatment.
- Supervision methods and content.
- Frequency and length of supervisory meetings.
- Ethical, legal, and regulatory guidelines.
- Access to supervision in emergencies.
- Alternative sources of supervision when the primary supervisor is unavailable.

The supervisee will be provided with a job description that outlines essential duties and performance indicators. Additionally, each supervisee will receive an assessment of core counseling skills based on the TAP 21 competencies and other appropriate standards.

*Documentation*
Supervisory sessions are recorded as notes that indicate the focus of the session, the issues discussed, solutions suggested, and agreed upon actions. Supervisors will maintain a folder for each of their supervisees. The folder will contain the IDP, clinical supervision summaries, and personnel actions (e.g., memos, commendations, other issues). Supervisees are allowed full access to the folders.

**Tool 7. Clinical Supervision Policy and Procedure (continued)**

*Clinical supervision frequency*
Each supervisee will receive 4 hours of supervision monthly. A combination of individual and group supervision may be used. Supervisors are to ensure that a minimum of 50 percent of this time is devoted to clinical, as opposed to administrative, supervision.

*Ongoing review and feedback*
The supervisee will be given an annual performance evaluation that reviews both job expectations and the clinical skills learning plan. Written records of the supervisee will be reviewed on a regular basis. Supervisees will be given specific written feedback regarding their strengths and areas for improvement. The supervision system operates through direct observation of clinical work. This ensures that direct, focused feedback will be provided, increases the degree of trust and safety, and provides an accurate evaluation of skills development progress. Observations will be pre-arranged and take the form of sitting in on a session, co-facilitating, or videotaping. The supervisee will present a case at a minimum of once per month.

*Commitment to ongoing professional development*
The supervisee's learning plan should document goals, objectives, and methods to promote professional development. The plan should be completed within the first 6 months of employment and updated annually. Ongoing supervision should focus on achieving the identified goals. The agency supports supervisees' participation in training to achieve their professional development goals.

*Source: Adapted from unpublished Basics, Inc. materials*

# The Supervision Contract

A supervision contract protects the rights of the agency, the supervisor, and supervisee. A written contract between supervisor and supervisee, stating the purpose, goals, and objectives of supervision is important. Tool 8 is a template for supervision contracts. In addition to the contract, for the purposes of informed consent, it is useful to have a supervision consent form signed by both the supervisor and supervisee, indicating the supervisee's awareness and agreement to be supervised (see Tool 4).

**Tool 8. Supervision Contract Template**

This document serves as a description of the supervision provided by (supervisor name, credentials, title) to (supervisee, credentials, title).

**Primary Purpose, Goals, and Objectives**

- Monitor and ensure client welfare
- Facilitate professional development
- Evaluate job performance

**Provision**

- (Frequency) of individual supervision at (day and time)
- (Supervision model and case review format) will be used
- Clients of the counselor will give informed consent for supervision of their case
- Counselor will have a minimum of (amount) of supervision for every (number) of client contact hours
- All client cases will be reviewed on a rotating basis based on need

**Documentation**

- (Form name) will be used to document the content and progress of the supervision
- Informal feedback will be provided at the end of each session
- Written formal evaluation will be provided (frequency)
- Supervision notes will be shared (at the supervisor's discretion or at request of counselor)

**Tool 8. Supervision Contract Template (continued)**

**Duties and Responsibilities**

*The supervisor at a minimum will:*

- Review all psychosocial histories, progress notes, treatment plans, and discharge plans.
- Question the counselor to justify approach and techniques used.
- Present and model appropriate clinical interventions.
- Intervene directly if client welfare is at risk.
- Ensure that ethical guidelines and legal statutes are upheld.
- Monitor proficiencies in working with community resources and networking with community agencies.

*The counselor at a minimum will:*

- Uphold all ethical guidelines and legal statutes.
- Be prepared to discuss all client cases.
- Discuss approaches and techniques used and any boundary issues or violations that occur.
- Consult supervisor or designee in emergencies.
- Implement supervisor directives.
- Adhere to all agency policies and procedures.

**Procedural Consideration**

- The Individual Development Plan's goals and objectives will be discussed and amended if necessary.
- The quality of the supervisory relationship will be discussed and conflicts resolved.
- If conflicts cannot be resolved, (name) will be consulted.
- In the event of an emergency, the counselor is to contact the supervisor. If unavailable, contact (alternate's name, title, and other relevant back-up information).
- Crises or emergency consultations will be documented.
- Due process procedures (as explained in the agency's policy and procedure handbook) have been reviewed and will be discussed as needed.

**Supervisor's Scope of Competence**

- Title/date of credentials/licensure.
- Formal supervisory training and credentials.
- Years providing supervision.
- Current supervisory responsibilities.

This agreement is subject to revision at any time on request of either person. Revision will be made only with consent of the counselor and approval of the supervisor. We agree to uphold the directives outlined in this agreement to the best of our ability and to conduct our professional behavior according to the ethical principles and codes of conduct of our professional associations.

Supervisor_____ Title_____ Date_____

Supervisee_____ Title_____ Date_____

This agreement is in effect from (current date) to (annual date of review or termination)

*Source: Mattel, 2007*

Another sample supervision contract form can be found in Campbell (2000), p. 285.

# The Initial Supervision Sessions

An initial supervision sessions checklist documents the topics to be covered in initial sessions by the supervisor and supervisee. The goal is that as part of establishing the supervisory relationship, the supervisor and supervisee should discuss the basic issues in substance abuse counseling and in supervision. For new supervisors and for administrators to monitor the implementation of supervision, a checklist, such as Tool 9, can ensure that the important issues are discussed. The example below can aid in setting a preliminary structure for supervision, clarifying goals and expectations, and incorporating feedback so as to promote a sense of openness, trust, and safety. It is understood that not all of these topics can be covered in the first few sessions, but these topics are important considerations in initiating clinical supervision.

## *Documentation and Recordkeeping*

Documentation is unquestionably a crucial risk-management tool for clinical supervisors and is no longer optional in supervision. Legal precedents suggest that organizations are both ethically and legally responsible for quality control of their work, and the supervision evaluation, documentation, and record-keeping systems are a useful and necessary part of that professional accountability. However, in contrast with the myriad clinical forms and documentation required, there is a paucity of tools for documentation in supervision. Most organizations rely on the personal style and records of individual supervisors, and do not have an organization-wide standardized system of record keeping for supervision. Documenting supervision should not be burdensome, but it should be systematic and careful. Key components of what should be documented and how it should be documented are provided in the following paragraphs.

A record of supervision sessions needs to be maintained that documents: when supervision was conducted, what was discussed, what recommendations were provided by the supervisor, and what actions resulted. A supervisor should maintain a separate file on each counselor supervised, including:

- Caseloads.
- Notes on particular cases.
- Supervisory recommendations and impressions.
- The supervision contract.
- A brief summary of the supervisee's experience, training, learning needs, and learning styles.
- The individual development plan.
- A summary of all performance evaluations.
- Notations of supervision sessions, particularly concerning duty-to-warn situations, cases discussed, and significant decisions made.
- Notations of canceled or missed supervision sessions.
- Significant issues encountered in supervision and how they were resolved.

By far, the most comprehensive documentation system for clinical supervisors is Falvey's FoRMSS system (2002*a*), which includes emergency contact information, supervisee profiles, a log sheet for supervision, an initial case overview, a supervision record, and a termination summary that records the circumstances of client termination, client status at termination, and any followup or referrals needed. The FoRMSS system alerts supervisors to potential clinical, ethical, or legal risks associated with cases.

Records of supervision must be retained for the period required by the State and pertinent accreditation bodies. The American Psychological Association's guidelines (2007) recommend retaining clinical and supervisory records for at least 7 years after the last services were delivered. Organization policy may differ from this. Administrators should check with local and State statutes regarding record-keeping requirements. It is prudent for an organization and supervisor to retain supervision records for at least as long as required by the State and accreditation bodies.

## Tool 9. Initial Supervision Sessions Checklist

**Education, Training, and Clinical Experience**

_____ Educational background
_____ Training experience
_____ Setting(s), number of years
_____ Theoretical orientation
_____ Clinical competence with various issues, models, techniques, populations, presenting problems, treatment modalities
_____ Sense of mission and purpose in the field
_____ Educational plans and professional goals of the supervisee
_____ Training and awareness of cultural and contextual issues in counseling
_____ Training and awareness of community networking in counseling

**Philosophy of Supervision**

_____ Philosophy of therapy and change
_____ Purpose of supervision

**Previous Supervision Experiences**

_____ Previous supervision experiences (e.g., format, setting)
_____ Strengths and weaknesses as counselor and as supervisee
_____ Supervisee's competence with stages of counseling process
_____ Supervisee's level of development in terms of case planning, notes, collateral support, and networking
_____ Supervisory competence with various issues, models, techniques, populations, therapy groups, and modalities
_____ Methods for managing supervisor-supervisee differences

**Supervision Goals**

_____ Goals (personal and professional)
_____ Process of goal evaluation and timeframe
_____ Requirements for which supervisee is seeking supervision (e.g., licensure, professional certification)
_____ Requirements to be met by supervision (e.g., total hours, individual or group supervision)

**Supervision Style and Techniques**

_____ Specific expectations the supervisee or supervisor has of the parties involved (e.g., roles, hierarchy)
_____ Type of supervision that would facilitate clinical growth of the supervisee
_____ Preferred supervision style (didactic, experiential, collegial)
_____ Parallels between therapy and supervision models
_____ Supervision focus (e.g., counselor's development, cases)
_____ Manner of case review (e.g., crisis management, in-depth focus)
_____ Method (e.g., audio- or videotaping, direct observation)

**Theoretical Orientation**

_____ Models and specific theories in which supervisee and supervisor have been trained, practice, and or conduct supervision
_____ Extent to which these models have been used clinically
_____ Populations, presenting problems, and/or family forms with which the models have been most effective
_____ Interest in learning new approaches

**Tool 9. Initial Supervision Sessions Checklist (continued)**

**Legal and Ethical Considerations**

_____ Ultimate responsibility for clients discussed in supervision in different contexts (e.g., licensed vs. unlicensed counselor, private practice vs. public agency)

_____ Number of cases for which the supervisor will be responsible

_____ Emergency and back-up procedures

_____ Awareness of professional ethical codes

_____ Confidentiality regarding the information discussed in supervision

_____ Confidentiality issues when more than one supervisee is involved

_____ Specific issues in situations where dual relationships exist (e.g., former client)

_____ Process for addressing supervisee issues (e.g., burnout, countertransference)

**Other**

What do we need to know about each other that we have not already discussed?

*Source: Adapted from Falvey, 2002b. Permission pending.*

Tools 10–12 are sample documentation forms. (See also Campbell, 2000.)

**Tool 10. Supervision Note Sample**
Professional Development Plan Current Focus

| Goal/TAP Competencies | Objective | Date of Expected Completion |
|---|---|---|
| | | |
| | | |

**Supervision Content**

| Issue | Discussion | Recommendation/ Action | Followup |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Progress on Professional Development Plan Objectives

_____

_____

Other_____

Supervisor_____ Counselor_____ Date_____

*Source: Porter and Gallon, 2006.*

## Tool 11. Current Risk-Management Review

Case:_____ Date::_____

**ISSUES**

- ☐ Informed Consent
- ☐ Parental Consent
- ☐ Confidentiality
- ☐ Recordkeeping
- ☐ Records Security
- ☐ Child Abuse/Neglect
- ☐ Risk of Significant Harm
- ☐ Duty to Warn
- ☐ Medical Exam Needed
- ☐ Supervisee Expertise
- ☐ Supervisor Expertise
- ☐ Institutional Conflict
- ☐ Dual Relationship
- ☐ Sexual Misconduct
- ☐ Releases Needed
- ☐ Voluntary/Involuntary Hospitalization
- ☐ Utilization Review Discharge/Termination

Discussion:

_____

_____

_____

Recommendation:

_____

_____

_____

Action:

_____

_____

_____

Signature_____Date_____

Title_____

*Source: Based on Falvey, 2002b.*

| Tool 12. Supervisory Interview Observations | | |
|---|---|---|
| **STATEMENTS/BEHAVIORS** | | **COMMENTS** |
| Step 1<br>SET AGENDA<br><br>Decrease anxiety<br>Involve counselor | | |
| Step 2<br>GIVE FEEDBACK<br><br>Empower<br>Individualize | | |
| Step 3<br>TEACH and NEGOTIATE<br><br>Share agenda<br>Clarify knowledge, skills, attitude<br>Identify learning steps<br>Agree upon methods of learning | | |
| Step 4<br>SECURE COMMITMENT<br><br>Clarify expectations<br>Clarify responsibility<br>Create mutual accountability | | |

| **LOOK FOR** | **OBSERVATIONS, BEHAVIORS, NOTES** |
|---|---|
| SUMMARY OBSERVATIONS | |
| Interview structure followed? | |
| Time managed effectively? | |
| Established nurturing and supportive environment? | |
| Stayed on course? | |
| Resistance? Power struggle? | |
| Agreement secured? | |
| Followup plan created? | |
| NOTES: | |

*Source: Based on Porter & Gallon, 2006.*

# Evaluation of Counselors and Supervisors

Evaluation of counselors and supervisors is both formative (ongoing and evolving over time) and summative (periodic and formal). Nowhere else in supervision does the power differential between the supervisor and supervisee become more evident than in the evaluation process. Feedback and evaluation are necessary and important in an organization's risk-management procedures. Agencies need a formal procedure and criteria for staff evaluation. When supervisors conduct supervisee evaluations, counselors need to understand there is a level of subjectivity in the process. There is no psychometrically valid tool to assess counselor competence. An element of the supervisor's judgment is always involved.

Most evaluation guidelines and tools identify general areas of competence to assess—knowledge, skills, and attitudes—but specific criteria for making an evaluation are left to the individual supervisor and the organization. It is important that the evaluation of staff be closely linked to job descriptions, the supervision contract, and the specific needs of the agency. Levels of competence and fitness for duty should be established by the individual organization, with consideration given to the credentialing and accreditation requirements of the agency. Supervisee triads also offer another option to assist in the evaluation process. A grievance and appeals process should be defined. Finally, supervisors need to be reminded that they are the gatekeepers for the agency, providing feedback, remediation as needed, and dismissal of personnel if indicated.

Tools 13 and 14 aid the supervisee in evaluating the supervisor and the supervisor in assessing the counselor.

**Tool 13. Counselor Evaluation of the Supervisor**

This evaluation form gives the supervisor valuable feedback while it gives the counselor a sense of responsibility and involvement in the design and development of supervision.

Use a 7-point rating scale where:
1 = strongly disagree
4 = neither agree nor disagree
7 = strongly agree

| | Rating |
|---|---|
| 1. Provides useful feedback regarding counselor behavior | |
| 2. Promotes an easy, relaxed feeling in supervision | |
| 3. Makes supervision a constructive learning process | |
| 4. Provides specific help in areas needing work | |
| 5. Addresses issues relevant to current clinical conditions | |
| 6. Focuses on alternative counseling strategies to be used with clients | |
| 7. Focuses on counseling behavior | |
| 8. Encourages the use of alternative counseling skills | |
| 9. Structures supervision appropriately | |
| 10. Emphasizes the development of strengths and capabilities | |
| 11. Brainstorms solutions, responses, and techniques that would be helpful in future counseling situations | |
| 12. Involves the counselor in the supervision process | |
| 13. Helps the supervisee feel accepted and respected as a person | |
| 14. Appropriately deals with affect and behavior | |
| 15. Motivates the counselor to assess counseling behavior | |

| Tool 13. Counselor Evaluation of the Supervisor (continued) | |
|---|---|
| This evaluation form gives the supervisor valuable feedback while it gives the counselor a sense of responsibility and involvement in the design and development of supervision.<br><br>Use a 7-point rating scale where:<br>1 = strongly disagree<br>4 = neither agree nor disagree<br>7 = strongly agree | |
| | Rating |
| 16. Conveys a sense of competence | |
| 17. Helps to use tests constructively in counseling | |
| 18. Appropriately addresses interpersonal dynamics between self and counselor | |
| 19. Can accept feedback from counselor | |
| 20. Helps reduce defensiveness in supervision | |
| 21. Encourages expression of opinions, questions, and concerns about counseling | |
| 22. Prepares the counselor adequately for the next counseling session | |
| 23. Helps clarify counseling objectives | |
| 24. Provides an opportunity to discuss adequately the major difficulties the counselor is facing with clients | |
| 25. Encourages client conceptualization in new ways | |
| 26. Motivates and encourages the counselor | |
| 27. Challenges the counselor to perceive accurately the thoughts, feelings, and goals of the client | |
| 28. Gives the counselor the chance to discuss personal issues as they relate to counseling | |
| 29. Is flexible enough to encourage spontaneity and creativity | |
| 30. Focuses on the implications and consequences of specific counseling behaviors | |
| 31. Provides suggestions for developing counseling skills | |
| 32. Encourages the use of new and different techniques | |
| 33. Helps define and achieve specific, concrete goals | |
| 34. Gives useful feedback | |
| 35. Helps organize relevant case data in planning goals and strategies with clients | |
| 36. Helps develop skills in critiquing and gaining insight from counseling tapes | |
| 37. Allows and encourages self-evaluation | |
| 38. Explains the criteria for evaluation clearly and in behavioral terms | |
| 39. Applies criteria fairly in evaluating counseling performance | |
| 40. Addresses cultural issues of supervisee in a helpful manner. | |
| 41. Discusses cultural and contextual issues of the client, family, and wider systems that open up new resources and avenues for support. | |
| *Source: Adapted from Powell and Brodsky, 2004.* | |

**Tool 14. Counselor Competency Assessment**
*Based on TAP 21, Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (CSAT, 2006)*

| Competency Area | Needs Improvement | Able to Perform Skill | Proficient | Consistent Mastery |
|---|---|---|---|---|
| **Understand Substance Use Disorders**<br>• Models and theories<br>• Recognize complex context of substance abuse | | | | |
| **Treatment Knowledge**<br>• Philosophies<br>• Practices<br>• Outcomes | | | | |
| **Application to Practice**<br>• DSM-IV-TR<br>• Repertoire of helping strategies<br>• Familiar with medical and pharmacological resources | | | | |
| **Diversity and Cultural Competence**<br>• Understand diversity<br>• Use client resources<br>• Select appropriate strategies | | | | |
| **Clinical Evaluation**<br>• Screening<br>• Assessment | | | | |
| **Assess Co-Occurring Disorders**<br>• Symptomatology<br>• Course of treatment | | | | |
| **Treatment Planning**<br>• Based on assessment<br>• Individualized<br>• Ensure mutuality<br>• Reassessment<br>• Team participation | | | | |
| **Referral and Followup**<br>• Evaluate referrals<br>• Ongoing contact<br>• Evaluate outcome | | | | |
| **Case Management** | | | | |

**Tool 14. Counselor Competency Assessment (continued)**
*Based on TAP 21, Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (CSAT, 2006)*

| Competency Area | Needs Improvement | Able to Perform Skill | Proficient | Consistent Mastery |
|---|---|---|---|---|
| **Group Counseling**<br>• Group theory<br>• Describe, select, and use appropriate strategies<br>• Understand and work with process and content<br>• Facilitate group growth | | | | |
| **Family, Couples Counseling**<br>• Theory and models<br>• Understand characteristics and dynamics<br>• Describe, select, and use appropriate strategies | | | | |
| **Individual Counseling**<br>• Theory of individual counseling<br>• Describe, select, and use appropriate strategies<br>• Understand functions and techniques of individual counseling | | | | |
| **Client, Family, and Community Education**<br>• Culturally relevant<br>• Provide current information<br>• Teach life skills | | | | |
| **Documentation**<br>• Knowledge of regulations<br>• Prepare accurate, concise notes<br>• Write comprehensive, clear psychosocial narrative<br>• Record client progress in relation to treatment goals<br>• Discharge summaries | | | | |
| **Professional and Ethical Responsibilities**<br>• Adhere to code of ethics<br>• Apply to practice<br>• Participate in supervision<br>• Participate in performance evaluations<br>• Ongoing professional education | | | | |

*Source: Porter & Gallon, 2006.*

Other useful resources are:

- Bernard and Goodyear, 2004: Supervision Instruments (pp. 317–326).
- Campbell, 2000: Generic Rating Sheet and Evaluation Form, Supervisee's Basic Skills and Techniques (p. 263); Sample Generic Supervisee Evaluation Form (p. 275).
- Powell and Brodsky, 2004: Evaluation of the Counselor, adapted from Stoltenberg and Delworth, 1987 (p. 351).
- Powell and Brodsky, 2004: Counselor Assessment Forms (p. 373–379).
- Northwest Frontier Addiction Technology Transfer Center Performance Rubric available online at http://www.nfattc.org.

# Individual Development Plan

After the supervisor and counselor have agreed on goals, they should formulate an individual development plan (IDP) or professional development plan. It should address the expectations for supervision, the counselor's experience and readiness for the position, procedures to be used to observe and assess the counselor's competencies, and the counselor's professional development goals. Some IDP formats follow the 12 Core Functions taking into account the stage of development of the counselor. Other formats might use the competencies in TAP 21. Tool 15 outlines the generic knowledge, skills, and attitudes to be addressed as part of one's professional development plan. Whatever format is adopted, the IDP should provide the counselor with a road map for learning goals.

**Tool 15. Professional Development Plan**

Staff_____ Position _____ Date _____

Practice Dimension: _____

Competency number and page from TAP 21: _____

Present level of competence from TAP 21 Rating Form:

| 1<br>Understands | 2<br>Developing | 3<br>Competent | 4<br>Skilled | 5<br>Master |
|---|---|---|---|---|
| 1 = Understands<br>2 = Developing<br>3 = Competent<br>4 = Skilled<br>5 = Master | | Comprehends the tasks and functions of counseling<br>Applies knowledge and skills inconsistently<br>Consistent performance in routine situations<br>Effective counselor in most situations<br>Skillful in complex counseling situations | | |

Describe the counselor's strengths and challenges for this rating: _____

_____

_____

Expected level of competency to be achieved with this learning plan:

| 1<br>Understands | 2<br>Developing | 3<br>Competent | 4<br>Skilled | 5<br>Master |
|---|---|---|---|---|

Describe the goal for this learning plan in observable terms:_____

_____

**Tool 15. Professional Development Plan (continued)**

List the Knowledge, Skills, and Attitudes relevant to achieving the target competency.

Knowledge_____

_____

Skills _____

_____

Attitudes _____

_____

State the performance goal in specific behavioral terms: _____

_____

What activities will the counselor complete in order to achieve the stated goal? _____

How will progress be evaluated? How will proficiency be demonstrated? _____

Supervisor Signature _____ Date _____

Counselor Signature _____ Date _____

**UPDATE**

Date of "re-observation" _____

Demonstration of knowledge and skills successful? _____ Yes _____ No

If "No," demonstration needs the following correction and followup demonstration rescheduled:

Supervisor Signature _____ Date _____

Counselor Signature _____ Date _____

*Source: Adapted from Porter & Gallon, 2006.*

# Outline for Case Presentations

Counselors often need to be taught how to present cases in supervision. The counselor needs to think about the goals he or she would like to achieve for the client and his or her particular concerns about the case. It is possible to use the case presentation format for a variety of purposes: to explore the client's clinical needs, to aid in case conceptualization, to process relational issues in counseling (transference and countertransference), to identify and plan how to use specific clinical strategies, and to promote self-awareness for the counselor. In the beginning, the supervisor should structure the case presentation procedures to ensure consistency and conformity to agency guidelines. Tool 16 can be adapted to the particular theoretical model of the agency and the specific needs of the supervisee and organization.

**Tool 16. Sample Case Consultation Format**

Name of presenter:_____

Date:_____

Identifying data about the client (age, marital status, number of marriages, number and ages of children, occupation, employment status)

Presenting problem:_____

Short summary of the session:_____

_____

Important history or environmental factors (especially cultural or diversity issues):_____

_____

Tentative assessment or problem conceptualization (diagnosis):_____

_____

Plan of action and goals for treatment (treatment plan):_____

_____

Intervention strategies:_____

_____

Concerns or problems surrounding this case (e.g., ethical concerns, relationship issues):_____

_____

*Source: Adapted from Campbell, 2000.*

# Audio- and Videotaping

To ensure competence, the agency should provide instruction on audio- and videotaping to all staff. Instruction should include the overall purpose of taping, how to inform the client about the taping procedure, how to use the recording equipment, the placement of taping devices, how to ensure client confidentiality and obtain signed releases, how to begin the actual session while recording, and how to process the tapes after recording. Tool 17 provides helpful hints for successful audio- and/or videotaping.

**Tool 17. Instructions for Audio and Videotaping**

1. **Use quality equipment.** Check the sound quality, volume, and clarity. It is best to use equipment with separate clip-on microphones unless you are in a sound studio with a boom microphone. Clip-on microphones are inexpensive and easy to obtain.
2. **Buy good quality tapes**. It is not necessary to buy top-of-the-line tapes, but avoid the cheapest. Better tapes give better sound and picture and can be reused.
3. **Placement of equipment matters**. Use a tripod for the video camera. Check the angle of camera, seating, volume, and the stability of the picture.

**Tool 17. Instructions for Audio and Videotaping (continued)**

4. **Check the background sound and volume.** Choose a quiet, private place to do this, both to protect confidentiality and to improve recording quality. Do not use an open space, an office with windows facing the street, or a place subject to interruption. Loud air-conditioning fans, ringing phones and pagers, street noise, and office conversations all disrupt the quality of taping.

5. **Know how to use the equipment.** Conduct a dry run. Be sure to check the placement of chairs, video camera angles, and picture quality before you begin. If the supervisee is especially anxious or unfamiliar with the equipment, have him or her make a practice tape. Be sure those in the picture are the persons agreed on by the supervisor and supervisee.

6. **Protect the confidentiality** of the supervisee and the client. Choose a private, controlled space for taping. Keep the tapes in a locked cabinet and don't include identifying data on the outside of the tape. When finished with supervision, erase the tape completely before reusing; do not just tape over the previous session.

7. **Process with the supervisee any anxiety** or concern generated by taping. Three areas of potential anxiety are the technical aspects (equipment and room availability), concern for the client (confidentiality), and the effect of taping on the session (critical evaluation of performance by the supervisor).

8. **Explain taping,** its goals, and its purpose to the client at least one session before proceeding. Review with the client any concerns about confidentiality. Remember that the more comfortable and enthusiastic the supervisor and the supervisee are with the value of taping, the more comfortable the client will be. Sometimes just reassuring the client that the tape can be turned off at any point if the client is uncomfortable increases a sense of control and reduces anxiety. Usually after the first few minutes of taping, both the client and counselor forget its presence, and this option is rarely used. If the client appears resistant, a decision should be made as to the appropriateness of using this particular method of supervision in this situation.

9. **Get a written release** from the client. Be sure the release includes a description of the purpose of the tape, limits of confidentiality, identities of those viewing the tape, and assurance of erasure of the tape afterward. If the tape is to be used in group supervision or a staffing seminar, the client should be informed of that fact.

10. Before beginning the actual session, **check the equipment** by making a short practice tape covering background material on the client. Then, rewind the tape and play it to check sound, volume, camera angle, and picture. When satisfied, begin the actual session.

*Source: Adapted from Campbell, 2000.*

Further, it is essential that an organization provide documentation to protect the confidentiality of information and to preserve patients' rights. This is especially important if direct observation of clinical sessions is to occur using audio or videotaping. Tool 18 explains the benefits and procedures of taping and can be read by the counselor to the client. The consent form, Tool 19, should be signed and dated prior to taping.

**Tool 18. Confidentiality and Audio- or Videotaping**

Video recording of clinical processes will be conducted with the client's written, informed consent for each taping. Clients understand that no taping will occur without their consent. A process already in place will ensure the security and destruction of DVDs or erasure of VHS tapes.

The purpose of videotaping is to improve counselors' clinical skills through supervision and teaching.

Counselor benefits of videotaping include:
- Improving therapeutic skills.
- Improving treatment team cohesion.
- Improving assessment, treatment planning, and delivery of services.
- Improving clinical supervision.

Procedure:

The client's counselor will explain and fully disclose the reason, policy, and procedure for videotaping the client. Both will sign a specific videotaping release form. The counselor should also explain that refusal to be taped will not affect the client's treatment at the agency.

1. The client must be 18 years old to sign the consent. Those under 18 must have a parent's signature in addition to their own.
2. Respecting the client's concerns is always the priority. Should any client or family member show or verbalize concerns about taping, those concerns need to be addressed.
3. All taping devices will be fully visible to clients and staff while in use.
4. A video camera will be set up on a tripod, consistent with safety standards and in full view of each client. Clients will be notified when the camcorder is on or off.
5. The tape will be labeled when the session is completed, and no copies will be made.
6. Clinical review for supervision or training: The treatment team will review the tape and assess clinical skills for the purpose of improving clinical techniques.
7. The tape will be turned over to the Medical Records Department (if available) for sign out.
8. Tapes and DVDs will be stored in a locked drawer in the Medical Records Department. Within 2 weeks of taping, tapes will be erased and DVDs destroyed in the presence of two clinical staff members who attest to this destruction on a form to be kept for 3 years.
9. Tapes and DVDs may not be taken off premises.

**Tool 19. Audio or Video Recording Consent**

I , _____, consent to be recorded or filmed for supervision purposes. I also agree to allow the clinical staff to review the film as a resource to facilitate staff development for the enhancement of clinical procedures. I understand that any film in which I am a participant will be erased within 2 weeks of the date of filming. I understand that no copies will be made of such film.

Patient Signature _____ Date _____

Witness Signature _____ Date _____