The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CLINICAL SUPERVISION I

Building Chemical Dependency Counselor Skills

Participant Manual

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3rd Edition

January 2005

Published in 2005 by the Northwest Frontier Addiction Technology Transfer Center (NFATTC)
Oregon Health & Science University
School of Medicine
Public Health & Preventive Medicine
810 D Street NE
Salem OR 97301

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At the time of this printing, Charles G. Curie, MA, ACSW, served as the SAMHSA Administrator. H. Westley Clark, MD, JD, MPH, served as the Director of CSAT, and Karl D. White, EdD served as the CSAT Project Officer.

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INTRODUCTION to the 3rd EDITION

Welcome to *Clinical Supervision – Building Chemical Dependency Counselor Skills*. This is a workshop that focuses on the teaching and mentoring aspects of clinical supervision in addiction treatment settings. It assumes that you have had some prior training in the basics of supervision and focuses only on one aspect of a supervisor's responsibilities – the teaching and mentoring functions that help counselors further develop their skills in providing treatment for substance use disorders. This 3rd Edition of the course has been redesigned to incorporate feedback from previous training groups and to make your learning as practical as possible.

Several important issues that impact the effectiveness of clinical supervision are not included in this course. Administrative functions like designing service policy and procedures, assuring contract compliance, formal quality assurance, networking with other resources, and staff scheduling and communications are not addressed. The dynamics of the relationship between counselor and supervisor, various models of clinical supervision, and issues of personnel management like hiring, disciplinary actions and firing are also not given attention here.

The goal here is to provide you an opportunity to increase your understanding and skill in assessing the clinical skills of counselors and building learning plans that will assure their continued professional growth and development. During the workshop you will hear brief presentations, observe demonstrations, and participate in learning activities designed to build your knowledge and skills. You can expect to achieve the following learning objectives:

1. Understand the tasks and functions of the clinical supervisor.
2. Improve personal ability to give effective job performance feedback.
3. Be able to structure a supervisory interview to meet specific goals.
4. Be familiar with the *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice* .
5. Increase ability to assess counselor proficiency in the Competencies.
6. Build skill in designing professional development plans to improve counselor job performance.

The course has been designed to meet the needs of both experienced and relatively new supervisors. We hope you find the experience worthwhile and that you will take away specific knowledge and skills useful to you in your work as a clinical supervisor.

The Staff
Northwest Frontier Addiction Technology Transfer Center
Department of Public Health and Preventive Medicine
Oregon Health & Science University

January 2005

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DAY 1

UNIT 1 - Introductions, Overview and Contract with Participants

OBJECTIVES:

- Introduce the instructor and participants.
- Recognize and validate personal strengths and identify difficulties each participant brings to the training.
- Define and clarify goals and expectations for this training.
- Secure commitment to participation and learning.

BASIC CONCEPTS:

- Supervision or mentoring is a specialized area of professional practice which involves knowledge, skills and attitudes that can be learned, practiced and mastered.
- The first step toward creating a partnership with participants in this training is to agree to work together - in a collaborative manner - toward improving the participant's abilities.
- An important element in this training is to help the participants to understand the value, that is, the benefits to be gained by strengthening their supervisory abilities.
- Maximizing "buy-in," or commitment from the participants is important.
- Establishing clear goals and expectations for learning from this workshop can increase commitment, open communication, and activate involvement in learning by the participants.

ACTIVITY FORM:

Professional Objective: Knowledge or skill related to clinical supervision:

Personal Objective: Something you want for yourself:

Objectives agreed upon by small group to present to large group:

Unit 1 Slides

Slide 1

Clinical Supervision I
Building Chemical Dependency Counselor Skills

Day 1

NFATTC 1

Slide 2

Introductions

- Your current position
- Where you work
- Previous training in supervision
- Years experience as supervisor
- Previous work settings

NFATTC 2

Slide 3

Basic Concepts

- Supervision skills can be learned
- Agreement to work together
- Benefits from improving skills
- Counselor "Buy-in" important
- Value in establishing clear goals and expectations

NFATTC 3

Slide 4

Course Overview

Content	Process
• Orientation	• Presentations
• Mentoring steps	• Demonstrations
• Competencies	• Small group tasks
• Skills Assessment	• Practice
• Interviewing	• Self integration
• Professional Development Plan	

NFATTC 4

Slide 5

Day 1: Orientation

- Introduction to the course
- Definition of clinical supervision
- Tasks and functions
- Giving and receiving feedback
- Eight steps in mentoring
- Rubrics for assessing counselor proficiency

NFATTC 5

Slide 6

Day 2: Tools & Methods

- Addiction Counseling Competencies
- Assessing skills and performance
- The Professional Development Plan
- Learning processes and styles
- Structuring the supervisory interview

NFATTC 6

Slide 7

Day 3: Mentoring

- Practicing the supervisory interview
- Negotiating a professional development plan
- Styles of supervisees
- The corrective supervisory interview
- Assessing counselor progress
- Creating a personal action plan

NFATTC 7

Slide 8

Expectations

- PROFESSIONAL
  What knowledge or skill do you want to develop this week?
- PERSONAL
  What do you want to do or experience this week just for you?

Please turn to page 8 in your Participant Manual to record your answers. Form groups to discuss your responses.

NFATTC 8

Slide 9

Course Agreements

- Time
- Attendance
- Participation
- Questions
- Confidentiality

NFATTC 9

Slide 10

Registration Forms

Please complete the registration forms at this time.

Thank you!

NFATTC 10

UNIT 2 - My Experience - Building on Personal History and Experience

OBJECTIVE:

- Begin to identify where skills used in supervision are developed.

BASIC CONCEPTS:

- We learn by connecting to and building upon prior experience.
- The difficulties we identify will probably first be seen as the result of forces beyond our control, things like unresponsive supervisees, too much work to have time for supervision, and lack of clear support for developing counselor abilities.
- Personal limitations that affect our ability to be good supervisors can be seen as resulting not so much from weaknesses and deficiencies as from the strengths we possess that come into play. For example, our difficulty in giving clear feedback may result less from an inability to do so, and more from wanting to act out of empathy and support, and to avoid being critical and negative.

ACTIVITY FORM:

Strengths I have as a supervisor:

____

____

____

____

____

Difficulties I have in being a supervisor:

____

____

____

____

____

____

Unit 2 Slides

Slide 11

Unit 2
My Experience

Building on Personal History and Experience

NFATTC 11

Slide 12

Activity

1. On page 14 of your workbook, please list your strengths and difficulties as a Clinical Supervisor. What do you do well and what do you struggle with?
2. Form a group to share and discuss these strengths and difficulties.
3. Elect a recorder and reporter for your group.

NFATTC 12

Slide 13

Personal History

- Where do our strengths come from?
- What types of skills are necessary to overcome our difficulties?

NFATTC 13

Slide 14

Personal History

Basic Concepts

- We learn from our past experience
- Our strengths come from past successes
- The difficulties we identify are often seen as externally imposed
- Our limitations may have more to do with strengths than with difficulties

NFATTC 14

UNIT 3 - Definitions, Tasks, and Functions of Supervision

OBJECTIVES:

- Emphasize that evaluation is an essential and on-going aspect of both clinical and administrative supervision.
- Help the participants understand that the move from being a counselor to supervisor requires significant changes in role, relationship and responsibilities.

BASIC CONCEPTS:

- The role of the supervisor is to provide the glue - the support and relationship - that allows direct service workers to do their jobs effectively.
- To the counselor, the supervisor is the designated representative of the agency.
- The supervisor has the responsibility to communicate the agency standards.
- The supervisor holds the staff accountable for their conformance to agency expectations.
- The supervisor is a model of values and behavior, involving clarity, limit setting, accountability, all within the framework of professional ethics.
- Supervising a counselor has different emphasis and respects different boundaries than personal counseling.
- Success in supervision is measured by the quality of the counselor's performance.

DEFINITION OF SUPERVISION

SUPERVISION: Planning, directing, monitoring and evaluating the work of another.

- Includes both administrative and teaching roles.
- Conflicts are inherent in the supervisory role.
- Stress can be reduced by understanding what cannot be controlled.
- Becoming a supervisor should be an informed choice.

THREE GOALS OF AN EFFECTIVE SUPERVISOR:

- Assure the delivery of quality treatment.
- Create a positive work environment.
- Develop staff clinical skills.

ELEMENTS OF THE SUPERVISORY RELATIONSHIP:

- Authority: You are the designated representative of the agency.
- Expectations: You are responsible for communicating agency standards to staff.
- Intensity: You are holding staff accountable for their conformance to agency expectations.
- Parallel process: Be aware that within the organization the quality of your relationship with your workers is reflected in their relationships with clients.

THE TASKS AND FUNCTIONS OF SUPERVISION:

Clinical and administrative aspects of supervision are overlapping. Evaluation is a part of each of these areas, and is an on-going process that is central and essential to everything a supervisor does. So, supervision has clinical, administrative and evaluative components.

Here are examples of different supervisory tasks:

- A clinical task: Reviewing a counselor's case presentation and giving guidance on working with the client.
- An administrative task: Hiring a counselor and orienting the counselor to the agency and the job description.
- An evaluative task: Observing a counselor's work and assessing skills to establish a baseline for future development.
- An evaluative task: Assessing a counselor's knowledge, skills and attitude when management considers introducing a new treatment protocol.

EFFECTIVE SUPERVISORS:

- Are effective communicators.
- Set clear expectations that are understood.
- Follow-through via observation.
- Provide feedback with respect in a timely manner.
- Teach needed skills.
- Provide a supportive and respectful environment.
- Check assumptions about counselors.
- Check counselor assumptions about supervision and you as their supervisor.
- Understand how people change.

CONFLICTS THAT SUPERVISORS FACE

CONFLICTS	DESCRIPTION
Time	There is always too much to do and never enough time.
Rewards	What do we like to do the best? The least?
Peers	When you become a supervisor, you leave your former co-workers behind as peers. It is important to be aware of, and deal with, the grief and loss that occur. Challenges from former peers are to your role as supervisor, not to you as an individual. Challenge may be to your skill as supervisor, rather than to you as a person. You deserve the respect of former peers, but you must find your support elsewhere. Ideally from other supervisors and managers. Expect a “testing” process from supervisees during your first six months on the job.
Focus	Providing direct service (client caseload) vs. supervision.
Agency	How you choose to spend your time vs. what the agency chooses to have you do.
Intrapersonal	Your expectations, beliefs, experiences with self as an “authority figure.” Your past experiences of being supervised by a “negative authority.” Your preparation for the role of supervisor, both in skills needed and the emotional impact of changing role definition - your self-identity.

TO ACCOMPLISH THESE GOALS, YOU AS THE SUPERVISOR MUST:

- Know the people you supervise - their skills, abilities and training.

  - What are they good at?
  - What is their background and training?
  - What are their strengths?
  - What jobs do they like doing? What do they not like?
  - What training are they currently involved in?

- Provide training to keep your staff up-to-date.

DO YOUR SUPERVISEES HAVE THE SAME FRAME OF REFERENCE YOU DO?

- This is especially important in regard to their respect for your authority.

  - What is their view of how and why things happen?
  - What are their assumptions about people's behavior?
  - What is their experience and knowledge base?
  - What are their values?
  - What do they think is the purpose and usefulness of supervision?

- Do you share a common language?

- Are you aware of the differences between their frame of reference and yours?

- Do you know about the supervisee's previous experience and expectations about supervision?

SUPERVISOR'S BOTTOM LINE:

You....

- Can't avoid "being the BOSS."

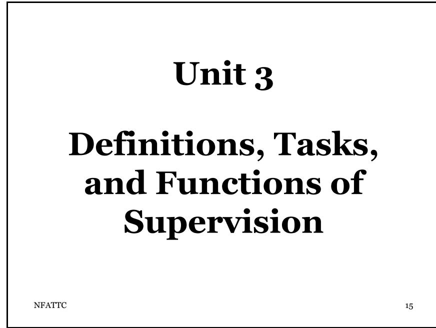
- Are under constant pressure.

- Need to recognize that conflict will occur.

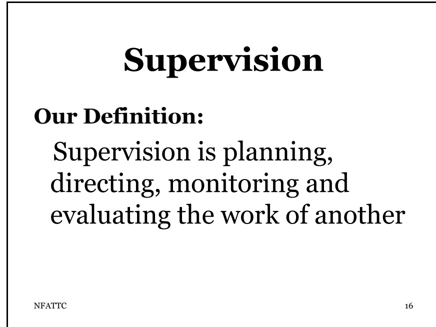
<u>**THE QUESTION IS HOW TO RESOLVE CONFLICT, NOT HOW TO AVOID IT.**</u>

Unit 3 Slides

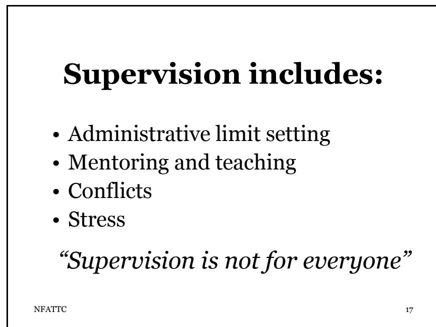
Slide 15



Slide 16



Slide 17



Slide 18

Slide 19

Slide 20

Slide 21

Effective Supervisors

- Are effective communicators
- Set clear expectations
- Observe counselors at work
- Provide feedback
- Teach needed skills
- Provide supportive respectful environment
- Check assumptions
- Understand how people change

NFATTC 21

Slide 22

Conflicts Supervisors Face

- Time
- Rewards
- Peers
- Focus
- Agency
- Intrapersonal

NFATTC 22

Slide 23

To Accomplish Your Goals

- Know the people you supervise - their knowledge, skills and attitudes
- Know their frame of reference - their beliefs, values and assumptions
- Know their views about supervision - their past experience and expectations
- Develop a common language

NFATTC 23

Slide 24

THE BOTTOM LINE

YOU. . . .
- Can't avoid being the "BOSS"
- Are under constant pressure
- Need to recognize conflict will occur

The question is how to resolve conflict, not how to avoid it.

NFATTC 24

Slide 25

Basic Concepts

The Supervisor . . .
- helps workers do their jobs effectively
- is the agency representative to the worker
- communicates agency standards
- holds staff accountable
- is a model of values, behavior, ethics
- respects boundaries in the relationship
- succeeds if the worker is effective

NFATTC 25

Slide 26

Discussion

- What disagreements do you have with this perspective on supervision?
- What are the most important truths in this material?
- What is left out of these considerations that you think should be included?

NFATTC 26

UNIT 4 - Definitions of Clinical and Administrative Supervision

OBJECTIVES:

- Help participants distinguish clearly between clinical and administrative supervision.
- Clarify the emphases and boundaries of clinical supervision.
- Help participants understand that a primary goal of clinical supervision is fostering the counselor's professional growth.

BASIC CONCEPTS:

- Clinical supervision is different from administrative supervision. Both are important. Being clear about this distinction is critical.
- Clinical supervision emphasizes improving the counseling skills and effectiveness of the supervisee. Administrative supervision emphasizes conformity with administrative and procedural aspects of the agency's work. Examples include using correct formats for documentation, and complying with agency leave policies.
- Clinical supervision emphasizes developing counselor effectiveness through positive changes in knowledge, attitudes and skills. It is not a personal therapy or treatment relationship.
- In clinical supervision, the criterion for determining supervisor action is: "Will it help the counselor achieve the performance goal?"
- A clinical supervisor has a role as expert, authority, mentor and representative of the treatment agency in relationship to the counselor.
- Quality supervision is based on a relationship that is respectful, is clear regarding authority and accountability and involves clear expectations for each person.

DIFFERENCES BETWEEN COUNSELING AND SUPERVISION

	COUNSELING	CLINICAL SUPERVISION	ADMINISTRATIVE SUPERVISION
PURPOSE	Personal growth. Behavior change Decision-making Better self understanding.	Improved job performance.	Assure compliance with agency policy and procedure.
OUTCOME	Open-ended based on client needs.	Enhanced proficiency in knowledge, skills and attitudes essential to effective job performance.	Consistent use of approved formats, policies, and procedures.
TIME FRAME	Self-paced; longer term.	Short term and on-going.	Short-term and on-going.
AGENDA	Based on client needs.	Based on service mission and design.	Based on agency needs.
BASIC PROCESS	Affective process which includes listening, exploring, teaching.	Assessing worker performance, negotiating learning objectives, and teaching/learning specific skills.	Clarifying agency expectations, policy and procedures, assuring compliance.

Unit 4 Slides

Slide 27

Unit 4
Counseling vs. Supervision

Participant Manual page 27

- **Purpose**
- **Outcome**
- **Time Frame**
- **Agenda**
- **Basic Process**

NFATTC 27

Slide 28

Strengths and Difficulties

- What strengths do you need to be an effective counselor?
- What strengths do you need to be an effective supervisor?
- What difficulties might be encountered in each role?

NFATTC 28

Slide 29

Basic Concepts

- Clinical is different from administrative
- Clinical emphasizes counselor skills
- Administrative focuses on agency rules
- Clinical supervision is not therapy
- Clinical focuses on improved performance
- Supervisor: expert, authority, and mentor
- Quality supervision: respectful and clear

NFATTC 29

UNIT 5 - Feedback - The ORAL Model

OBJECTIVES:

- Participants learn and practice a model for giving job performance feedback, including "asking permission" and using "playback" to assure mutual understanding between supervisor and supervisee.
- Help participants understand that feedback is a core process in supervision.

BASIC CONCEPTS - Giving the Feedback

NOTE: *In the following, the word "assumptions" is used. For some, that word carries negative connotations, which are not intended here. We use the word "assumptions" in the sense of "guiding belief" and "quick judgements."*

- Providing feedback to a counselor which is clear, specific, and informative is a pivotal element in successful supervision.
- What we observe in a counselor's work and how we interpret what we observe is based on our own assumptions about the counselor's actions and our expectations regarding what constitutes preferred job performance.
- When we give feedback to our supervisees it is important that we be able to describe and explain our assumptions and expectations so that the supervisee can understand "where we are coming from." They are the basis for our observations and interpretations.
- Sharing our assumptions makes it possible for our counselor to accurately interpret our actions and thoughts. In turn, if we make it safe and desirable for the supervisee to share her/his assumptions with us, we have a much better chance of understanding the sources of her/his actions and thoughts.
- Sharing and comparing expectations which govern our actions and judgements about effective counseling practice allows us to communicate effectively, to collaborate better, and to open the door to constructive, voluntary change.
- This process promotes reflective learning. Reflecting on our the counselor and those of others can increase our ability to choose the ways we approach our clients and our supervisees. It can also increase mutual understanding, respect, trust, and collaborative learning.

BASIC CONCEPTS - Confirming Mutual Understanding:

- In giving feedback to a counselor our chances of being understood are improved if we get the counselor's permission to present our observations, interpretations, and the assumptions they represent.

- Because these interactions are often experienced as criticism, we can easily be too brief, rushing through. Our supervisee can also indicate her/his understanding too quickly, simply to get past the discomfort that we commonly feel in such interactions.

- Premature confirmation of mutual understanding is a significant barrier to establishing and maintaining an effective supervisory relationship. It can lead to increasing misunderstanding, less trust, resistance and conflict.

- Clarifying and verifying our understandings, both ways, is necessary to confirm what was intended and understood, and what was not intended and possibly not understood.

- Repeating, replaying, paraphrasing and confirming all elements of key messages and observations are vital. A "head nod" is not sufficient to know you have been understood as you want to be.

THE ORAL FEEDBACK MODEL

FEEDBACK:

Feedback is any overt response, verbal or nonverbal, that gives specific and subjective information to a person about how her or his behavior in a particular situation affects someone or something.

THE OBJECTIVE OF FEEDBACK:

The objective of feedback is to transmit reliable information so that persons receiving it can establish a "data bank" from which to change their behavior - if they choose to do so.

THE ORAL MODEL - STEPS IN GIVING FEEDBACK:

O Observe: Observe and record behavioral information.

R Report: Repeat in specific, objective, behavioral terms as factually as possible what was seen and/or heard.

A Assume: Share your assumption or belief about the behavior you just described. What did you think the person was thinking or trying to accomplish. What assumptions are you making about the person's motivation?

L Level: Describe your feelings and how the other person's behavior affected you and others, including the "bottom line" expectations and long term consequences, if needed.

SAY: "When I saw (heard) you....................
I assumed (thought) ....
and my reaction was............................"

ORAL PROCESS
1. Ask permission
2. Report behavior observed
3. Relate assumptions
4. Share your feelings and concerns
5. Report impact on clients, colleagues, agency
6. Request playback of message sent
7. Clarify misunderstandings and omissions
8. Confirm mutual understanding

OBSERVATION TOOL FOR EXERCISE

Was permission asked of supervisee? _____________yes _____________no

Did the supervisor cite specific behavior? ___________yes ___________no

Did the supervisor describe the behavior in the following terms?
- ✓ Specific and factual: ____
- ✓ Observable:____

Did the supervisor share her or his assumptions? ________yes ________no

Did the supervisor describe the impact of the observed behavior on him or her? ____yes _____no

Did the supervisor state the potential impact of that behavior on clients, colleagues, and agency as a whole? _________yes __________no

In what ways did the supervisor ask for playback? _____________________________________

How do you know the supervisee and supervisor understand mutually?___________________

NOTES:

Unit 5 Slides

Slide 30

Slide 31

Slide 32

Slide 33

Objective of Feedback:

Transmit reliable information so that persons receiving it can establish a "data bank" from which to change behavior - if they choose to do so.

NFATTC 33

Slide 34

ORAL Model for Giving Feedback

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

NFATTC 34

Slide 35

So how does the model sound?

"When I saw (heard) you . . .
I assumed (thought) . . .
And my reaction was . . ."

NFATTC 35

Slide 36

Adding 3 more parts to the model

- First, ask permission
- Request playback of the message
- Confirm mutual understanding after accurate playback

NFATTC 36

Slide 37

ORAL Process

1. Ask permission
2. Report behavior observed
3. Relate assumptions about the behavior
4. Share your feelings and concerns
5. Describe impact on clients, staff, agency
6. Request playback
7. Clarify misunderstandings
8. Confirm mutual understanding

NFATTC 37

Slide 38

Basic Concepts:
Confirming mutual understanding

- Seeking permission to present feedback increases chance of being understood
- Temptation is to proceed too quickly to get past discomfort
- Avoid premature confirmation
- Verifying confirms intent & understanding
- Repeating, replaying, paraphrasing and confirming all parts of a message are vital

NFATTC 38

Slide 39

Practice Instructions

- Group of 3: Supervisor, Counselor, Observer
- Each person will have chance to play each
- Practice giving counselor feedback
- Observer uses PM p. 32 to structure comments
- All participants share their reaction to each practice interview, focusing on use of the ORAL model

NFATTC 39

Slide 40

So, now it sounds like this:

- Do you have a minute that I can talk with you now or should we plan to talk a little later today?
- I wanted to tell you about...............
- I assumed that...............
- My concern is................And the impact will be..........
- Tell me what it is you heard me say..........
- That's right but you missed the part ....
- OK, now you have the whole message.

NFATTC 40

Slide 41

Review Questions

- Were all steps included?
- What is the value of the model?
- Was the message received accurately?
- Was the desired outcome achieved?
- Have you improved your skill in giving feedback?

NFATTC 41

UNIT 6 - The Eight Steps of Mentoring and Clinical Supervision

OBJECTIVES:

- Help the participants understand that effective mentoring requires mastering the use of specific and essential knowledge, skills and attitudes.
- Individual participants will identify individual learning needs.

BASIC CONCEPTS:

- Our chances of having an effective and satisfying relationship with a supervisee increase with our success in gaining the supervisee's understanding and acceptance of the focus on learning new skills and competencies.
- Establishing clear goals and expectations for learning will increase the counselor's ability to focus her/his energy productively and increase the chance of a collaborative relationship developing.
- Reaching agreement about the nature of learning goals and gaining the counselor's commitment to them will increase the counselor's commitment to the learning.
- Collaborating with a counselor on steps of and methods for learning will increase focus, hope and confidence.
- Counselors are more likely to sustain their efforts if they are working with familiar approaches to learning, that is, methods that fit their styles.
- As supervisors, we work to balance our initiative and guidance with the initiative and efforts of our supervisees.
- Our responsibility is not so much to teach as it is to help the counselor learn by means available to them.

EIGHT STEPS OF MENTORING AND CLINICAL SUPERVISION*

STEP	TITLE	EXPLANATION
1	**Agree to work together**	Agree on working together toward improving the supervisee's counseling skills.
2	**Define and agree on a learning goal**	The learning goal must be clearly defined, and there needs to be agreement to work together to help the counselor attain proficiency in the skill chosen.
3	**Understand the value of the goal**	The counselor needs to understand the value of achieving the agreed upon goal.
4	**Break goal into manageable parts**	The overall goal needs to be broken down into its constituent parts: a) the knowledge, b) the skills, c) the attitudes necessary to attain proficiency.
5	**Pick styles and methods of learning**	The supervisor needs to elicit from and negotiate with the counselor his or her preferred styles and methods of learning.
6	**Observe and evaluate**	How progress will be observed and evaluated needs to be discussed and agreed upon .
7	**Provide feedback**	The supervisor needs to know how to give feedback which guides, corrects, and at the same time encourages .
8	**Demonstrate competency & celebrate**	An outcome demonstration of the newly acquired skill which confirms success needs to be designed, followed by a celebration of the accomplishment.

* Adapted from Stiehl, R. and Bessey, B (1994). The Green Thumb Myth: Managing Learning in High Performance Organizations – A Success Strategy for Trainers and Managers. Second Edition, Corvallis, Oregon: The Learning Organization.

Unit 6 Slides

Slide 42

Unit 6
Mentoring and Clinical Supervision

- The next step in creating a format for your clinical supervision model is to understand the need for mentoring in clinical supervision.
- Take a look at PM page 38 for an explanation of the mentoring steps.

NFATTC 42

Slide 43

Eight Steps of Mentoring

Basic Concepts

- Gain acceptance for learning new skills
- Establish clear goals and expectations
- Reach agreement on goals
- Collaborate on learning steps and methods
- Learning styles should fit the learner
- Balance effort with the learner
- Help learner use available means to learn

NFATTC 43

Slide 44

The Eight Steps . . .

1. Agree to work together
2. Define and agree on learning goal
3. Understand the value of the goal
4. Break goal into manageable parts
5. Pick styles and methods of learning
6. Observation and evaluation
7. Feedback
8. Demonstration and celebration of mastery

NFATTC 44

Slide 45

The Supervisor's Challenge

We need a conceptual model to help:

– Understand the work of the counselor
– Identify what a counselor needs
– Present our observations
– Translate our observations into learning strategies

NFATTC 45

UNIT 7 - The Rubrics for Assessing Counselor Performance

OBJECTIVES:

- Understand that the goal of clinical supervision is to build counselor skills.
- Help participants visualize progressive levels of developing competencies.
- Link the Performance Assessment Rubrics to the Addiction Counseling Competencies.

BASIC CONCEPTS:

- The Rubrics document provides supervisors and counselors with descriptions of successive levels of proficiency in moving toward full mastery of the Addiction Counseling Competencies.
- The Rubrics can help a supervisor and counselor visualize or imagine how a fully developed skill or competency appears in practice.
- With an agreed vision of the final goal, supervisors and counselors can work together more successfully in identifying steps of learning and how progress can be measured.

Rubric

A rubric is a heading or classification within a larger system. In this document, rubrics are a description of expected behaviors at three distinct stages in a counselor's development. Those stages are benchmarks on a continuum that ranges from no knowledge or skill on one end to expert knowledge and skill on the other.

Benchmarks

Developing Counselors have limited understanding of the tools, systems, and models of addiction treatment and may be inconsistent in their application to counseling interactions.

Proficient Counselors demonstrate and apply counseling knowledge, skills and attitudes with consistency and effectiveness in a variety of counseling interactions.

Exemplary Counselors strategically apply and integrate the counseling competencies with consistency and effectiveness. They can conceptualize treatment and incorporate services across a broad range of disciplines.

Professional Practice Dimensions

A. Clinical Evaluation - The systematic approach to screening and assessment

Screening - The process through which the counselor, client, and available significant others determine the most appropriate initial course of action, given the client's needs, characteristics, and available resources within the community.

The Competencies

The competent counselor is able to:

1. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.
2. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance related treatment history; mental status; and current social, environmental, and/or economic constraints.
3. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and coexisting mental health problems.
4. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.
5. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
6. Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
8. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.
9. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

Assessing Proficiency

Potential measures and methods:

- Supervisor observation of interactions with clients.
- Assess counselor understanding of diagnostic procedures, how to assess motivation, and how to use patient placement criteria.
- Review documentation of action plans and implementation of treatment strategies.
- Client feedback on the comfort, level of interaction, and quality of planning evidenced by the counselor.
- Test knowledge of diagnostic criteria, stages of change, patient placement criteria, and symptoms of psychoactive substance toxicity and mental impairment.

Clinical Evaluation - Screening

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
❑ Addresses all clients in a respectful manner. ❑ Gathers data from the client in a routine, structured interview, including current and historical substance use, physical and mental health, and substance-related treatment history. ❑ Assists in managing client crisis situations. ❑ Restricts screening to routine protocols and the use of standard clinical instruments. ❑ Relies on a *standard action plan* to address the client's current needs. Addresses client placement within the continuum of care using a *standard action plan*. ❑ Reviews the action plan with the client and initiates treatment.	❑ Establishes rapport with the client in a way that facilitates cooperation and engagement in treatment. ❑ Systematically gathers data about current and historical substance use, physical and mental health and substance-related treatment history. Utilizes instruments sensitive to the client's context. ❑ Manages crisis situations including self-inflicted harm or attempted suicide, to assure safety of client and significant others. ❑ Reviews substance use with client and helps client establish targets for improvement. ❑ Facilitates establishment of an appropriate treatment strategy, which uses modalities on the continuum of care appropriately. ❑ Presents a specific action plan for addressing client needs to the client and appropriate significant others.	❑ Establishes a working partnership with the client to address treatment needs and make action plans for enrollment in treatment. ❑ Elicits cooperation of the client and significant others in systematically gathering data about current and historic substance use, physical and mental health and substance-related treatment history. ❑ Initiates use of instruments and interview methods appropriate to clients age, developmental level, culture and gender. ❑ Anticipates the potential for self-destructiveness and assesses suicide ideation. Manages crisis situations skillfully, including necessary follow-up and referral. ❑ Works with the client to identify and review substance use in his/her current life problems, and enhance motivation for treatment. ❑ Establishes with the client and significant others a treatment plan that includes appropriate modalities on the continuum of care. ❑ Works with the client and appropriate significant others to construct and initiate an action plan for addressing the needs of the client and his/her support system.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Screening.

❑ **1. Developing** ❑ **2** ❑ **3. Proficient** ❑ **4** ❑ **5. Exemplary**

Rater comments: ______________________________

Unit 7 Slide

Slide 46

Unit 7
The Rubrics

Assessing Counselor Performance

NFATTC 46

Slide 47

Rubric

- A heading or classification within a larger system
- Rubrics are a description of expected behavior at 3 distinct stages in a counselor's development
- The stages are benchmarks along a continuum of counselor development

1 Developing	2	3 Proficient	4	5 Exemplary

NFATTC 47

Slide 48

The Rubrics

- ***Developing*** Counselors - limited understanding and inconsistent
- ***Proficient*** Counselors - apply KSAs consistently and effectively
- ***Exemplary*** Counselors - develop and implement effective strategies for complex and difficult situations

NFATTC 48

Slide 49

Assessing Proficiency in a Practice Dimension

For ***Screening***:

- Check all the boxes in each column that describe the counselor's performance in screening clients
- Check the box on the Rating Scale that best identifies the counselor's proficiency in Screening

NFATTC 49

Slide 50

Performance Rating Systems

How could you use the rubrics in clinical supervision?

- Share and compare your evaluation of your counselor within your group.
- In your group, discuss ways to use the rubrics in your clinical supervision.

NFATTC 50

Slide 51

Let's examine the Rubrics document . . .

NFATTC 51

Slide 52

Note:

Rubrics describe stages of counselor development

- Rubrics are useful in defining and visualizing the process of skill development
- Rubrics represent a series of benchmark descriptions of counselor behavior

NFATTC 52

Slide 53

Basic Concepts

- The Rubrics provide descriptions of successive levels of proficiency.
- The Rubrics can help you visualize how a fully developed skill looks in practice.
- With an agreed goal, you can work together to identify learning steps and progress measures.

NFATTC 53

Slide 54

We're through Day 1!!!

- For tomorrow, please review Unit 8. We will start by discussing the ACCs, and how they can work with the Rubrics in assessing counselor performance and creating a Professional Development Plan
- Let's do Pluses and Wishes before we leave today.

NFATTC 54

DAY 1 CLOSURE

OBJECTIVES:

- Review and synthesize the critical concepts, learning and skills practiced to this point.
- Identify and respond to participants' questions and concerns.
- Prepare for the next day.

Homework assignment:

Look through Unit 8 and the Addiction Counseling Competencies, focusing on the introduction which explains how the document came about, how it is organized, and how it defines key words and concepts.

DAY 2 COMMUNITY MEETING

OBJECTIVES:

- Re-establish the sense of connection and community among the participants.
- Help participants see the relationship between various parts of the workshop.
- Overview the previous day's material and outline today's agenda.
- Allow for a relaxed, yet structured beginning to the training day.

ACTIVITIES – Community Meeting

1. The instructor makes appropriate announcements.
2. Volunteers present their assigned 1-2 minute reports/activities.

    1) News in brief
    2) Sports report
    3) Weather report
    4) Thought for the day
    5) Warm-up exercise

3. Summary:

    Day 1: Orientation to clinical supervision and steps of mentoring

    - Definition – goals of clinical supervision
    - Communication skill building – how to do feedback
    - Steps of mentoring a supervisee
    - Introduction to the Performance Assessment Rubrics

4. Today's agenda:

    Day 2: Tools and methods

    - Addiction Counseling Competencies
    - The Professional Development Plan
    - The Supervisory Interview

5. Questions or concerns about the content covered thus far or the process being used during the training.

Slide 1

Clinical Supervision I
Building Chemical Dependency Counselor Skills

Welcome Back!

Day 2

NFATTC 1

Slide 2

What we did yesterday . . .

- Defined and characterized clinical supervision
- Communication skill building - feedback
- Steps of mentoring a counselor
- Introduced the Rubrics for Assessing Counselor Performance

NFATTC 2

Slide 3

What we will do today . . .

- Addiction Counseling Competencies
- The KSAs of Addiction Counseling
- The Professional Development Plan
- Supervisory interview structure

NFATTC 3

Slide 4

The Supervisor's Challenge

We need a conceptual model to help:
- Understand the work of the counselor
- Identify what a counselor needs
- Present our observations
- Translate our observations into learning strategies

NFATTC 4

UNIT 8 - The Addiction Counseling Competencies

OBJECTIVE:

- Help participants learn how to use the Addiction Counseling Competencies to identify learning goals for supervisees.
- Build an understanding of the relationship between the ACC and the Rubrics.

BASIC CONCEPTS:

- When we have established a basic agreement with supervisees to work together becoming more proficient in the Addiction Counseling Competencies, the next step is to define a general goal or goals.
- The Addiction Counseling Competencies provides definitions of expected counselor performance that can be helpful in establishing goals with supervisees.
- In Addiction Counseling Competencies a competency is a description of the job performance expected of a fully proficient addictions counselor.
- The Rubrics provide a description of how counselors develop over time. The Competencies organize the work of the counselor in 4 Foundations and 8 Practice Dimensions. The Competencies are descriptions of what fully proficient clinicians know, believe and are able to do.

Competency

A behavior comprised of requisite knowledge, skills and attitudes that plays an essential role in the practice of addiction counseling.

Addiction Counseling Competencies

Section 1: **Transdisciplinary Foundations**

The knowledge and attitudes that are *prerequisite* to the development of competency in the professional treatment of substance use disorders. They form the basis of understanding upon which specific proficiencies are built.

A. Understanding Addiction
B. Treatment Knowledge
C. Application to Practice
D. Professional Readiness

Section 2: **Professional Practice Dimensions**

The basic tasks and responsibilities that constitute the work of an addiction counselor.

I. Clinical Evaluation
   A. Screening
   B. Assessment

II. Treatment Planning
III. Referral
IV. Service Coordination
   A. Implementing the Treatment Plan
   B. Consulting
   C. Continuing Assessment and Treatment Planning

V. Counseling
   A. Individual Counseling
   B. Group Counseling
   C. Counseling for Families, Couples, and Significant Others

VI. Client, Family, and Community Education
VII. Documentation
VIII. Professional and Ethical Responsibilities

Addiction Counseling Competencies
PROFESSIONAL PRACTICE DIMENSIONS

COMPETENCY RATING FORM

1= serious deficiency, 2= needs development, 3= competent, 4= strength area, 5= role model*

I. CLINICAL EVALUATION - SCREENING: The process through which a counselor, client and available significant others determine the most appropriate initial course of action, given the client's needs and characteristics, and the available resources within the community.	**Rating**
1. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.	
2. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health and substance related treatment history; mental status; and current social, environmental, and/or economic constraints.	
3. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and coexisting mental health problems.	
4. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.	
5. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.	
6. Review the treatment options that are appropriate for the client needs, characteristics, goals, and financial resources.	
7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.	
8. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.	
9. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.	

*** Scale developed by Richard Barnhart and reprinted from the following web site: http://www.competinc.com/article2.html**

Assessing Proficiency

In your small group discuss the following:

- Compare your ratings. Are you able to distinguish one counselor's strengths compared to another?
- Which competencies need improvement?
- How would counselors respond to such an evaluation of their skills?

Unit 8 Slides

Slide 5

Unit 8
Addiction Counseling Competencies

Participant Manual
page 51

NFATTC 5

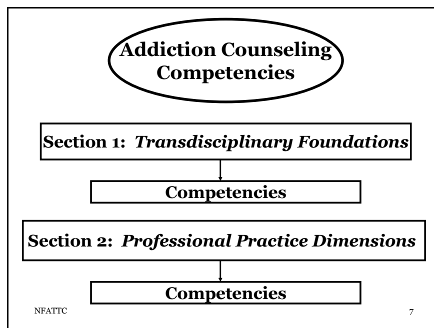
Slide 6

Competency

A behavior comprised of requisite knowledge, skills and attitudes that plays an essential role in the practice of addiction counseling

NFATTC 6

Slide 7



Slide 8

Transdisciplinary Foundations

A. Understanding Addiction
B. Treatment Knowledge
C. Application to Practice
D. Professional Readiness

NFATTC 8

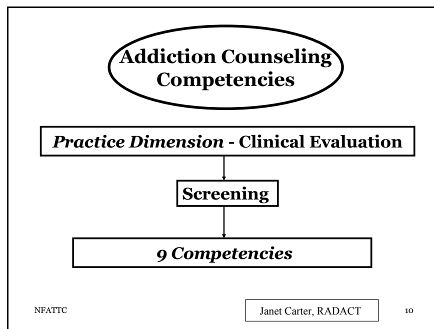
Slide 9

Practice Dimensions

I. Clinical Evaluation
II. Treatment Planning
III. Referral
IV. Service Coordination
V. Counseling
VI. Client, Family and Community Education
VII. Documentation
VIII. Professional and Ethical Responsibilities

NFATTC 9

Slide 10



Slide 11

Slide 12

Slide 13

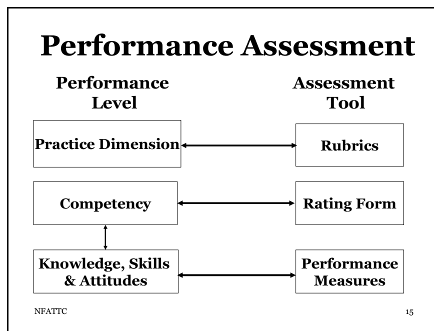
Slide 14

A Rating System will help to:

- Increase common understanding of what is expected.
- Increase reliability and objectivity of our assessment of counselor performance.

NFATTC 14

Slide 15



Slide 16

Basic Concepts

- When we have reached agreement to work together on enhancing competency, the next step is to define the goal.
- The ACC provides definitions of expected counselor performance.
- A competency is a definition of job performance expected of a fully proficient addictions counselor.

NFATTC 16

UNIT 9 - The Knowledge, Skills and Attitudes of Addiction Counseling

OBJECTIVES:

- Introduce the Knowledge, Skills and Attitudes (KSAs) that form the foundation of the Addiction Counseling Competencies.

- Practice using the KSAs to identify areas to be targeted for learning.

BASIC CONCEPTS:

- The KSAs included in the Addiction Counseling Competencies and the Rubrics are extensive and complicated. Working in small groups to understand selected sections will help participants begin to understand the contents of these documents and how they can become useful.

- The KSAs in the Addiction Counseling Competencies are useful in breaking down a competency into its components so that manageable units of learning can be defined.

Competency Ingredients

The Addiction Counseling Competencies and the Performance Assessment Rubrics help establish a standard of practice for addiction treatment professionals. To attain proficiency in any of the competencies a counselor should possess the knowledge, skills and attitudes (KSAs) that together comprise the core of each competency.

Knowledge – what we need to know in order to develop proficiency

Skills – the behaviors essential to effective performance

Attitudes – the state of mind consistent with professional practice

In small groups discuss:

a. Which screening KSAs did you select as targets for future learning?

b. How could the KSAs help you and the counselor identify learning targets?

c. How could the Screening Rubrics be useful in working with the counselor?

ACTIVITY FORM

Pick one of the screening competencies that your imaginary supervisee needs to improve, and then identify which KSAs would need to be targeted for future learning.

Screening competency targeted:
Knowledge issues:
Skill issues:
Attitude issues:

Unit 9 Slides

Slide 17

Unit 9

The KSAs of Addiction Counseling

NFATTC 17

Slide 18

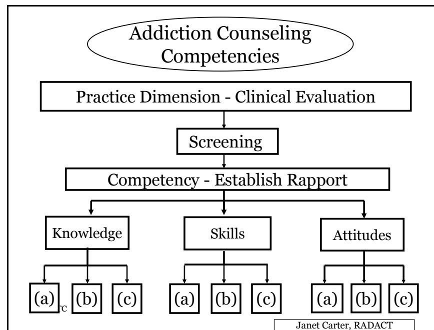
What are KSAs?

A competency is comprised of:

- **KNOWLEDGE** - *what we need to know in order to develop proficiency.*
- **SKILLS** - *the behaviors needed for effective performance.*
- **ATTITUDE** - *the state of mind consistent with professional practice*

NFATTC 18

Slide 19



Slide 20

Identifying Learning Objectives

1. Review the competencies for Screening
2. For your imagined counselor, select a competency that needs improvement
3. Note the KSAs to target for further learning on page 61 in the PM

NFATTC 20

Slide 21

Small Group Discussion:

- Which Screening KSAs did you select?
- How could the KSAs help you and the counselor identify learning targets?
- How could the Screening Rubrics be useful in working with the counselor?

NFATTC 21

Slide 22

Summary notes:

- The Competencies and Rubrics provide potential learning objectives
- The Rubrics help identify benchmarks for improvement
- The Competencies provide specific KSAs for enhancing proficiency in specific competencies

NFATTC 22

UNIT 10 - The Professional Development Plan

OBJECTIVES:

- Review the framework for a Professional Development Plan.
- Select a sample professional development objective.
- Review the Rubrics for the targeted Practice Dimension and Competency as an aid in objective setting.
- Practice identifying an observable performance objective.

BASIC CONCEPTS:

- To learn skills offered in this training, demonstration, observation, practice, and having time for feedback and reflection helps participants grasp and clarify the skills as well as begin to develop them.

ACTIVITY INSTRUCTIONS:

1. Use the "Professional Development Plan" form on page 66.

   Your task:

   A. Write in the Practice Dimension. (Section A)

   B. Examine the Rubric for that practice dimension and identify which of the three stages of development you want the supervisee to reach. Note especially how the descriptions are based on measurable and observable behavior.

   C. Write in the competency that will be the focus of the exercise. (Section A)

   D. Describe the hypothetical counselor's present level of competence. What are the counselor's strengths and deficiencies. (Section B)

   E. Identify the goal proficiency level and describe the preferred performance you would like to see the counselor achieve. (Section C)

2. Jot down any problems or questions this exercise presents so that it can be processed in the large group discussion.

Sample
Professional Development Plan

Northwest Frontier ATTC

A. Practice Dimension:____

B. Target competency or competencies:

____

____

____

C. Present level of competence:

1	2	3	4	5
Understands	**Developing**	**Competent**	**Skilled**	**Master**

Describe the counselor's strengths and deficiencies:

____

____

____

D. Level of proficiency to attain:

1	2	3	4	5
Understands	**Developing**	**Competent**	**Skilled**	**Master**

Describe the preferred performance in observable terms:

____

____

____

____

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

Page 1

E. List the knowledge, skills and attitudes relevant to achieving the target competency.

Knowledge

____
____
____
____
____

Skills

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____
____
____
____

Attitudes

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____
____
____
____

F. Identify the specific ideas, models, behaviors, approaches or experiences you want the counselor to learn and be able to perform.

____
____
____
____
____

G. What will be done to accomplish the learning: What activities, methods or tasks will help the counselor achieve the learning objectives?

____
____
____
____
____

Page 2

H. How will progress be evaluated?

____
____
____

I. Method of demonstrating proficiency agreed upon.

____
____
____
____
____

Supervisor Signature______________________________ **Date**______________

Counselor Signature_______________________________ **Date**______________

UPDATE

Date of demonstration ____________________

Demonstration successful: _________________

Demonstration needs the following correction and to be rescheduled.

____
____
____
____
____

Supervisor Signature______________________________ **Date**______________

Counselor Signature_______________________________ **Date**______________

Page 3

Sample
Professional Development Plan

Northwest Frontier ATTC

A. Practice Dimension:____

B. Target competency or competencies:

____
____
____

C. Present level of competence:

1	**2**	**3**	**4**	**5**
Understands	**Developing**	**Competent**	**Skilled**	**Master**

Describe the counselor's strengths and deficiencies:

____
____
____

D. Level of proficiency to attain:

1	**2**	**3**	**4**	**5**
Understands	**Developing**	**Competent**	**Skilled**	**Master**

Describe the preferred performance in observable terms:

____
____
____
____

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

Page 1

E. List the knowledge, skills and attitudes relevant to achieving the target competency.

Knowledge

____
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Skills

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Attitudes

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F. Identify the specific ideas, models, behaviors, approaches or experiences you want the counselor to learn and be able to perform.

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G. What will be done to accomplish the learning: What activities, methods or tasks will help the counselor achieve the learning objectives?

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Page 2

H. How will progress be evaluated?

____
____
____

I. Method of demonstrating proficiency agreed upon.

____
____
____
____
____

Supervisor Signature________________________________ Date_______________

Counselor Signature________________________________ Date_______________

UPDATE

Date of demonstration _____________________

Demonstration successful: __________________

Demonstration needs the following correction and to be rescheduled.

____
____
____
____
____

Supervisor Signature________________________________ Date_______________

Counselor Signature________________________________ Date_______________

Page 3

Unit 10 Slides

Slide 23

Slide 24

Slide 25

UNIT 11 - The PDP: What will be learned – CONTENT

OBJECTIVES:

- Learn to break down a competency into learning components.
- Practice using the KSAs from the Addiction Counseling Competencies (ACC) as a resource for breaking a larger learning goal into smaller units.

BASIC CONCEPTS:

- Breaking the knowledge and skills into learning steps is the key to mastering complex competencies.
- Mastering a skill occurs by a progression of improvements.
- Becoming proficient in a competency requires a sound grasp of essential knowledge, practice of the needed skills, and attention to acquiring the attitudes that are congruent with the knowledge and skills.
- The ACC document outlines the constituent elements of counselor competencies and is useful in breaking those down into areas of learning of manageable size.

BLOOM'S PROFICIENCY LEVELS RATING SCALES *

KNOWLEDGE HIERARCHY

Rating	Level	Meaning	Action Verb
1	**Remembering**	• Recognition and recall of facts and specifics. • Remembers previously learned material. • Recalls terminology, facts, and events.	to define to name to recognize to label to match to recall to memorize to list to repeat to relate to select to inquire to distinguish to record to identify
2	**Comprehension**	• Interprets, translates, summarizes, or paraphrases given information. • Grasps the meaning of the knowledge being learned. • Understands communication on specific topics.	to translate to infer to change to generalize to rearrange to interpret to express to summarize to give examples to illustrate to discuss to explain to describe to comment to tell to transform to locate to restate to operate to classify to calculate
3	**Application**	• Uses information in a situation different from original learning context. • Requires comprehension of information in order to apply in a new situation(s). • Uses learned material in a new way. • Uses specific knowledge to solve a problem.	to apply to choose to organize to dramatize to sketch to restructure to solve to classify to transfer to practice to generalize to illustrate to use to operate to calculate to demonstrate

Rating	Level	Meaning	Action Verb
4	**Analysis**	• Separates whole into its parts, until relationship among the elements is clear. • Requires ability to apply information in order to analyze. • Breaks material down into its elements or parts so that it's organizational structure may be understood. • Breaks down material into its component parts and detects interrelationships.	to distinguish to compare to deduce to diagram to describe to diagram to classify to analyze to use to classify to differentiate to discriminate to categorize to subdivide to experiment to test to contrast to inspect to debate to inventory to question to make lists
5	**Synthesis**	• Combines elements to form new entity from originals. • Requires analysis in order to synthesize. • Combines previous experience with new material to form a whole structure. • Draws together the parts to form a new whole.	to design to plan to solve to produce to formulate

SKILLS HIERARCHY

Rating	Level	Meaning	Action Verb
1	**Imitation**	• Observes and attempts to repeat it. • Knows what to do and how to do it.	to observe to copy (movements)
2	**Manipulation**	• Performs skills according to instruction rather than observation. • Emphasizes skills in following directions. • Imitates, and practices counseling as instructed.	to manipulate (as instructed) to perform (as instructed)
3	**Precision**	• Reproduces a skill with accuracy, proportion and exactness; usually performed independently of original source. • Performs counseling activities without direct instruction	to perform (with precision) to articulate skills
4	**Articulation**	• Combines more than one skill in sequence with harmony and consistency. • Performs a coordinated skill.	to coordinate series of tasks
5	**Naturalization**	• Completes one or more skills with ease and becomes automatic with limited physical or mental exertion. • Act is routine, automatic and spontaneous, with limited physical or mental exertion. • Devises individual ways to skill performance according to individual perception.	to internalize a skill to perform tasks habitually

ATTITUDES HIERARCHY

Rating	Level	Meaning	Action Verbs
1	**Receive**	• Aware of; passively attending to certain phenomena and stimuli; e.g., listening. • Willingness to pay attention. • Willingness to receive input.	to accept to listen to choose to select to ask to attend
2	**Active Recall**	• Complies with given expectation by attending or reacting to events or situations. • Active participation. • Responds and participate with others.	to approve to volunteer to tell to recite to acclaim to help
3	**Value**	• Displays behavior consistent with a belief or attitude in situations where the student is not forced to comply or obey. • Student attaches worth or value to a particular objective, behavior, phenomenon. • Acceptance and commitment to values.	to choose to invite to share to appreciate to support to join

Rating	Level	Meaning	Action Verbs
4	**Build Value System**	• Committed to a set of values as displayed by behavior. • Concerned with bringing together different values, resolving conflicts and building an internally consistent value system • Organizing values into a system and recognition of the more important elements.	to formulate to relate to defend to abstract to define to put in order
5	**Consistent Use**	• Total behavior is consistent with values internalized. • Pervasive, consistent, predictable behavior. • Possesses a unique set of values that make up individuality, a philosophy of life.	to complete to behave to practice

*Adapted from "Blooms Taxonomy" found at: http:/www.hct.ac.ae/gat/sec2/sec2_ab2.htm

Unit 11 Slides

Slide 26

Unit 11
Content of the PDP

Objectives:
- Identify KSAs as the building blocks
- Review Bloom's Proficiency Levels Rating Scales
- Clarify relationship between Rating Scales and
  - Rubrics
  - Addiction Counseling Competencies
- Learn to incorporate proficiency levels into PDP

NFATTC 26

Slide 27

Content of the PDP

Basic Concepts
- Breaking KSAs into learning steps is key to becoming proficient in the competencies
- Looking for a progression of improvement
- Proficiency requires attention to K-S-A
- ACC document can help with creating learning steps

NFATTC 27

Slide 28

Knowledge, Skills and Attitudes
- The essential elements of a competency
- Help us break needed learning into manageable parts
- Counselor may not need to address every KSA in their learning plan
- The PDP is individualized to the needs of the counselor

NFATTC 28

Slide 29

PDP - Section E

For the competency you have selected in your group, discuss and select the KSA's most relevant to the counselor's development of this competency.

NFATTC 29

Slide 30

PDP - Section F

List what specifically needs to be learned. For example:

– ***How to write measurable outcome statements****

Steps might include:

1. Knowing what an "outcome" is.
2. Understanding what is meant by measurable.
3. Agreement about why it is important to achieve this objective.

* Treatment Planning, Competency 7, Skill 1

NFATTC 30

UNIT 12 - The PDP: How People Learn – PROCESS

OBJECTIVES:

- Participants will be able to elicit a supervisee's preferred learning methods for pursuing a learning goal.
- Help participants identify and use *their own* learning styles.

BASIC CONCEPTS:

- A core element in effectiveness of a supervisor is her/his ability to understand how the counselor is most likely to learn and integrate new counseling skills.
- Each counselor has experience in learning new skills. Drawing on this experience can help the counselor and supervisor identify the counselor's preferred methods of learning.
- Counselors are better motivated when they can use methods of learning that are accessible and fit their preferred learning styles.
- It is a supervisor's responsibility to help the counselor identify and draw upon her/his strengths as a learner.

ACTIVITY:

LEARNING METHODS

Using Many Methods – Finding Your Preferred Approach

Think of a learning goal or objective that you have. On the list below mark with an "X" as many methods of learning as possible that you can realistically use to pursue that learning goal. Learning is more effective when you use multiple methods. When you have done this, compare your lists with those of other members of your working group. They may help you identify other methods you have overlooked. You may be able to add new methods to the list.

Then go through that list a second time and mark with an "O", those methods you prefer to use for your particular goal. Compare your favored methods with those of your working partners. Differences are natural. They are to be expected. Learning how you learn best is vital. Helping your future supervisees to learn how they learn best is equally vital. Understanding this and having the personal flexibility to support your supervisee's preferred approaches when they are different from your own is the mark of a good mentor.

1. Listening to oral and visual presentations on a method (the traditional lecture method).
2. Attending classes and workshops.
3. Taking written tests, scoring them, and reviewing the correct and incorrect answers.
4. Reading articles and books about knowledge, skills and attitudes that apply to your learning goal.
5. Finding and using web-based resources.
6. Listening to audiotapes.
7. Viewing videotapes.
8. Watching live sessions, sitting in on sessions (individual or group) as an observer.
9. Discussing issues with colleagues.
10. Consulting experts.
11. Co-counseling (individuals or a group) with another counselor.
12. Discussing cases in a staffing conference, with a group of professionals.
13. Recording your work on audio and videotape and then reviewing it. Practicing alone.
14. Practicing in role-plays.
15. Practicing with real clients.
16. Reviewing written work I have done, e.g. treatment plans, group instructional plans, session notes from cases.

ACTIVITY FORM:

For the last exercise of Unit 12, turn to the second page of the PDP, page 67 in the PM.

Unit 12 Slides

Slide 31

Slide 32

Slide 33

UNIT 13 - The Supervisory Interview – What is It?

OBJECTIVE:

- Define and demonstrate a model for structuring an interview with a supervisee.

BASIC CONCEPTS:

- An effective supervisory interview is well structured, has specific goals, and follows defined steps and processes.
- A learning plan will be changed and adapted many times while a supervisee is learning a new area of competency.
- Adapting the learning plan can be a cooperative effort by the supervisor and supervisee.
- The structure of a supervisory interview offered here is useful on a continuing basis. It gives a basis for continuing a collaborative relationship with clear leadership from the supervisor.

THE SUPERVISORY INTERVIEW

DEFINITION: The Supervisory Interview is a structured communication process with a clearly definable purpose: to enable the counselor to improve job performance and increase effectiveness in providing client services.

The interview may encompass any or all function areas: clinical, administrative or evaluative.

PURPOSE:

1. To create an atmosphere and to provide a structure which facilitates two-way feedback, teaching, learning and evaluation.
2. To improve the effectiveness of the counselor in providing client services.

FOCUS: The focus is on skill development, as compared to counseling which focuses on personal growth.

CHARACTERISTICS OF THE INTERVIEW PROCESS

- **It's a *teaching/learning* situation that:**

  - Is highly charged (because of authority issues).
  - Is intense.
  - Is personalized.
  - Is a source of tension.
  - Is a source of emotional support.
  - Is a focused interpersonal relationship.
  - Involves accountability as well as authority.

- **It involves *parallel processes:***

  - Counselor – Client
  - Supervisor – Counselor
  - Director – Supervisor

- **It is more effective when counselor and supervisor have a *common frame of reference.* It is the supervisor's responsibility to create. Don't just "let it happen" because the chances are that it won't.**

- **It involves *risk-taking* and *self-disclosure* on the part of both counselor and supervisor.**

- **It requires a *willingness to change* on both sides.**

Following is a summary of the Supervisory Interview Process and Structure. Refer to this table to help you identify the specific steps and interview techniques which are being demonstrated in this Unit.

STEPS OF THE SUPERVISORY INTERVIEW

	OBJECTIVES	TOOLS
Step 1 **SET AGENDA**	Give structure Decrease anxiety Foster trust, rapport, partnership	Give agenda Prioritize Set time frame
Step 2 **GIVE FEEDBACK**	Empower supervisee* Individualize supervision	ORAL model
Step 3 **TEACH and NEGOTIATE**	Confirm common understanding of the performance issue Determine whether you have agreement on importance of this issue	Motivational skills Active listening Paraphrasing
Step 4 **SECURE COMMITMENT**	Determine interest, willingness to change Clarify expectations, responsibilities Create mutual accountability	Clarification skills Asking for a commitment

Empower means to create a relationship which elicits, guides, supports, validates and respects the other's individual and autonomous thoughts and behaviors; therefore allowing the individual *the choice* to communicate and act freely and *safely* without fear of retribution.

Supervision is a circular process. The supervisory loop includes steps two, three and four (as above) followed by further observation, identification of needs and issues, teaching and contracting. It is an on-going process.

SUPERVISORY INTERVIEW OBSERVATIONS

	STATEMENTS/BEHAVIORS	COMMENTS
Step 1 SET AGENDA		
Step 2 GIVE FEEDBACK		
Step 3 TEACH and NEGOTIATE		
Step 4 SECURE COMMITMENT		

Unit 13 Slides

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Unit 13
The Supervisory Interview

- Pulling it all together!
- The Supervisory Interview is a structured communications process with a clearly defined purpose:

  to enable the counselor to improve job performance and increase effectiveness in providing client services.

NFATTC 34

Slide 35

Purpose and Focus

Purpose: Create an atmosphere and structure which facilitates:
- **Two-way feedback**
- **Teaching**
- **Learning**
- **Evaluation**

Focus: Skill development

NFATTC 35

Slide 36

Characteristics of the Process

It is a teaching/learning process:

a. Highly charged
b. Intense
c. Personalized
d. Source of tension
e. Source of emotional support
f. Focused relationship
g. Involves accountability & authority

NFATTC 36

Slide 37

More Characteristics

- It involves parallel process
- It needs a common frame of reference
- It involves risk taking and self disclosure
- It requires a willingness to change for the counselor and the supervisor

NFATTC 37

Slide 38

Interview Structure

Steps	Objectives	Tools
1. Set Agenda	Give structure Decrease anxiety Foster trust, rapport, partnership	Set agenda Prioritize Set time
2. Give Feedback	Empower counselor Individualize supervision	ORAL
3. Negotiate Teach	Build knowledge and skills Determine degree of agreement	ME skills Listening
4. Secure Commitment	Determine interest, willingness Clarify expectations,	ME skills Negotiating

NFATTC 38

Slide 39

Demonstration of Supervisory Interview

Observe this demonstration and watch for:

- Use of the Oral Model and Mentoring Steps
- Teaching/Negotiating
- Completion of the PDP

NFATTC 39

Slide 40

Discussion

- What was the impact of using structure?
- How did the counselor respond to feedback?
- Was understanding achieved?
- What helped create understanding?
- What happened when the topic of performance improvement was raised?

NFATTC 40

Slide 41

For Day Three

- Tomorrow you will have the opportunity to practice your skills.
- We would like at least two demonstrations using the supervisory interview structure, giving feedback and negotiating the PDP. This will give you a look at the complete process.
- Let's do pluses and wishes for today.

NFATTC 41

DAY TWO - CLOSURE

OBJECTIVES:

- Help participants review and synthesize the critical concepts, learning and skills practiced to this point.
- Identify and respond to participants' questions and concerns.
- Prepare for the next day.

DAY 3 - COMMUNITY MEETING

OBJECTIVES:

- Re-establish a sense of connection and community among the participants.
- Help the participants see the relationships between various parts of the workshop.
- Overview the previous day's material and outline today's agenda.

ACTIVITIES:

1. Community meeting, including any necessary announcements.
2. Volunteers present their assignments:
   a. News in brief
   b. Sports report
   c. Weather report
   d. Thought for the day
   e. Warm-up exercises
3. Questions or comments on the learning thus far.
4. Overview of the day's agenda: Mentoring
   a. Supervisory Interview practice
   b. Negotiating a Professional Development Plan
   c. The Corrective Interview
   d. Evaluating counselor progress
   e. Creating your own action plan
   f. Final evaluation of the course

Slide 1

Clinical Supervision I
Building Chemical Dependency Counselor Skills

Day 3

NFATTC 1

Slide 2

What we will do today . . .

- Supervisory Interview Practice
- Negotiating a PDP
- Styles of Supervision
- The Corrective Interview
- Means for evaluating progress
- Creating your own action plan
- Final Evaluation

NFATTC 2

UNIT 14 - Practice the Supervisory Interview

OBJECTIVES:

- ➢ Present and practice a four stage supervisory interview, focusing on the process and structure rather than the content.
- ➢ Practice specific steps for clarifying a learning goal and increasing commitment to work toward it.

BASIC CONCEPTS:

- ♦ To learn the skills offered in this training through demonstration, observation, practice, and having time for feedback and reflection helps trainees grasp and clarify the skills as well as begin to develop them.
- ♦ To make supervision effective, the counselor needs clear goals and expectations for learning.
- ♦ Visualizing the desired level of new skill makes the goal clear.
- ♦ If supervisees feel "ownership" of learning, they are more likely to achieve mastery, confidence, and self-esteem.
- ♦ Supervisees feel "ownership" of their learning when they are involved in setting goals, choosing methods for learning, and responsible for demonstrating proficiency.

APPLYING THE BASIC CONCEPTS:

Hope and motivation are created and sustained by seeing that skills can be understood (comprehensibility), that there are workable ways to learn them (manageability), and that doing so is worthwhile (meaning).

Comprehensibility:

- Both the overall learning goal and the steps to achieve proficiency need to be clearly defined and understood by both the counselor and supervisor.

Manageability:

- A plan that describes manageable sized learning steps is critical to creating hope and confidence.
- Self-confidence is maintained by setting and achieving goals that are within reach.
- Supervisees are better motivated when they can use methods of learning that are accessible and fit their preferred learning styles.
- A supervisee has had prior life experience in reaching goals he or she has set.

Meaning:

- We make an effort to learn when it will help us accomplish something we believe has value.
- The more benefits we can see from new learning, the more we are motivated to learn.

OBSERVATION SHEET

LOOK FOR:	OBSERVATIONS, BEHAVIORS, NOTES:
STEP 1 **SET THE AGENDA**	
Decrease anxiety	
Involve counselor	
STEP 2 **GIVE FEEDBACK**	
Empower counselor	
Individualize content	
STEP 3 **TEACH AND NEGOTIATE**	
Share Agenda Clarify K, S or A	
Learning steps identified	
Methods for learning agreed upon	
STEP 4 **SECURE COMMITMENT**	
Clarify expectations	
Clarify responsibility	
Create mutual accountability	

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

SUPERVISORY INTERVIEW DISCUSSION:

1. How did the supervisor do following the structure?

2. Was the time managed effectively?

3. Describe the nature of the climate established by the supervisor.

4. How well did the supervisor stay on course?

5. How did any resistance get managed?

6. Was an agreement reached?

7. Was a follow-up plan created?

Unit 14 Slides

Slide 3

Unit 14
Practice the Supervisory Interview

Hope and Motivation are a function of:

- **Comprehensibility** - goal and steps clearly understood
- **Manageability** - goal and steps within reach; methods fit the learner
- **Meaning** - goal and steps are valued

NFATTC 3

Slide 4

Interview Structure

Steps	Objectives	Tools
1. Set Agenda	Give structure Decrease anxiety Foster trust, rapport, partnership	Set agenda Prioritize Set time
2. Give Feedback	Empower counselor Individualize supervision	ORAL
3. Negotiate Teach	Build knowledge and skills Determine degree of agreement	ME skills Listening
4. Secure Commitment	Determine interest, willingness Clarify expectations,	ME skills Negotiating

NFATTC 4

Slide 5

Interview Structure

1. Set the Agenda
2. Give Feedback
3. Teach/Negotiate
4. Secure Commitment to Action Plan

NFATTC 5

Slide 6

Demonstration

- In your small groups review the PDP.
- Prepare a 10 minute Supervisory Interview. At least two pairs will be able to complete demonstrations for the group.
- Conduct a supervisory interview in which you negotiate a PDP with a counselor.
- Observers use the Observation Sheet on page 97 to record your comments for feedback.

NFATTC 6

Slide 7

Observation

1. Structure followed?
2. Time managed effectively?
3. Climate?
4. Stayed on Course?
5. Resistance?
6. Agreement reached?
7. Follow-up plan created?

NFATTC 7

Slide 8

Follow-up Questions

- What works and doesn't work with this model?
- What would you do differently?
- What part of the model can you infuse into your current work?
- Why or why not?

NFATTC 8

UNIT 15 - Styles of Supervisees

OBJECTIVES:

- Learn three different styles of supervisee behavior.
- Recognize supervisor techniques that match the identified supervisee behaviors.

BASIC CONCEPTS:

- Most effective work with a supervisee is based, in part, on recognizing and being sensitive to a supervisee's style of behavior. You can't treat all supervisees the same and get good outcomes.
- By matching supervisor responses to particular supervisee's behaviors, the desired behavior change is more likely.

A-B-C SUPERVISEE MODEL

SUPERVISEE	BEHAVIORS	SUPERVISION NEEDS
C **"Challengers"**	✓Not responsible ✓Consistently inconsistent ✓Rarely meets deadlines ✓Below minimum standards	✓Constant attention ✓Give minimum room to fail
B **"Better Be There"**	✓Semi-responsible ✓Semi-consistent ✓Sometimes meets deadlines ✓Sometimes meets standards	✓Clear expectations ✓Teaching, reinforcement ✓Consistency, support ✓"A presence"
A **"Always"**	✓Responsible, reliable ✓Timely, meets deadlines ✓Consistent ✓Exceeds standards ✓Comes early, stays late ✓Works too much (obsessive)	✓Minimal oversight ✓High level of discretion ✓Likes challenges ✓Limit-setting re: self care ✓Personal recognition ✓Needs boundary setting ✓Needs a place to "check in" to get a 10 minute supervision

SUPERVISOR STRATEGIES

SUPERVISEE	SUPERVISOR STRATEGIES
C **"Challengers"**	
B **"Better Be There"**	
A **"Always"**	

Unit 15 Slides

Slide 9

Unit 15
Styles of Supervisees

Basic Concepts

- Supervisees differ in job performance
- Supervisory strategies can be matched to needs of supervisees

NFATTC 9

Slide 10

Types of Supervisees

C - Challengers

B - Better Be There

A - Always

NFATTC 10

UNIT 16 - Doing a Corrective Interview

OBJECTIVE:

- Define, demonstrate and practice specific skills for conducting an interview with a supervisee where the emphasis is on correcting a supervisee's lack of compliance or failure to perform as expected.

BASIC CONCEPTS:

- Evaluation is a part of everything a supervisor does – in both administrative and clinical functions.
- The role of authority, setting standards, and addressing performance gaps is unavoidable.
- Conflicts will occur. There may be a need for the supervisor to take corrective action.
- The power of authority can be misused and cause destructive results: Being the Boss does not mean being bossy.
- The corrective interview requires more structure than the teaching interview, and is used when a supervisee's behavior must change in order to remain in good standing with the agency.
- The purpose of a corrective interview is to change the supervisee's behavior to meet the *agency's needs,* not the other way around.

THE CORRECTIVE INTERVIEW

Characteristics of the Corrective Interview:

- It requires more structure than the teaching interview.
- Typically it focuses on one specific behavior or duty that is being performed in an unsatisfactory manner.
- Change is necessary in order to comply with agency policies and procedures.
- Each agency has mandatory and discretionary rules or standards for performance.

  - **Mandatory Rules** – are non-negotiable issues related to:
    - Safety
    - Compliance with regulatory authorities
    - Time schedule
    - Principles of client care
    - Maintenance of ethical standards
  - **Discretionary Rules** – how the job is done
    - Worker has choices
    - Is expected to exercise professional judgement

  There is a third, unofficial, category of rules..................

  - **Optional Rules** - The agency believes they are mandatory but workers think they are optional, most probably because transgressions of the rule are not dealt with or are managed inconsistently.

The supervisor must be clear about what is mandatory. Allowing mandatory rules to become optional undermines the authority of the agency and of the supervisor as its representative.

ELEMENTS OF A MANDATORY RULE:

1. There is a **specific behavioral definition** of the task or job
2. **When** it is to be performed is clear
3. **How** it is to be done – what the standard is – has been defined
4. **How often** it is to be done has been documented
5. For **how long** over what time frame – the task or behavior is expected has been clarified

The corrective interview is used when mandatory rules are not being followed.

The purpose is to change the supervisee's behavior to meet the agency's needs, not the other way around.

DIFFERENTIAL SUPERVISORY STRATEGIES BASED ON THE SUPERVISOR'S ASSESSMENT OF COUNSELOR NEEDS:

What is the issue?	What is needed?
• Lack of understanding.	• Clarification of expectations.
• Lack of skill.	• Teaching, training, coaching.
• Fear.	• Support, mentoring, small steps.
• Values conflict.	• Clarify choices.
• Attitude.	• Set limits; bottom line.

BASIC CORRECTIVE INTERVIEW PROCESS:

Preparation -

1. Identify issue.

Beginning -

2. Set time frame for the interview.
3. Clarify agenda.
4. Clarify process to be used.

Middle -

5. Give feedback; request playback; use ORAL model.
6. **Listen** to the feedback for accuracy.
7. Discuss to promote **common understanding.** **Agreement** is not the most important here. **Common understanding** is. Supervisor can playback supervisee's concerns to demonstrate understanding; this does not signify agreement.
8. State the expectation; request playback.
9. Discuss if necessary.

End -

10. Seek commitment to meet the expectation.
11. Use a closed-ended question: **Will you do this?**
12. Schedule follow-up meeting to monitor progress.
13. Document commitment in supervisory file.
14. **Follow through.**

Unit 16 Slides

Slide 11

Unit 16
Doing a Corrective Interview

- Assumption: Conflict will occur!
- Sets the stage for a corrective action plan.
- Establishes firm boundaries and expectations.
- Creates a clear plan of action.

NFATTC 11

Slide 12

Corrective Interview

Basic Concepts

- Can't avoid addressing performance gaps
- Being the Boss is not being Bossy
- Structure is needed
- Supervisee must change to meet agency needs

NFATTC 12

Slide 13

Characteristics of the Corrective Interview

- Requires more structure than the teaching interview
- Focused on a specific behavior or duty
- Change is necessary to comply with agency rules and expectations

NFATTC 13

Slide 14

Types of Rules

Mandatory Rules - non-negotiable related to safety of clients, compliance with regulatory authorities, time schedules, principles of client care, ethical issues.

Discretionary Rules - how the job is done in which workers have choices and are expected to exercise judgement.

Optional Rules - the agency believes they are mandatory but the workers see them as optional (lunch hours, time at which the work day begins, etc.) Potential sources of conflict.

NFATTC 14

Slide 15

Elements of a Mandatory Rule

- **Specific** behavioral definition exists
- **When** it is to be done is clear
- **How** it is to be done is defined
- **How often** it is to be done is spelled out
- **For how long** it is to be done has been clarified

NFATTC 15

Slide 16

Differential Supervision Strategies

What is the issue?	What is needed?
•Lack of understanding	•Clarify expectations
•Lack of skill	•Teach, train, coach
•Fear	•Support, mentor
•Values conflict	•Clarify choices
•Attitude	•Set limits; bottom line

NFATTC 16

Slide 17

Corrective Interview Process

- Identify the issue.
- Set time frame for the interview.
- Clarify agenda and the process to be used.
- Give feedback; request playback and use ORAL.
- Listen to the feedback for accuracy.
- Discuss to promote a common understanding.
- State the expectation; request playback.
- Discuss if necessary.
- Seek commitment to meet the expectation.
- Use a closed ended question - Will you do this?
- Schedule follow-up meeting to monitor progress.
- FOLLOW THROUGH!

NFATTC 17

Slide 18

Corrective Interview Structure

Steps	Objectives	Tools
1. Set Agenda	Identify the issue Acknowledge importance Communicate respect	Set agenda Set time
2. Give Feedback	Clarify observation Clearly state concern	ORAL
3. Teach	Clarify rules and/or expectations Establish understanding	I statements Listening
4. Secure Commitment	Determine willingness to change Clarify expectations and plan	ME skills Negotiating

NFATTC 18

Slide 19

LET'S Practice!

- Using the PDP, your supervisory interviewing skills and ORAL conduct a CORRECTIVE INTERVIEW.
- Be the authority and establish the parameters within which your counselor must perform his/her duties.
- Maintain a respectful attitude.
- Remember, you are in charge.

NFATTC 19

UNIT 17 - Has Everything Been Covered? - The Supervisor's Checklist

OBJECTIVES:

- Review the Eight Steps of Mentoring and Clinical Supervision.
- Review the "Supervisor's Checklist".

BASIC CONCEPTS:

- To integrate the knowledge and develop an approach to continued development of the skills, trainees in this workshop need to review and examine the ways in which the different elements of good supervisory practice relate to each other.

SUPERVISOR'S CHECKLIST

	TASK	Done
Step 1	I have explained the reason for forming a partnership to work toward improving the counselor's skills:	
	Counselor has agreed to work together to improve clinical skills:	
Step 2	Defined practice dimension:	
	Defined competency:	
	Visualized level of proficiency to attain:	
Step 3	Counselor fully comprehends nature and goal of tasks:	
	Counselor believes the goal is achievable:	
	Counselor feels attaining the goal is valuable to self and others:	
Step 4	Relevant KSAs have been reviewed with counselor:	
	KSAs have been broken down into manageable learning steps:	
	Learning steps are observable and measurable:	
Step 5	Preferred styles and methods of learning have been discussed:	
	Learning steps have been identified and agreed to:	
Step 6	Methods of evaluation have been discussed and negotiated:	
	Each unit of learning's method of evaluation is agreed upon:	
	Baseline for each unit of learning has been determined:	
Step 7	We have a schedule to meet on a regular basis for feedback:	
	Format for final demonstration has been agreed upon:	
	Date for final demonstration has been set:	
	Final demonstration has taken place:	
Step 8	Process to achieve proficiency has been reviewed with counselor:	
Step 9	*Celebration has been discussed and designed:	

*****As noted in *The Green Thumb Myth* by Ruth Stiehl & Barbara Bessey (Published in 1994 by The Learning Organization, Corvallis, Oregon), this could be as fundamental as The "Three-Minute" Celebration (page 68). It goes as follows:

1) Set aside three minutes.

2) Decide on which way to communicate with team members: one-on-one, in a meeting, in a phone call, through electronic mail, by memo, etc.

3) Answer these questions in three minutes:

   a) TASK: What did we accomplish?
   b) VALUE: What will be one benefit of our accomplishment?
   c) TENACITY: What was the hardest part?
   d) NEXT GOAL: What should we shoot for next?

Unit 17 Slides

Slide 20

UNIT 18 - Evaluating Baseline and Progress - OBSERVATIONS

OBJECTIVES:

- Understand that observation of performance is the key element in measuring and evaluating a supervisee's progress.
- Help participants identify ways of observing a supervisee's performance.

BASIC CONCEPTS:

- If we are to assess the progress a supervisee is making toward her/his learning goals, we need specific observable criteria.
- Visualizing the end performance with the help of the ACC and the Rubrics makes it possible for supervisors and supervisees to identify steps along the way and communicate effectively about them.
- A baseline of the supervisee's performance skill must be identified so that the supervisee's progress in acquiring proficiency can be measured.
- *Observing* the supervisee, directly or with recorded performances, is necessary to accurately evaluate the supervisee's level of skill and progress.
- Adjusting and updating the learning plan is a cooperative activity shared by the supervisor and supervisee.
- All performances are approximations - perfection is never achieved, and never should be the goal.
- Effective supervision is measured by demonstrated improvement of the supervisee's clinical skills.

ACTIVITY:

For the activity refer to page 3 of the Professional Development Plan (page 68).

Unit 18 Slides

Slide 21

Unit 18
Evaluating Progress

- Rating proficiency is a subjective activity
- Must move beyond superficial impressions into identifying specific evidence of progress
- Include direct observation of counselor at work
- Initial rating becomes the baseline for measuring progress

NFATTC 21

Slide 22

Quantifiable Measures

Examples:

- Number of articles read
- Attending workshop
- Earning 3 hours of college credit
- Watching 3 taped counseling sessions
- Reviewing 4 clinical records
- Speaking with 2 colleagues once per week
- Writing and reviewing 7 treatment plans

NFATTC 22

Slide 23

Qualitative Measures

- Assess proficiency with the Rubrics
- Use a competency rating scale
- Develop a rating scale to assess each KSA
- Tailor a measure based on a specific learning task

NFATTC 23

Slide 24

PDP – Sections H & I

Section H

How will progress be evaluated?

Section I

How will proficiency be demonstrated?

NFATTC 24

UNIT 19 - Participant's Personal Action Plan

OBJECTIVES:

- Assess the potential application of the participant's learning to their work site.
- Focus on things that will facilitate and inhibit the transfer of the participants' new learning into their work settings.
- Have the participants experience the positive feelings of validation by celebrating the attainment of a new competency.

BASIC CONCEPTS:

- Workshop participants need to prepare for taking their learning from this workshop to their home work settings.
- Identifying new knowledge they have acquired, skills they have or will develop, and attitudes they can cultivate is important to make this transition successfully.
- Preparing an individual plan for their continued learning and application of these practices in their own setting is critical to a successful transition to their work settings.

PERSONAL ACTION PLAN

1. Two concepts or skills that I would like to implement in my supervisory practice:

2. Whose understanding and commitment of support do I need before implementing this approach to supervision?

3. I am committed to taking these specific actions:

   A.

   B.

   C.

4. My support person who will keep me on track is:

Unit 19 Slides

Slide 25

Unit 19
Personal Action Plan

- Please turn to page 121 in your Participant Manual
- Complete the Personal Action Plan
- Discuss your plan in small groups
- Share with the large group

NFATTC 25

Slide 26

Final Evaluation

- Please complete the final evaluation form.
- Your feedback is very important for us to continue to improve our presentation of this material.
- Your comments are appreciated.

NFATTC 26

Slide 27

Thank you!

Good luck
and let us hear from you.

NFATTC 27

Optional UNIT A: You're the Boss - Authority and Responsibility in Supervision

OBJECTIVE:

- Understand the role of authority and boundary setting in being a supervisor.

BASIC CONCEPTS:

- To be effective, supervisors need to accept their role as an authority in relationship to their supervisees, and their role as a representative of the policies and practices of their agency program.
- These roles involve setting standards, evaluating performance, and identifying areas where supervisees need to improve their skills.
- Most new supervisors have previously been counselors and find a need for clarifying their new roles and responsibilities at many points.
- Becoming a supervisor means changing relationships with counselors who have formerly been peers and equals and is now supervisees.
- In carrying out these responsibilities supervisors can benefit from understanding that all effort at improvement are approximations toward a hard-to-define ideal.
- Setbacks and occasional conflicts are part of the challenges faced by supervisors.
- Effective supervisors use their power of evaluation with care and restraint, particularly avoiding expecting or demanding "perfect" performance.
- Effective supervisors learn to be genuinely authoritative, partly by recognizing their limits as well as their expertise, and by learning to distinguish this from being authoritarian. Being the boss does not mean being "bossy."

ACTIVITY: Supervisor As Authority

What are some of the benefits and values of being clearly defined as the authority.

What are some of the difficult issues, disagreements, conflicts, fears, doubts, and dilemmas you foresee?

In what specific areas do you have feelings of ambivalence around being in the position of authority over supervisees.

Optional UNIT B: Communicating Across Cultures

OBJECTIVES:

- Challenge the participants to re-think the last exercise in Unit 18 in terms of any cultural issues.
- Have participants to examine their own understanding, their attitudes, and their views about cross-cultural communication.
- View and discuss the video “Communicating Across Cultures.”*
- Focus on how cross-cultural communication might affect supervisor’s work with supervisees.

BASIC CONCEPTS:

- Interpersonal communication can be difficult. Americans are diverse.
- Most communications problems involve many misunderstandings. They are not the result of a single issue.
- Communication is more complex than simply one person talking to another. It includes differences in language and different communication styles.
- Communication involves the *message intended* and the *message received.*
- When there is misunderstanding, we often reinforce our assumptions based on stereotypes.

*“Communicating Across Cultures” is one of the Valuing Diversity series of videos and guides published by Griggs Productions, Inc. To obtain the video and discussion guide contact:

Griggs Productions Inc
2046 Clement Street
San Francisco CA 94121
Tel: (415) 668-4200
FAX: (415) 668-6004

OUTLINE OF VIDEO:

The following is an outline of the video “Communicating Across Cultures.” It is included here for reference so that you can return to the ideas presented in the video as needed.

COMMUNICATING ACROSS CULTURES

The video has three major sections which cover the following subjects:

Introduction:

- Communication is not universal
- Americans are diverse
- Why communication is important
- Patterns of communication
- Misunderstandings based on miscommunication
- The art of cross-cultural communication

Examples of Common Causes of Misunderstandings:

- Conventions for courtesy
- Candor
- Sequence
- Simplicity
- Phasing
- Accents
- Objectivity
- Telephone
- Specificity
- “Walking on eggs"
- Assertiveness
- "Hot buttons"

Review of Key Points:

- Misunderstandings
- Differences
- Awareness

In reviewing and discussing the film and in thinking of how its teachings may apply to your work situation, keep in mind the following points:

1. **Most communication problems result from not just one misunderstanding, but from many:** when misunderstandings occur, stereotypes may be reinforced.

    a. **The Language Barrier:** when people speak different languages, important nuances may be lost in translation.

    b. **Different Communication Styles:** even in the same language, people have different:

        i. Ways of structuring information and argument.
        ii. Conventions for social and/or business conversation.
        iii. Cultural assumptions that affect interpretations.

2. **Communication is more complex than simply one person talking to another.** It consists of the **message intended** and the **message received.** Communication consists of at least four ingredients:

    a. The information being transmitted.
    b. The feeling that goes with it.
    c. The non-verbal message.
    d. An implicit or explicit expectation of a response.

    THE PERSON WHO CARES TO BE EFFECTIVE IS THE ONE WHO MUST TAKE THE INITIATIVE IN CROSS-CULTURAL COMMUNICATION.

CONVENTIONS FOR COURTESY:

✓ Each culture has conventions for courtesy. Examples in the U.S. are:
“How are you?”
“Please.”
“Thank you.”
“Have a nice day.”
People from other cultures may think that Americans who use these conventions are insincere.

✓ People who don't use these formulas may be perceived to be rude. However, people speaking English as a second language may not know it well enough to know these “formulas.” It is important to help non-native speakers to learn these conventions rather than just telling them to be “more polite.”

✓ Don’t leap to conclusions about the character, motivation or integrity of an individual based on one interaction. Consider that differences in communication conventions may create false impressions of rudeness, hostility, arrogance, passivity or other attitudes.

SEQUENCE:

- ✓ How people arrange information differs from culture to culture. Many Europeans and white Americans arrange information in a linear sequence - going directly from a starting point to an objective taking the shortest and most efficient route.
- ✓ People from other cultures may communicate in a less linear fashion, branching off on tangents or a series of tangents before reaching "the point."
- ✓ Some cultures will talk about things that establish trust and rapport before getting to the details.
- ✓ Getting to the point is a uniquely Western trait. Americans of Northern European background like facts, specifics and conclusions while other cultures prefer suggestions and implications.
- ✓ People who favor linear communication can try to slow down and establish trust before getting into details with those who prefer loops or spirals.

PHASING:

- ✓ To exchange information across cultures, one needs to know how information flows and when it is appropriate to engage in particular kinds of discussion. For example, do you ask after the family, health, etc., or exchange pleasantries about the weather before settling down to the business at hand?

OBJECTIVITY:

- ✓ To some people (hereafter known as Type A), logic, order and accuracy are essential in communications.
- ✓ Others (Type B) communicate in more intuitive, creative or colorful ways.
- ✓ Type A tends to categorize and clarify, asking questions that force Type B communicators to try to justify what they say, making them feel misunderstood and rejected while giving the impression of being manipulative and domineering.
- ✓ Type B focuses more on intentions than on precise words, thus seeming chaotic and confused to Type A.
- ✓ These differences may be a function of personality, culture or gender. Communications between people with these two different styles are often strained and stressful.
- ✓ Trust has a significant effect on inter-cultural communications. Many minorities, having been devalued and exploited by mainstream culture, may be suspicious until trust has been established. They are often extremely self-conscious about how they are being perceived while members of the dominant culture are seldom concerned about others' perceptions of them.

- ✓ Dominating the conversation: Type A communicators often talk too much and listen too little, especially when dealing with a Type B communicator.

SPECIFICITY:

- ✓ White Americans tend to start a discussion with the “important points" - the specifics first, then expanding to generalities.

- ✓ Other cultures prefer to approach a subject in general terms first, making decisions on an overall idea, before getting down to specifics.

- ✓ The difference in use of specifics and generalities may cause impatience on each side because the questions and answers from each are out of sync.

ASSERTIVENESS:

- ✓ There is a wide range of differences in the degree of assertiveness that people display when communicating with others. Differences may be due to culture or personality.

- ✓ People who are open and direct may be perceived as intrusive by others who are more private. The more quiet, private person may be seen as standoffish or rude.

CANDOR:

- ✓ Telling it like it is, while valued by many Americans, is not as highly regarded in many cultures as are other values such as courtesy, sensitivity, loyalty and “saving face.”

- ✓ In general, Asians are more concerned with the emotional equality of an interaction than with the literal meaning of the words. Form is more important than the actual message and social harmony is the primary function of speech.

- ✓ While making the effort to communicate as clearly and specifically as possible, it is also important to recognize that people from other cultures **will** have different values in this regard.

SIMPLICITY:

- ✓ The best way to get a message across is to state it in a way that is easy to understand. Speak simply and clearly. Complicated language is difficult to understand and your listener is likely to “tune out.”

ACCENTS, SLANG, JARGON:

- ✓ Many people react negatively to accents, slang or jargon.

- ✓ Effective communicators in multicultural settings will avoid using:
  Jargon, Slang, Cliches and Colorful metaphors.

TELEPHONE:

- ✓ The telephone should not replace personal contact.
- ✓ The phone is a cold medium for people who prefer direct, personal contact.
- ✓ Its major disadvantage is that nonverbal communication is invisible over the phone.

WALKING ON EGGS:

- ✓ The subjects of racism, sexism, sexual orientation, age and disability may be so emotionally charged, and the consequent discomfort they generate so great, that people feel unable to deal with others different from themselves.
- ✓ At the same time, minorities often feel they must protect themselves from prejudice.
- ✓ The solution is not to avoid contact, but to practice interacting with others.
- ✓ Feedback can be an essential process in learning:

  How we affect others and how we are perceived.
  Things about ourselves that we might otherwise not know.
  How to make adjustments in our behavior.

- ✓ Feedback is important for all employees, but often times women and minorities get inadequate feedback for fear that it will be perceived as discrimination.
- ✓ How can open communication best be developed?

  Concentrate on work and results first.
  Strive to develop a trusting relationship.
  Discuss differences before problems arise.
  Do not avoid talking about cultural differences.

- ✓ How do you develop trust?

  Make regular contact with employees.
  Show interest in their progress.
  Ask about their families or other interests.
  Discover common interests.

LISTENING:

- ✓ Listening is a vital part of communication. It is more than receiving information. The meaning is more important than the information received. We can communicate better if we talk less and listen more.

HOT BUTTONS:

- ✓ Jokes - ethnic jokes are not acceptable in any setting. We are all responsible for objecting clearly to racism, sexism or any other prejudice. Learn to be assertive without being antagonistic.

- ✓ Words that trigger emotional responses such as fear, rage or suspicion are “hot buttons." They will differ from person to person, but will cause communication problems because they are so provocative. Pushing them will cause minds to slam shut.

- ✓ Some subjects can be “hot buttons” because they reveal assumptions on the part of the speaker.

- ✓ Inadvertent slurs can be buried in cliches:

  Children behaving like “wild indians.”
  You throw a ball like a girl.
  Being “blackballed” from a club.

- ✓ Swearing **is** inappropriate in any work setting.

- ✓ Be aware of possible “hot buttons” and avoid using language that can trigger negative responses.

ACTIVITY FORM:

Since this is a sensitive topic, we all feel a need to show that we understand. The result is that we often discuss these issues in vague generalities and by stating familiar beliefs. Doing so we learn nothing new. Avoid this pitfall. As you watch:

1) Look for at least one thing you know, understand, and have experienced directly. Write it down here.

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2) Look for something that is new or unfamiliar in your experience. Note that.

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____

3) Look for something that is confusing, unsettling, or in some way disturbing. Note that here.

____
____
____
____
____

Appendix 1

Global Criteria for Assessing Twelve Core Functions of the Alcohol and Other Drug Abuse Counselor

TWELVE CORE FUNCTIONS OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELOR

Global Criteria for Assessing Case Presentations in the IC & RC Certification Process

The Case Presentation Method (CPM) is based on the Twelve Core Functions. Scores on the CPM are based on the Global Criteria for each Core Function. The counselor must be able to demonstrate competence by achieving a passing score on the Global Criteria in order to be certified. Although the Core Functions may overlap, depending on the nature of the counselor's practice, each represents a specific entity. Give specifics throughout and do not supply original definitions.

I. SCREENING: The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria:

1. Evaluate the psychological, social, and physiological signs and symptoms for alcohol and other drug abuse.

2. Determine the client's appropriateness for admission or referral.

3. Determine the client's eligibility for admission or referral.

4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or services.

5. Adhere to applicable laws, regulations, and agency policies governing alcohol and other drug abuse services.

Explanation:
This function requires the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has become dysfunctional for a particular client. The determination of a particular client's appropriateness for a program requires the counselor's judgement and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or day care). Import factors include the nature of the substance abuse, the physical condition of the client, the psychological functioning of the client, outside support/resources, previous treatment efforts, motivation, and the philosophy of the program. The eligibility criteria are generally determined by focus, target population, and funding requirements of the counselor's program or agency, many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level, and the referral source. Allusion to following agency policy is a minimally acceptable statement. If the client is found ineligible or inappropriate for this program, the counselor should be able to suggest an alternative.

II. INTAKE: The administrative and initial assessment procedures for admission to a program.

Global Criteria:

6. Complete the required documents for admission to the program.

7. Complete the required documents for program eligibility and appropriateness.

8. Obtain appropriately signed consents when soliciting information from, or providing information to, outside sources to protect client confidentiality and rights.

Explanation:
The intake usually becomes an extension of the screening, when the decision to formally admit is documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign a consent for treatment, and assign the primary counselor.

III. ORIENTATION: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

Global Criteria:

9. Provide an overview to the client by describing program goals and objectives for client care.

10. Provide an overview to the client by describing program rules and client obligation and rights.

11. Provide an overview to the client of program operations.

Explanation:
The orientation may be provided before, during, and/or after the client’s screening and intake. It can be conducted in an individual, group, or family context. Portions of the orientation may include other personnel for certain specific aspects of treatment, such as medication.

IV. ASSESSMENT: The procedures by which a counselor/program identifies and evaluate an individual's strengths, weaknesses, problems, and needs for the development of a treatment plan.

Global Criteria:

12. Gather relevant history from client, including but not limited, to alcohol and other drug abuse using appropriate interview techniques.

13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.

14. Identify appropriate assessment tools.

15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.

16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

Explanation:
Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing, and/or record reviews. The counselor evaluates major life areas (i.e., physical health, vocational development, social adaptation, legal involvement, and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The results of this assessment should suggest the focus treatment.

V. TREATMENT PLANNING: The process by which the counselor and client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

Global Criteria:

17. Explain assessment results to the client in an understandable manner.

18. Identify and rank problems based on individual client needs in the written treatment plan.

19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.

20. Identify the treatment methods and resources to be utilized as appropriate for the client.

Explanation:

The treatment contract is based on the assessment and is a product of negotiation between the client and counselor to be sure the plan is tailored to the individual's needs. The language of the problem goal, and strategy statements should be specific, intelligible to the client, and expressed in behavioral terms. The statement of the problem concisely on a client's needs identified previously. The goal statements refer specifically to the identified problem and may include one objective or set of objectives ultimately intended to solve or mitigate the problem. The goals must be expressed in behavioral terms in order for the counselor and client to determine progress in treatment. Both immediate and long-term goals should be established. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will provide them, when they will be provided, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

VI. COUNSELING: The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings; consideration of alternative solutions; and decision-making.

Global Criteria:

21. Select the counseling theory(ies) that apply(ies).

22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramification.

23. Apply techniques(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.

24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.

25. Interact with the client in an appropriate therapeutic manner.

26. Elicit solutions and decisions from the client.

27. Implement the treatment plan.

Explanation:

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his or her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Motivational Interviewing, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific approach for the particular client. For example, a behavioral approach might be suggested for clients who are resistant and manipulative or have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate. Also, the counselor should explain his or her rationale for choosing a counseling approach in an individual, group, or family context, Finally, the counselor should be able to explain why a counseling approach in context changed during treatment.

VII. CASE MANAGEMENT: Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

Global Criteria:
28. Coordinated services for client care.

29. Explain the rationale of care management activities to the client.

Explanation:
Case management is the coordination of a multiple service plan. Case management decisions must be explained to the client. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the criminal justice system. The client may also be receiving other treatment services such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

VIII. CRISIS INTERVENTION: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria:
30. Recognize the elements of the client crisis.

31. Implement an immediate course of action appropriate to the crisis.

32. Enhance overall treatment by utilizing crisis events.

Explanation:
A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture before, during and after the crisis. It is imperative that the counselor be able to identify the crises when the surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

IX. CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

Global Criteria:

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.

34. Present information about available alcohol and other drug services and resources.

Explanation:
Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic form with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

X. REFERRAL: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria:

35. Identify needs(s) and or problem(s) that the agency and/or counselor cannot meet.

36. Explain the rationale for the referral to the client.

37. Match client needs and/or problems to appropriate resources.

38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.

39. Assist the client in utilizing the support systems and community resources available.

Explanation:
In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, should be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including confidentiality requirements and outcomes of the referral. Referral is obviously closely related to case management when integrated into the initial and on-going treatment plan. It also includes, however, aftercare of discharge planning referrals that take into account the continuum of care.

XI. REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria:

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.

41. Care pertinent on-going information pertaining to the client.

42. Utilize relevant information from written documents for client care.

Explanation:
The report and record keeping function is important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor in providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, It enhances the client's entire treatment experience. The application must prove personal action in regard to the report and record keeping function.

XII. CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT AND SERVICES: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria:

43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.

44. Consult with appropriate resources to ensure the provision of effective treatment services.

45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.

46. Explain the rationale for the consultation to the client, if appropriate.

Explanation:
Consultations are meetings for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

Appendix 2

Addiction Counseling Competencies
Competency Rating Forms

Addiction Counseling Competencies
TRANSDISCIPLINARY FOUNDATIONS

COMPETENCY RATING FORM

1= serious deficiency, 2= needs development, 3= competent, 4= strength area, 5= role model*

A. UNDERSTANDING ADDICTION:	Rating
1. Understand a variety of models and theories of addiction and other problems related to substance use.	
2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resilience factors that characterize individuals and groups and their living environments.	
3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.	
4. Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.	

B. TREATMENT KNOWLEDGE:	Rating
1. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.	
2. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.	
3. Understand the importance of research and outcome data and their application in clinical practice.	
4. Understand the value of an interdisciplinary approach to addiction treatment.	

* Scale developed by Richard Barnhart and reprinted from the following web site: http://www.competinc.com/article2.html

1= serious deficiency, 2= needs development, 3= competent, 4= strength area, 5= role model*

C. APPLICATION TO PRACTICE:	Rating
1. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.	
2. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.	
3. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery	
4. Provide treatment services appropriate to the personal and cultural identity and language of the client.	
5. Adapt practice to the range of treatment settings and modalities.	
6. Be familiar with medical and pharmacological resources in the treatment of substance use disorders	
7. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.	
8. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.	
9. Understand the need for and the use of methods for measuring treatment outcome.	

D. PROFESSIONAL READINESS:	Rating
1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.	
2. Understand the importance of self-awareness in one's personal, professional, and cultural life.	
3. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.	
4. Understand the importance of ongoing supervision and continuing education in the delivery of client services.	
5. Understand the obligation of the addiction professional to participate in prevention as well as treatment.	
6. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.	

Addiction Counseling Competencies
PROFESSIONAL PRACTICE DIMENSIONS

COMPETENCY RATING FORM

1= serious deficiency, 2= needs development, 3= competent, 4= strength area, 5= role model*

I. CLINICAL EVALUATION - SCREENING: The process through which a counselor, client and available significant others determine the most appropriate initial course of action, given the client's needs and characteristics, and the available resources within the community.	**Rating**
1. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.	
2. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health and substance related treatment history; mental status; and current social, environmental, and/or economic constraints.	
3. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and coexisting mental health problems.	
4. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.	
5. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.	
6. Review the treatment options that are appropriate for the client needs, characteristics, goals, and financial resources.	
7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.	
8. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.	
9. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.	

* Scale developed by Richard Barnhart and reprinted from the following web site: http://www.competinc.com/article2.html

COMPETENCY RATING FORM

1= serious deficiency, 2= needs development, 3= competent, 4= strength area, 5= role model*

I. CLINICAL EVALUATION - ASSESSMENT: An ongoing process through which the counselor collaborates with the client, and others, to gather and interpret information necessary for planning treatment and evaluating client progress.	**Rating**
1. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic cultural issues, and disabilities that includes, but is not limited to: - history of alcohol and other drug use; - family issues; - current status of physical health, mental health, and substance use; - spirituality; - physical health, mental health, and addiction treatment history; - education and basic life skills; - work history and career issues; - history of criminality; - socio-economic characteristics, lifestyle, and current legal status; - use of community resources.	
2. Psychological, emotional, and world-view concerns;	
3. Analyze and interpret the data to determine treatment recommendations.	
4. Seek appropriate supervision and consultation.	
5. Document assessment findings and treatment recommendations.	

* Scale developed by Richard Barnhart and reprinted from the following web site: http://www.competinc.com/article2.html

COMPETENCY RATING FORM

1= serious deficiency, 2= needs development, 3= competent, 4= strength area, 5= role model*

II. TREATMENT PLANNING: A collaborative process through which the counselor and client develop desired treatment outcomes and identifies strategies to achieve them. At a minimum, the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.	**Rating**
1. Obtain and interpret all relevant assessment information.	
2. Explain assessment findings to the client and significant others involved in potential treatment.	
3. Provide the client and significant others with clarification and further information as needed.	
4. Examine treatment implications in collaboration with the client and significant others.	
5. Confirm the readiness of the client and significant others to participate in treatment.	
6. Prioritize client needs in the order they will be addressed.	
7. Formulate mutually agreed upon and measurable treatment outcome statements for each need.	
8. Identify appropriate strategies for each outcome	
9. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.	
10. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.	
11. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.	
12. Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.	

* Scale developed by Richard Barnhart and reprinted from the following web site: http://www.competinc.com/article2.html

COMPETENCY RATING FORM

1= serious deficiency, 2= needs development, 3= competent, 4= strength area, 5= role model*

III. REFERRAL: The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.	**Rating**
1. Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs	
2. Continuously assess and evaluate referral resources to determine their appropriateness.	
3. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.	
4. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.	
5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.	
6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.	
7. Evaluate the outcome of the referral.	

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COMPETENCY RATING FORM

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IV. SERVICE COORDINATION – IMPLEMENTING THE TREATMENT PLAN: The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Service coordination, which includes case management and client advocacy, establishes a frame-work of action for the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.	**Rating**
1. Initiate collaboration with referral source.	
2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.	
3. Confirm the client's eligibility for admission and continued readiness for treatment and change.	
4. Complete necessary administrative procedures for admission to treatment.	
5. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to: - nature of services, - program goals, - program procedures, - rules regarding client conduct, - schedule of treatment activities, - costs of treatment, - factors affecting duration of care, - client's rights and responsibilities.	
6. Coordinate all treatment activities with services provided to the client by other resources.	

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IV. SERVICE COORDINATION – CONSULTING:	**Rating**
1. Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment	
2. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.	
3. Contribute as part of a multidisciplinary treatment team.	
4. Apply confidentiality regulations appropriately.	
5. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.	

IV. SERVICE COORDINATION – CONTINUING ASSESSMENT & TREATMENT PLANNING:	**Rating**
1. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.	
2. Understand and recognize stages of change and other signs of treatment progress.	
3. Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.	
4. Describe and document treatment process, progress, and outcome.	
5. Use accepted treatment outcome measures.	
6. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.	
7. Document service coordination activities throughout the continuum of care.	
8. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.	

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V. COUNSELING – INDIVIDUAL COUNSELING: A collaborative process that facilitates the client's progress toward meeting treatment goals and objectives.	**Rating**
1. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.	
2. Facilitate the client's engagement in the treatment and recovery process.	
3. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.	
4. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.	
5. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.	
6. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.	
7. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.	
8. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), tuberculosis (TB), sexually transmitted diseases (STDs), and other infectious diseases.	
9. Facilitate the development of basic and life skills associated with recovery.	
10. Adapt counseling strategies to the individual	
11. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.	
12. Apply crisis management skills.	
13. Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.	

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V. COUNSELING – GROUP COUNSELING:	Rating
1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.	
2. Carry out the actions necessary to form a group, including, but not limited to: determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.	
3. Facilitate the entry of new members and the transition of exiting members.	
4. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.	
5. Understand the concepts of process and content, and shift the focus of the group when such an intervention will help the group move toward its goals.	
6. Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs and issues that may require a modification in the treatment plan.	

V. COUNSELING – COUNSELING FOR FAMILIES, COUPLES & SIGNIFICANT OTHERS:	Rating
1. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.	
2. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.	
3. Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.	
4. Assist families, couples, and significant others to understand the interaction between the system and substance use behaviors.	
5. Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.	

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VI. CLIENT, FAMILY AND COMMUNITY EDUCATION: The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.	**Rating**
1. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.	
2. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.	
3. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.	
4. Describe warning signs, symptoms, and the course of substance use disorders.	
5. Describe how substance use disorders affect families and concerned others.	
6. Describe the continuum of care and resources available to family and concerned others.	
7. Describe principles and philosophy of prevention, treatment, and recovery.	
8. Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, TB, STDs, and other infectious diseases.	
9. Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.	

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VII. DOCUMENTATION The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.	**Rating**
1. Demonstrate knowledge of accepted principles of client record management.	
2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.	
3. Prepare accurate and concise screening, intake, and assessment reports.	
4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.	
5. Record progress of client in relation to treatment goals and objectives.	
6. Prepare accurate and concise discharge summaries.	
7. Document treatment outcome, using accepted methods and instruments.	

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VIII. PROFESSIONAL AND ETHICAL RESPONSIBILITIES: The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.	**Rating**
1. Adhere to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.	
2. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.	
3. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.	
4. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice	
5. Utilize a range of supervisory options to process personal feelings and concerns about clients.	
6. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.	
7. Obtain appropriate continuing professional education.	
8. Participate in ongoing supervision and consultation.	
9. Develop and utilize strategies to maintain one's own physical and mental health.	

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