



The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CLINICAL SUPERVISION I

Building Chemical Dependency Counselor Skills

Instructor Guide

Gordon Lindbloom, Ph.D.
Thomas G. Ten Eyck, M.A., CADC II
Lewis & Clark College

Steven L. Gallon, Ph.D.
*Northwest Frontier Addiction Technology Transfer Center
Salem, Oregon*

3rd Edition

January 2005

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

This publication was prepared by the Northwest Frontier Addiction Technology Transfer Center under a cooperative agreement from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). All material appearing in this publication except that taken directly from copyrighted sources is in the public domain and may be reproduced or copied without permission from SAMHSA/CSAT or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from the NFATTC. For more information on obtaining copies of this publication, call 503 373-1322.

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.

The opinions expressed herein are the views of the NFATTC and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA or CSAT. No official support or endorsement of DHHS, SAMHSA or CSAT for the opinions described in this document is intended or should be inferred.

All material appearing in this volume is in the public domain and may be reproduced or copied without permission from CSAT or the publisher. Citation of the source is appreciated.



The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

PREFACE TO THE 3RD EDITION

Clinical Supervision – Building Chemical Dependency Counselor Skills is a workshop that focuses on the teaching and mentoring aspects of clinical supervision in addiction treatment settings. It assumes that participants 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 *Instructor Guide* has been designed to provide you with all the essential information needed to teach the course in a 21-hour three-day format.

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, different models of supervision, and issues of personnel management like hiring, disciplinary actions and firing are also not given attention here.

Participants in the course will have an opportunity to increase their understanding and skill in assessing the clinical skills of counselors they supervise and for building learning plans that will assure the counselor's continued professional growth and development. The course has been designed 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 teaching this course rewarding and that your trainees will take away knowledge and skills useful to their work as clinical supervisors.

TABLE OF CONTENTS

<u>UNIT</u>	<u>TITLE</u>	<u>PAGE</u>
	Introduction for Instructors	7
	Course Specifications, Sample Training Agenda and Daily Schedules	14
<u>DAY 1</u>		
1	Introductions, Overview and Contract with Participants	19
2	My Experience - Building on Personal History and Experience	27
3	Definitions, Tasks, and Functions of Supervision	31
4	Definitions of Clinical and Administrative Supervision	41
5	Feedback - The ORAL Model	45
6	The Eight Steps of Mentoring and Clinical Supervision	55
7	The Rubrics for Assessing Counselor Performance	61
<u>DAY 2</u>		
	Community Meeting	69
8	The Addiction Counseling Competencies	73
9	The Knowledge, Skills and Attitudes of Addiction Counseling	81
10	The Professional Development Plan (PDP)	85
11	The PDP: What will be Learned- CONTENT	89
12	The PDP: How People Learn- PROCES	93
13	The Supervisory Interview - What is it?	97
<u>DAY 3</u>		
	Community Meeting	105
14	Practice the Supervisory Interview	107
15	Styles of Supervisees	113
16	Doing a Corrective Interview	117

Clinical Supervision: Building Chemical Dependency Counselor Skills

<u>UNIT</u>	<u>TITLE</u>	<u>PAGE</u>
17	Has Everything Been Covered? - The Supervisor's Checklist	121
18	Evaluating Baseline and Progress - OBSERVATION	125
19	Participant's Personal Action Plan	129

<u>OPTIONAL UNITS</u>		
A	"You're the Boss" - Authority and Responsibility in Supervision	133
B	Communicating Across Cultures	137

INTRODUCTION FOR INSTRUCTORS

This introduction gives you background information on the purposes, processes, content, and anticipated outcomes of this clinical supervision training program. The purpose of the training is to help participants learn how to become more effective supervisors of chemical dependency counselors. Eighteen units of learning activities plus four optional units are described here. They offer participants an integrated repertoire of concepts, tools, skills and attitudes necessary for effective supervision.

Clinical supervision seeks to develop the skills and effectiveness of counselors and other direct service personnel. The ultimate effectiveness of participating supervisors will be measured by how well the counselors they supervise perform their clinical duties. In this training, participants are asked to use key concepts, practice critical skills, and learn how to plan and mentor the development of the treatment staff they supervise. You can use these plans flexibly, tailoring them to your personal style and to the specific needs of your group of trainees.

The training curriculum is centered around the Addiction Counseling Competencies (ACC) (CSAT, 1998) and the Performance Assessment Rubrics for the Addiction Counseling Competencies (PAR) (Arrasmith and Gallon, 2001) as the framework for defining the work of the chemical dependency counselor. The Competencies include foundation knowledge and attitudes essential to any health or human service professional who regularly encounters and provides services to chemically dependent individuals. The bulk of the ACC document focuses on the competencies essential to addiction counselors. The Competencies feature the knowledge, skills and attitudes essential to the effective delivery of evaluation and treatment services for substance use disorders. The PAR is a system for evaluating the proficiency of counselors in their use of the ACC. Trainers should be thoroughly familiar with both documents prior to delivering the course.

This curriculum is limited to supervisory skills for mentoring, teaching, and assessing the work of the counselor. Some exercises and practice activities have been adopted from two

other sources: a supervision course developed previously (Oregon Office of Alcohol and Drug Abuse Programs, 1999) and a book on how to manage learning (Stiehl and Bessey, 1994). Related topics like supervisory models and theories, ethics, relationship building, boundary maintenance, disciplinary action guidelines and hiring/firing are all important aspects of clinical supervision, but are not addressed in this course.

The training consists of eighteen learning units. Each unit contains:

- a. Teaching objectives which describe the instructional purpose of the unit,
- b. Basic concepts on which the content of the unit is based, and
- c. Instructions for activities designed to help your trainees learn the concepts, skills and attitudes of that unit.

Trainers are encouraged to study these units carefully. It is important to have a clear understanding of what each unit covers and the relationship of one unit to the next. Your skills as a trainer and supervisor will help you make the connections between ideas and practices, that are vital to the development of the supervisors enrolled in the course.

The content of the learning units is carefully sequenced. Each connects to the elements in previous units and prepares for the ones that come after. By the end of the training, the trainees will have practiced each of the skills and concepts introduced in the course.

CORE PRINCIPALS OF THIS APPROACH TO TRAINING

The activities proposed for each module are designed for participatory learning. Adult learners learn best by working directly with the information and concepts presented and by practicing the skills they need to be effective supervisors. Presentations of the basic concepts and the learning activities by the trainer are expected to be brief. They are intended to prepare trainees for their work with the learning activities so that critical ideas will inform the thinking of the participants as they work together. The emphasis of each unit is on active participation, mostly in small groups. During and after the learning activities, the trainer is expected to facilitate the trainees' reflection on the concepts and skills they have been practicing and help them connect those to the basic concepts for that unit.

The units are designed to help trainees practice and refine hands-on skills. Discussion of key concepts and assumptions is included, but the emphasis is on peer collaboration and actually working with the procedures and skills they need to use with supervisees. How well the trainees learn will be directly affected by how willingly they engage in practicing the key skills outlined. Your skills as a trainer will be tested here.

Specific training outcomes often take the form of materials that can be displayed and evaluated. Some are developed by small groups which others are prepared by individuals to represent the group's work. This makes it possible for instructor and participants to check and see if they are accomplishing the learning goals intended for each unit. The small group work creates pressure to focus on the material, opportunities to engage all participants and builds accountability for achieving the objectives of each unit.

The entire training experience is distinctly collaborative. As the course facilitator you will need to have expertise in supervision and in training. In addition, the trainees have relevant experience and learning which they bring to the learning community. Their knowledge and experience will be a source of added ideas and input for other trainees. Effective instruction invites and encourages the sharing of knowledge and experience in an atmosphere of respect, inquiry, and openness to new ideas, perspectives and practices.

To facilitate collaborative learning, it is vital that the exchange of ideas and conduct of the learning activities be responsive to the prior and current experience of the trainees. As a trainer, it is critical to observe carefully, invite trainee responses to what you are presenting, and listen carefully to trainee reactions to ideas and activities. Some trainee reactions will be congruent with your goals and approach. Others will be digressions or disagreements. Trainees who are serious learners will almost certainly bring up issues about which they feel strongly. When trainees are focused on an experience or idea that has had strong impact for them, they can easily get stuck there and block the progress of the workshop. It is critical these "hot" issues be acknowledged in a constructive way that allows the trainee to see the validity of that issue/experience for them, evaluate it, and then move on. Digressions and disagreements need to be handled respectfully and authentically. Otherwise, the trainer and the training content lose credibility with the trainees.

Collaborative learning also requires the trainer to carefully observe, monitor, and listen to how well trainees are understanding the concepts and engaging in the activities being presented. As you do so, you will need to be flexible in how much time, repetition and emphasis is placed on parts of the training curriculum. Most often this will mean adding or subtracting discussion time, practice time, or redesigning learning activities to fit the needs of the training group. Sometimes, you may need to demonstrate a skill or participate in a role play activity. Again, your skills and resourcefulness as a trainer will be tested and will influence the confidence and progress of your trainees.

By participating, collaborating, responding flexibly, and working toward accountable outcomes, you will be modeling the very processes and skills your trainees will use as supervisors. In other words this workshop is designed to give the trainees a learning experience very similar to the supervision process they provide for their counselors. You may choose to point this out from the beginning of the workshop. Or you may choose to wait until the training is well along before you draw the trainees' attention to it. However you address it, we believe a training experience that has the qualities outlined here can strengthen the learning, confidence and commitment to practice by the trainees.

ISSUES IN TRAINING

The themes of participation, collaboration, responsiveness and flexibility can be applied in many ways throughout the workshop. In the comments on specific training issues that follow, they will be mentioned. However, there are no doubt other ways to infuse your workshop with the energy that comes from authentic, respectful engagement. Watch for those opportunities. They will add to your experience and bring vitality to the experience of your trainees.

INDIVIDUAL LEARNING STYLES AND METHODS

Much is said about individual learning styles during this training. We have provided limited information about different learning methods. You can add to the information provided by inviting trainees to be attentive to their own preferred ways of learning. One of the early activities asks participants to reflect on their past experiences. Throughout the training, you can continue to ask them to do similar reflections. Since the workshop offers many different

methods for learning (listening, observing, role-playing, reading, planning, discussing, reflecting, and giving/receiving feedback) participants can sharpen their own understanding of how they learn best and compare their preferences to those of other workshop participants. You can also help trainees maximize their use of the methods that work best for them by adapting activities to their preferred style. You can ask the trainees to acknowledge that other participants have different preferences and encourage them to try less preferred methods as part of their training experience.

PRESENTING CONCEPTS AND KNOWLEDGE

The basic concepts within each unit represent ideas that form the supervisors thinking, govern attitudes, and guide judgment and action. Presenting these in an open way is an important component of collaborating with trainees. They may not agree with all the concepts or may have ideas, attitudes or experiences that seem to contradict them. Listening and acknowledging other possibilities, especially for exceptional persons and situations, is entirely legitimate. For the purposes of this workshop, however, you can ask participants to give these basic concepts an honest trial run, keeping an open mind to how they may help even if they do not fit every situation.

Keeping the presentation of ideas, concepts and skills brief is best. Taking questions to clarify content may be critical to assure trainees do not get derailed by confusion or disagreements. After brief presentation, you will typically move directly into a learning activity. Afterward, you can ask questions and elicit discussion about how concepts might work with counselors back home. The goal is not to get absolute agreement, but to encourage fair consideration, saving final judgment for later after accruing more experience. We believe, based on what we know about adult learning, that this approach of providing brief introductory guidance followed by active involvement and then reflection is a more powerful way to facilitate learning and the adoption of new skills.

HELPING SMALL GROUPS WORK EFFECTIVELY

Small groups are the main arena for practice and reflection in this training. Experienced trainers know that trainees often fail to follow instructions when they work in small groups. Various kinds of hesitance, reluctance and confusion contribute to this lack of focus and

compliance. Assuring participant engagement in the activities you present for the small groups is key to the effectiveness of the training. Several ideas may help.

First, give specific and clear instructions for small group activities. Clarify and verify that you are being understood by asking trainees to paraphrase or ask questions about anything that seems unclear to them. Describe the product or results to be produced at the end of the activity.

Second, during activities monitor the work being done and be available as a consultant to assist with resolving questions or problems.

Third, ask for the requested results at the end of the small group work period. Most often this will be in the form of a report to the large group for feedback and discussion. Sometimes, it will be individual products.

Fourth, acknowledge the insecurity of trying new ideas and practices. Make it safe to be imperfect. Acknowledge your own mistakes. Be accepting and encouraging when trainees acknowledge their uncertainty, confusion, and inept efforts. This is critical for your trainees. It is also critical that they learn to do this for the staff they supervise.

SUMMARIZING AND EVALUATING AT THE END OF EACH MODULE

As you end work on each of the units, you can increase comprehension, improve integration of learning, and get useful feedback by taking time to summarize key elements of learning.

We suggest you include the following elements, usually in the order they are given here.

- (a) Review the basic concepts for clarity and applicability.
- (b) Acknowledge and highlight the successful learning evidenced in the small group and individual work.
- (c) Revisit the connection of these concepts and skills to those of past units.

You can make this activity brief. It will help build participant's confidence and their understanding for the flow of activities during the course.

References

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.

Center for Substance Abuse Treatment (1998) Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice. Technical Assistance Publications Series #21 DHHS Publication No (SMA) 98-3171

Arrasmith, D. and Gallon, S. L., (2001). Performance Assessment Rubrics for the Addiction Counseling Competencies. Salem, Oregon: Northwest Frontier Addiction Technology Transfer Center.

Office of Alcohol and Drug Abuse Programs (1999) Supervision – Training Curriculum and Resource Manual. Salem, Oregon: Department of Human Services.

Course Specifications

Number of Instructors:	1 or 2
Recommended Number of Participants:	12-24
Time needed:	21 hours
Instructional Materials:	Participant Manual Addiction Counseling Competencies: Knowledge, Skills and Attitudes of Professional Practice Performance Assessment Rubrics for the Addiction Counseling Competencies
Equipment:	Overhead projector and slides or LCD projector/laptop computer Extension cords and cables Projection screen Instructor's table at front of room for projection and instructional materials Easel and flipchart paper Felt tip markers Masking tape Name tags Continuing education certificates Course evaluation forms
Set up:	Room large enough to allow tables of 4-6 persons, spaced far enough apart to allow for small group work sessions

Sample Training Agenda

3-Day Format

Day 1

Morning

Registration

Unit 1 – Introductions, Course Overview and Contract with Participants

Unit 2 – My Experience: Building on Personal History

Break

Unit 3 – Definitions of Clinical and Administrative Supervision

Unit 4 – Skills, Tasks and Functions of Supervision

Afternoon

Unit 5 – Feedback: The ORAL Model

Break

Unit 5 - Continued

Unit 6 – The Eight Steps of Mentoring and Supervision

Unit 7 – The Rubrics for Assessing Counselor Performance

Day 1 Closure

Day 2

Morning

Community Meeting

Unit 8 – Addiction Counseling Competencies

Break

Unit 9 – The Knowledge, Skills and Attitudes of Addiction Counseling

Afternoon

Unit 10 – The Professional Development Plan

Break

Unit 11 – The PDP: What Will Be Learned? – CONTENT

Unit 12 – The PDP: How People Learn? – PROCESS

Unit 13 – The Supervisory Interview: What is it?

Day 2 Closure

Day 3

Morning

Community Meeting

Unit 14 – Practice the Supervisory Interview

Break

Unit 15 – Styles of Supervisees

Afternoon

Unit 16 – The Corrective Interview

Break

Unit 17 – Has Everything Been Covered? – The Supervisor’s Checklist

Unit 18 – Evaluating Baseline and Progress – Observations

Unit 19 - Participant’s Personal Action Plan

Adjourn

Typical Day One Schedule

9:00	Unit 1 - Introductions Self-Participants Course Content – Process Materials Participant Expectations Agreements
10:00	Unit 2 - My Experience Activity - Personal Strengths and Difficulties
10:30	Break
10:45	Unit 3 - Definition, Tasks and Functions of Clinical Supervision Present Nature of Clinical Supervision (20 min) Brainstorm Tasks and Functions in each of 3 Areas (10 min)
11:15	Unit 4 - Definition of Clinical and Administrative Supervision Present Differences Between Clinical and Administrative Supervision
Noon	Lunch Break
1:15	Discussion of the Overview
1:30	Unit 5 - Feedback Basic Concepts (5 min) ORAL Model – Practice (25 min) Expand Basic Model (15 min)
2:15	Break
2:30	Practice Full Model Practice and Debrief
3:30	Unit 6 - Eight Steps of Mentoring Basic Concepts (5 min) Guided Imagery (5-10 min) Present and Discuss 8 Steps ((30-35 min)
4:15	Unit 7 – The Rubrics for Assessing Counselor Performance Review definitions and document (15 mins) Rating activity (5 mins) Debrief (10 mins)
4:45	Closure Pluses and wishes Homework Assignment Community Meeting Volunteers
5:00	Adjourn

Typical Day Two Schedule

- 8:30** **Community Meeting**
- 9:00** **Unit 8 – The Addiction Counseling Competencies**
Review Definitions and Document (20 min)
Rating Activity (10 min)
Small Group Activity and Debrief (40 Min)
- 10:10** **Break**
- 10:25** **Unit 9 - The K-S-As of Addiction Counseling**
Review Definitions (10 min)
Review KSAs for Screening (15 min)
KSA Identification Activity (10 min)
Small Group Discussion and Debrief (30 min)
- 11:30** **Lunch Break**
- 1:00** **Unit 10 – The Professional Development Plan**
Form New Small Groups and Select a Competency (10 min)
Introduce Professional Development Plan and do a Walk Through (15 min)
Complete page 1 of the PDP in small groups (15 min)
Debrief (10 min)
- 1:50** **Unit 11 – The PDP: What Will Be Learned? - CONTENTS**
Select KSAs to target in PDP (10 min)
Review Bloom’s Proficiency Levels (20 min)
Small groups set learning objectives and answer questions (20 min)
Debrief (10 min)
- 2:50** **Break**
- 3:10** **Unit 12 – The PDP: How People Learn? – PROCESS**
Learning Methods activity (20 min)
Brainstorm learning methods (15min)
Small group assignments activity (15 min)
- 4:00** **Unit 13 – The Supervisory Interview: What is it?**
Presentation (20 min)
Demonstration (10 min)
Discussion (20 min)
- 4:50** **Closure and Assignments**
Pluses and wishes
Homework Assignment
Community Meeting Volunteers
- 5:00** **Adjourn**

Typical Day Three Schedule

- 8:30** **Community Meeting**
- 9:00** **Unit 14 – Practice the Supervisory Interview**
Review Basic Concepts (5 min)
Presentation on Hope and Motivation (5 min)
Review Interview Structure (5 min)
Practice in Pairs (25 min)
Debrief (10 min)
Small Groups Prepare Demonstration (10 min)
Demonstrations (30 min)
Debrief (10 min)
- 10:40** **Break**
- 11:00** **Unit 15 – Styles of Supervisees**
Introduction A-B-C Model (10 min)
Small Group Activity (20 min)
Presentations (15 min)
- 11.45** **Lunch Break**
- 1:00** **Unit 16 – Doing a Corrective Interview**
Basic Concepts (15 min)
Presentations (20 min)
Practice (40 min)
Debrief (15 min)
- 2:30** **Break**
- 2:45** **Unit 17 – The Supervisor’s Checklist**
Review 8 Steps of Mentoring (5 min)
Group Activity (20 min)
- 3:10** **Unit 18 – Evaluation Baseline and Progress - OBSERVATION**
Importance of Observation and Measuring Progress (15 min)
Group Activity (30 min)
Sharing of Examples (20 min)
- 4:15** **Unit 19 – Participant’s Personal Action Plan**
Activity (15 min)
Complete Action Plan (10 min)
Complete Course Evaluation Form (10 min)
Closing Activity (10-15 min)
- 5:00** **Adjourn**

DAY 1

UNIT 1 - Introduction, Overview and Contract with Participants

OBJECTIVES:

- Introduce the instructors and participants.
- Recognize and validate personal strengths and identify difficulties each participant brings to the training.
- Define and clarify goals and expectations for the 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 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 the workshop can increase commitment, open communication, and activate involvement in learning by the participants.

ACTIVITIES – UNIT 1

1. Introductions – in large group:
 - ✓ Self – “Who I am as a professional”
 - ✓ Participants – Ask each to share responses to the following, which should be posted in front of the group.
 - Your current position.
 - Where you work.
 - Previous training in supervision.
 - Years experience as supervisor.
 - Previous work settings
2. Basic Concepts: Review from previous page
3. Course Overview: Review the following outline

I. CONTENT

- A. Day 1: Orientation to clinical supervision and steps of mentoring
 1. Introduction to the course
 2. Definition of clinical supervision
 3. Giving and receiving feedback
 4. Steps in mentoring a supervisee
 5. The Rubrics for Assessing Counselor Performance
- B. Day 2: Tools and Methods
 1. Addiction Counseling Competencies
 2. The Professional Development Plan
 3. Structuring supervisory interviews
- C. Day 3: Mentoring
 1. Practicing the supervisory interview
 2. Styles of supervisees
 3. Corrective interviewing
 4. Assessing progress
 5. Creating a personal action plan

II. PROCESS

- A. Short presentations
- B. Demonstrations
- C. Small group tasks
- D. Practice in triads, small groups
- E. Personal reflection and integration

4. Ask: "Given the course overview, what would you like to get out of the training?"

✓ In small groups of two:

- Participants write out a professional and a personal objective for the training. The form for this is in the Participant's Manual on page 8.
- Share one professional and one personal objective with another participant.

NOTE to the instructor: for the following, do in the large group rather than groups of four if the total number of participants is small enough. This helps to solidify the group as a whole.

- ✓ Form groups of four and have the groups identify one objective to share with the large group, identify a spokesperson.
- ✓ Spokesperson gives report on the selected objective.

5. Secure participant agreements on:

- ✓ Time.
- ✓ Attendance.
- ✓ Participation.
- ✓ Questions.
- ✓ Confidentiality.

Unit 1 Slides

Slide 1

Clinical Supervision I
Building Chemical Dependency
Counselor Skills

Day 1

NEATTC 1

Slide 2

Introductions

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

NEATTC 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

NEATTC 3

Slide 4

Course Overview

<u>Content</u>	<u>Process</u>
<ul style="list-style-type: none">• Orientation• Mentoring steps• Competencies• Skills Assessment• Interviewing• Professional Development Plan	<ul style="list-style-type: none">• Presentations• Demonstrations• Small group tasks• Practice• Self integration

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 the basis of supervision skills comes from – counseling or management.

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 impact 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 ability to do so, and more from wanting to act out of empathy and support and to avoid being critical and negative.

ACTIVITIES – UNIT 2

1. Ask participants to turn to page 14 in the Participant Manual and write down 3 strengths and 3 difficulties each has in being a supervisor.
2. In small groups, have participants brainstorm both strengths and difficulties they have experienced (or expect to experience) as a supervisor. Use the activity form on page 14 of the Participant's Manual to record responses.
3. In large group, small groups report out examples while the instructor lists them on the flip chart:
 - ✓ Strengths.
 - ✓ Difficulties.
4. During the discussion, have participant's comment on how they developed those "strengths" which are listed on the flip chart. In the discussion, point out the following to the participants; re-frame the "difficulties" when possible.
 - ✓ Many of those supervisor skills listed as "strengths" are relationship skills, coming from skills related to counseling.
 - ✓ Many of those supervisor skills listed as "difficulties" are often skills which are more frequently utilized in administrative and management activities.

Examples include:

 - Structuring time, structuring roles
 - Teaching and mentoring skills
 - Conflict management
 - Role differentiation and being in a position of authority
5. Review the Basic Concepts for this unit from the previous page (Participant Manual page 13) for this unit.

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 job, 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 a different emphasis and respects different boundaries than personal counseling.
- ◆ Success in supervision is measured by the quality of the counselor's performance.

NOTE to the instructor: *If the participants have little experience as supervisor, emphasize that clinical supervision is NOT having the supervisor become a therapist for the counselor, that doing personal therapeutic work with the counselor is at best counterproductive and at worst an ethical violation. Explain that if the counselor has personal issues which undermine effective counseling with clients, then the counselor should seek assistance outside the agency.*

ACTIVITY PREPARATION GUIDE – UNIT 3

The following material appears in the Participant’s Manual, starting on page 18 and is the content, which must be covered throughout the activities for this unit. You may choose to give a quick initial presentation and then do the activity, or you may simply start with the activity and make sure this material is covered as the steps of the activity proceed. Activity instructions can be found here on page 36.

DEFINITION OF SUPERVISION

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

- Includes both administrative and mentoring 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 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 hold 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 best? Least?
Peers	<p>When you become a supervisor, you leave your former co-corkers behind as peers. It is important to be aware of, and deal with, the grief and loss that occur.</p> <p>Challenges from former peers are to your role as supervisor, not to you as an individual.</p> <p>Challenge may be to your skill as supervisor, rather than to you as a person.</p> <p>You deserve the <u>respect</u> of former peers, but you must find your <u>support</u> elsewhere, ideally from other supervisors and managers.</p> <p>Expect a “testing” process from supervisees during your first six months on the job.</p>
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	<p>Your expectations, beliefs, experiences with self as an “authority figure.”</p> <p>Your past experiences of being supervised by a “negative authority.”</p> <p>Your preparation for the role of supervisor, both in skills needed and the emotional impact of changing role definition – your self-identity.</p>

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 work 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?

SUPERVISORS – BOTTOM LINE:

You...

- ◆ Can’t avoid “being the BOSS”
- ◆ Are under constant pressure.
- ◆ Need to recognize that conflict will occur.

THE QUESTION IS HOW TO RESOLVE CONFLICT, NOT HOW TO AVOID IT.

ACTIVITY – UNIT 3

Exercise to define “What is Clinical Supervision?”

1. In large group the instructor either makes a presentation or asks the participants to review the material on pages 18-21 in the Participant Manual.
2. Regarding the three overlapping task areas of supervision, brainstorm briefly some additional examples of clinical, administrative, and evaluative tasks the participants perform in their role as supervisors.
3. Conclude the presentation with a review of the Basic Concepts for the unit here on page 31 (Participant Manual page 17).
4. The instructor then asks if there are confusions, new insights, etc. “Is this orientation consistent or in conflict with your beliefs?”

Ask the following questions and have a participant record the answers:

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

NOTE to the instructor: *“Let the group know that they are probably not going to get complete agreement on this. The concept is one that will develop and become clearer as the course unfolds.”*

5. The instructor notes that clinical supervisors are constantly involved in evaluating the performance of their supervisee. While in this training the emphasis is on supporting and mentoring the professional development of counselors, supervisors must always attend to:
 - ✓ How and whether counselors are carrying out the treatment program as envisioned by the agency.
 - ✓ Whether counselors are adhering to legal and ethical standards of providing care.
 - ✓ The strengths and weaknesses of the counselors’ professional skills.
6. It is very important to know the following:
 - ✓ How decisions are made about policy and program needs.
 - ✓ How those decisions are implemented.
 - ✓ What is my expected role in those implementation plans?
 - ✓ What kinds of issues does this create for me and with my managers and supervisees?

Unit 3 Slides

Slide 15

Unit 3
**Definitions, Tasks,
and Functions of
Supervision**

NFATTC 15

Slide 16

Supervision

Our Definition:
Supervision is planning,
directing, monitoring and
evaluating the work of another

NFATTC 16

Slide 17

Supervision includes:

- Administrative limit setting
- Mentoring and teaching
- Conflicts
- Stress

“Supervision is not for everyone”

NFATTC 17

Slide 18

Our Goals as Supervisors

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

NFATTC 18

Slide 19

The Supervisory Relationship

- **Authority** - you represent the agency
- **Expectations** - you communicate agency standards
- **Intensity** - you hold staff accountable
- **Parallel process** - quality of your relationship impacts client services

NFATTC 19

Slide 20

3 Task Areas of Supervision

- **Clinical** teaching and mentoring
- **Administrative** planning and clarifying
- **Evaluative** monitoring and assessing

NFATTC 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 the 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.

ACTIVITIES – UNIT 4

1. Present the following (Participant’s Manual, page 27)

DIFFERENCES BETWEEN COUNSELING AND SUPERVISION

	COUNSELING	CLINICAL SUPERVISION	ADMINISTRATIVE SUPERVISION
PURPOSE	Personal growth Behavior changes 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

2. In the large group, referring to each of the columns, brainstorm what strengths one needs to do effective work as a counselor or supervisor, and what difficulties might be encountered in each role.
3. Review the Basic Concepts for this unit from the previous page (Participant Manual page 26).

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 Feedback

NOTE to the instructor: *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 beliefs” or “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 counselors 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 the 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 own assumptions 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.

NOTE to the instructor: *On the following pages is the material to be covered in this unit. This material is also available in the identical form in the Participant's Manual on page 31.*

THE ORAL FEEDBACK MODEL

FEEDBACK:

Feedback is an 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 assumption were 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.

USING THE MODEL PROCEEDS LIKE THIS:

“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

ACTIVITY PREPARATION GUIDE – UNIT 5

This is a guide to study before engaging the participants in the role-play practice of giving feedback. It is highly desirable that this practice occur in triads. You may adjust the times, length of practice, and frequency of stopping for large group discussion and feedback according to your own reading of how well the training participants are grasping the skills to be learned.

We suggest a basic strategy of asking each triad (or working small group) to go through three cycles of practice so that each member of the triad plays each role one time. The three roles are 1) a supervisor, 2) a supervisee, and 3) an observer who provides time-checks, feedback and encouragement to the role-playing pair. If your total group numbers are such that you have one or two small groups of four members, you will want to adjust the timing to create four cycles of practice, have two group members observe each practice.

At the end of each cycle, the instructor asks participants in the triads to reflect on the strengths, the specific skills used and suggestions for improvement in the supervisor's use of the feedback model.

When the practice is concluded, the instructor should ask the entire group to discuss the issues that emerged in the first cycle of role-playing in the triads. There will be issues. They may be vital to participants' understanding and willingness to continue such practice later in the training.

These large-group discussions offer opportunities for you to learn about the issues participant's face in learning these skills. They also offer opportunities for you to model good reception of feedback, handling of questions, and working with the participants in a collaborative style.

ACTIVITIES – UNIT 5

1. The instructor gives a presentation on the basic concepts regarding giving feedback and other material on the preceding pages which also appears in the Participant’s Manual beginning on pages 29. The presentation needs to include:
 - ✓ Basic concepts in giving feedback.
 - ✓ A definition of feedback.
 - ✓ The objective or purpose of feedback.

2. Next, the instructor presents the ORAL model of giving feedback underscoring the key connection between the observer’s thoughts (assumptions) about the other person’s motivation or intentions and the reactions or impact of the behavior on the observer or others in the agency. Emphasis needs to be placed on how this model conforms or disagrees with participants’ prior learning. The following parts of the ORAL model are presented:
 - ✓ Observe
 - ✓ Report
 - ✓ Assume
 - ✓ Level

See page 47 in this Instructor Guide and page 31 in the Participant Manual for the key points to be made in teaching the model.

3. Instructor next demonstrates how to use the model – giving feedback to a co-trainer or, with permission, to a trainee. Participants then partner with a neighbor and each one uses the ORAL model in giving the neighbor feedback concerning some observed behavior. After one minute, the partners switch roles and practice for another minute.

4. In large group, briefly process the participant’s experience. Ask, “What problems did you encounter in using the model?”

5. Have two participants volunteer to demonstrate the ORAL model in front of the large group. You may need to coach the players in using the model correctly. Once the sender has delivered the message, ask the group if the receiver heard it accurately. Illustrate that the receiver of a message may or may not understand or remember the important elements of the message. Demonstrate the importance of the receiver summarizing or paraphrasing the message in order to be certain the message was heard accurately. Add those steps to the model, which appears in the box at the bottom of page 31 in the Participant’s Manual. Emphasize the importance of asking the recipient to summarize the feedback s/he has heard. Supervisor listens carefully to all elements of the message, and only confirms accuracy when the recipient has summarized all parts of the message.

6. Participants now break into groups of three. Each participant plays one of the following three roles: 1) a supervisor, 2) a supervisee, and 3) an observer who provides time-checks, feedback and encouragement to the role-playing pair. In this exercise the activity will be repeated three times so that each participant will experience each role.

7. First pair in each triad role-plays a hypothetical interaction in which the supervisor is to give a supervisee feedback on a skill. The activity form for this exercise is in the Participant Manual on page 32. First, the supervisor should “ask permission.” Then, the feedback should point out supervisee behavior, assumptions made about behavior, and impact on others and client (if appropriate). Finally, the supervisor needs to assure that there is a mutual clear understanding between the supervisee and the supervisor. The observer needs to especially watch to see if the supervisor cites specific behaviors and assures that the message was heard and mutually understood.
8. When the interaction is finished, the triad debriefs the interaction. Those doing the role-play go first, preferably the person playing the supervisor followed by the person playing the supervisee. The supervisor should express personal ease or awkwardness of using the ORAL structure. The supervisee should comment on how clear the supervisor was, and what parts of the interaction helped to clarify the message, and what parts were less effective. Then the observer adds comments based on the observation tool (Participant Manual, page 32).
9. Repeat steps 7 and 8 with a new role-play pair in each triad.
10. Repeat steps 7 and 8 a third time with the third pairing in each triad.
11. The instructor then asks one triad to do the above role-play in front of the large group.
12. Following the role play the instructor asks the large group to comment on the following:
 - A. Did they include all the steps?
 - B. What is the value of this model?
 - C. Was the message received accurately?
 - D. Was the desired outcome achieved?
 - E. Have you improved your skill in giving feedback?

Unit 5 Slides

Slide 30

Unit 5
Giving and Receiving Feedback

NFATTC 30

Slide 31

Basic Concepts: Giving Feedback

- Clear, specific, informative feedback is pivotal to successful supervision
- We interpret observations based on our assumptions and expectations
- Feedback needs to include our assumptions and expectations
- Comparing expectations which govern our judgements allows us to collaborate and promotes constructive, voluntary change

NFATTC 31

Slide 32

Feedback

An overt response, verbal or nonverbal, that gives specific and subjective information to a person about how that person's behavior in a particular situation affects someone or something

NFATTC 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.
- 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 learning.
- ◆ Collaborating with a counselor on steps 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.

ACTIVITY – UNIT 6

1. In the large group setting, ask participants to remember a positive experience they have had in learning a new skill with another person's assistance – like learning to ride a bicycle, drive a car, make the “perfect” omelet, ski, or swim.

Ask the participants to recall:

- a) What made you receptive or motivated to learning the new skill?
 - b) What did your teacher do that was particularly helpful?
 - c) What helped make the learning “click” for you?
 - d) How did you feel when you began being successful at the new skill?
 - e) How did your teacher respond to your progress?
 - f) What did you think about yourself once you mastered the new skill?
2. Without any processing of the above, the instructor says: “We have a model that organizes the steps of effective learning,” and then presents the basic concepts for this unit (as noted on the previous page), and the Eight Steps of Mentoring and Clinical Supervision. The information which follows on the next page is also in the Participant's Manual, page 38.

Present each step, asking the group to reflect on their positive learning experience and elicit examples for how each step was accomplished in the recalled learning experience.

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.

ACTIVITIES – UNIT 7

1. The instructor asks participants to turn to the Performance Assessment Rubrics document.
2. Introduce the Rubrics by summarizing the Introduction found in the Rubrics document. Be sure to define the following, referring to page 41 in the Participant Manual.
 - ✓ Rubric: “A heading or classification within a larger system. In this document, rubrics are the description of expected behaviors at three distinct stages in a counselor’s development.”
 - ✓ Benchmark: “The Rubrics serve as descriptors at three key points on a counselor development continuum.”
 - ✓ Developing, Proficient, Exemplary: “At one end of the continuum is the developing counselor, in the center is the proficient counselor, and at the other end is the exemplary counselor.” Review the definition of each term in the introduction.
 - ✓ Present the idea that the Rubrics represent a developmental continuum – there is no “beginning point” and no “end point.” It represents how one progresses in attaining proficiency with a competency.
3. Turn to Screening in the Rubrics document and review the format and content which is reprinted on pages 42 and 43 in the Participant Manual. Note that each section of the Rubrics document is organized in exactly the same fashion. Ask participants for comments, reactions and questions.
4. Ask participants individually to use the Rubrics rating form in the Participant’s Manual on page 43 to assess the proficiency of one of their supervisees in screening. Describe how to use the form, asking participants to check every box in the three columns that apply to the counselor being rated.
5. In small groups discuss:
 - 1) How could you use the Rubrics in clinical supervision?
 - 2) Share and compare your evaluation of your sample counselor.
6. The instructor notes the following:
 - 1) The competencies represent statements of what fully proficient counselors know and are able to do.
 - 2) The Rubrics are descriptive of stages of development, and define stages the counselor passes through in developing mastery of the competencies.
 - 3) The document is useful in helping the supervisor and supervisee define and visualize the process of skill development.
 - 4) The Rubrics represent a series of benchmarks, or descriptions of counselor behavior, which are *measurable and identify progress* towards mastery.
7. Review the Basic Concepts for this unit.

NOTE to counselor: *Take lots of time on this exercise and identify and clarify gaps of understanding that arise.*

Unit 7 Slides

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	2	3	4	5
Developing		Proficient		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.

ACTIVITIES:

1. Lead participants in a conversation about the “pluses” of the day’s work, and ask them for any “wishes” they might have for the rest of the training.
2. Explain that Day 2 will include learning how to use The Addiction Counseling Competencies (ACC). Therefore, the “homework” assignment is to look through Unit 8 and the ACC, focusing on the introduction, which explains how the competencies were developed, how they are organized, and defines key words and concepts.
3. Explain that to begin the next day’s session, there will be a short (30 minute) “community meeting” at which time individual volunteers will be asked to give brief 1-2 minute report:
 1. Weather report to be given by _____
 2. Sports report to be given by _____
 3. News in brief to be reported by _____
 4. Thought for the day to be provided by _____
 5. Warm-up exercise to be led by _____

Tell the group that the community meeting helps us get warmed up, is an opportunity to hear a little fun and provides a chance to ask any questions arising from the training on the previous day. The warm-up exercise should be safe and doable by everyone. It should be easy, enjoyable and relaxing or fun. It should last approximately 5-10 minutes.

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. Briefly summarize yesterday's work:

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. Present today's agenda:

Day 2: Tools and methods

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

5. Ask participant's to share any questions or concerns they have 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

NEATTC 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

NEATTC 2

Slide 3

What we will do today . . .

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

NEATTC 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

OBJECTIVES:

- Help participants learn how to use the Addiction Counseling Competencies (ACC) 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.

UNIT 8 - The Addiction Counseling Competencies

PRESENTATION

1. Review introductory material on the ACC:
 - a. The Supervisor's challenge
 - b. Definition of a competency
 - c. Structure of the ACC document: Transdisciplinary Foundations and Practice Dimensions
 - d. Organization of the Foundation and Practice Dimension competencies
2. Ask participants to turn to page 119 in the ACC. Note overall structure of the Practice Dimensions. Then turn to Clinical Evaluation and review the competencies for Screening and Assessment

PARTICIPANT ACTIVITIES

1. While in large group, ask participants to think of a specific supervisee (real or imagined).
2. Turn to "the Competency Rating Form" (Participant Manual, P.53) and have each participant rate this supervisee on her/his ability to do each of the nine competencies under Screening. Use a scale of one to five, with point one being "understands" and five being "master".
3. In large group, have a discussion about how this exercise worked. Bring up the following:
 - What do you think about rating a counselor's proficiency in the screening competencies?
 - Are you able to target which competencies should be improved?
 - For your supervisee what specifically needs to be learned for performance to improve?
4. In groups of 4-5, have participants compare their ratings. Ask the following questions:
 - 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?
5. Process briefly the results of the above questions, making the point that a rating or assessment system will help to:
 - Increase common or consistent understanding of what is expected, and
 - Increase reliability and objectivity of our assessment of counselor performance.
6. Review the Basic Concepts (page 51 in the Participant Manual).

OPTIONAL ACTIVITY

1. For states that are members of the International Certification and Reciprocity Consortium (IC&RC) it might be helpful to present how the ACC relate to the Twelve Core Functions of the Alcohol and Drug Abuse Counselor utilized by the IC&RC in their counselor certification process.
2. In large group, the trainer might first review the eight Practice Dimensions described in the ACC and then note that there is considerable overlap between the Practice Dimensions and the Twelve Core Functions.
3. Turn to the “Twelve Core Functions of the Alcohol and other Drug Abuse Counselor: Global Criteria for Assessing Core Presentations” (p.134) in Participant Manual. Ask participants to quickly review the Twelve Core Functions noting the definitions and global criteria for each.
4. Next walk through the Twelve Core Functions noting the Practice Dimensions in the ACC to which each corresponds. Point out the following relationships:

<u>IC&CR Core Functions</u>	<u>ACC Practice Dimensions</u>
I. Screening.....	I. Clinical Evaluation
II. Intake	IV. Service Coordination
III. Orientation.....	IV. Service Coordination
IV. Assessment.....	I. Clinical Evaluation
V. Treatment Planning.....	II. Treatment Planning
VI. Counseling.....	V. Counseling
VII. Case Management.....	IV. Service Coordination
VIII. Crisis Intervention.....	I. Clinical Evaluation
IX. Client Education.....	VI. Client, Family & Community Education
X. Referral.....	III. Referral
XI. Report & Record Keeping.....	VI. Documentation
XII. Consultation with other Professionals...	IV. Service Coordination

5. Trainer should note the sections of the ACC that do not correspond with any of the Twelve Core Functions, namely Practice Dimension VIII: Professional and Ethical Responsibilities, and the four Transdisciplinary Foundations.
6. In large group, lead a discussion of participant perception of these two documents. Note that they are not in conflict with one another. All of the Twelve Core Functions are addressed within the ACC document. The ACC provides a definition and breakdown of competencies that can be utilized by clinical supervisions in building chemical dependency counselor skills.

Unit 8 Slides

Slide 5

Unit 8
Addiction Counseling
Competencies

Participant Manual
page 51

NFATTC 5

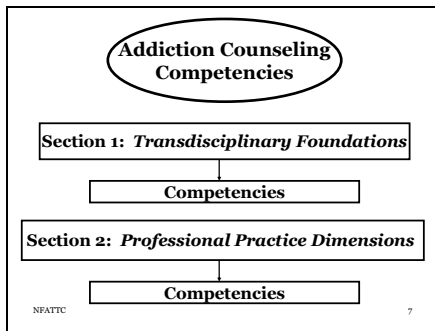
Slide 6

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

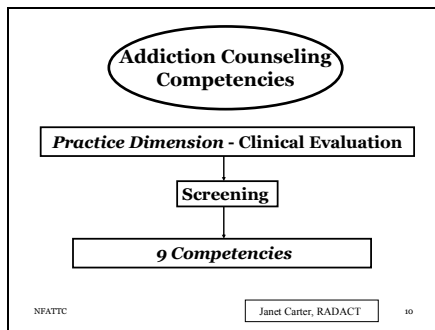
Slide 9

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

Using the Competency Rating Form.....Page 53

- Think of the same counselor you rated within the Rubrics yesterday. Rate his/her performance in each of the 9 Screening competencies.
- Compare your rating to others in your group. Discuss the value of the rating scale.
- Compare this rating system with the one you did yesterday with the “Rubrics”.

NFATTC 11

Slide 12

Assessing Proficiency

- What do you think about rating the counselor’s proficiency in Screening?
- Which competencies should be improved?
- What specifically needs to be learned for performance to improve?

NFATTC 12

Slide 13

Discuss :

- Were you able to distinguish counselor strengths?
- Which competencies need improvement?
- How would counselors respond to such an evaluation of their skills?

NFATTC 13

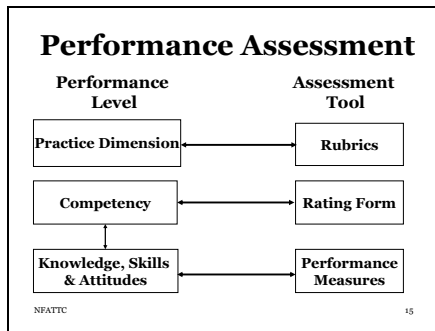
Slide 14

***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.
- Participants 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 Addictions Counseling Competencies are useful in breaking down a competency into its components so that manageable units of learning can be defined.

ACTIVITIES – UNIT 9

1. Instructor notes that with the PAR and the ACC, we can now talk using the same language. However, there are variations on what the counselor is good at, and not so good at. The questions then become: “How do we think about counselor performance in a way that will help us determine what knowledge, skill, or attitude needs to be strengthened?”
2. The tool to help us with this is the ACC again, but now we will focus on the KSAs, the knowledge, skills and attitudes listed under each competency throughout all the Transdisciplinary Foundations and Practice Dimensions.
3. Review the Knowledge Skill and Attitude (KSA) definitions on page 60 in the Participant Manual.
4. Review the KSAs for screening in the ACC (p.29-35) and note how these might be useful in determining the nature of a performance problem, and how they could be helpful in identifying what a counselor needs to do to improve her/his clinical skills.
5. Have the participants go back to the imagined supervisee and the ratings given for proficiency in the competencies for Screening. (Participant Manual, page 53)
6. Have participants pick one of the Screening competencies that this supervisee needs to improve, and then identify which KSAs listed for that competency in the ACC document would need to be targeted for future learning. Ask participants to record the KSAs they select on the Activity Form on page 61 in the Participant Manual.
7. In small groups ask participants to discuss the questions noted on page 60 in the Participant Manual.
 - a. Which Screening KSAs did you select as targets for future learning?
 - d. How could the KSAs help you and the counselor identify learning targets?
 - e. How could the Screening Rubrics be useful in working with the counselor?
8. The instructor then leads a discussion on this exercise, making the following points during the discussion:
 - a. The ACC and Rubrics provide potential learning objectives.
 - b. The Rubrics help you identify benchmarks for improvement
 - c. The Competencies provide specific KSAs for enhancing proficiency in specific competencies.

Unit 9 Slides

Slide 17

Unit 9
The KSAs of
Addiction Counseling

NFATTC 17

Slide 18

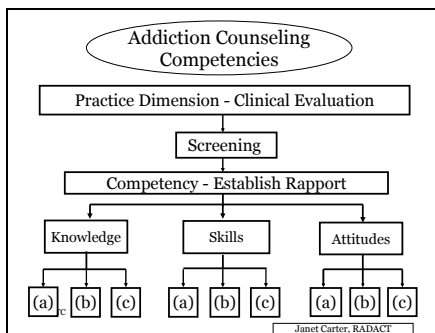
What are KSAs?

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 or objective.

BASIC CONCEPT:

- ◆ 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.

ACTIVITIES – UNIT 10

1. Explain that now in small groups participants will select a practice dimension and one competency which will form the basis for practice activities during the remainder of the training. Point out that this exercise is parallel to making a good treatment plan.
2. Have participants form groups of 4-5. Ask each small group to identify a practice dimension and then one competency within that dimension that a supervisee needs to improve. That competency will be the focus for the development of a Professional Development Plan.
3. Have participants turn to the three-page form in the Participant Manual called the “Professional Development Plan” (Participant Manual page 66) provide a “walk through” of the learning plan, pointing out the content and process used in thinking through the development of a learning plan. You might find it helpful to work up a sample PDP that captures accurately all the essential elements, distribute it to the training group, and review it to add clarity to the need for and value of a PDP
4. Next, for the competency each small group has selected, ask participants to do the following activity. These instructions are also on page 65 in the Participant Manual.
 - A. Write in 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 B)
 - D. Describe the hypothetical counselor’s present level of competence. What are the counselor’s strengths and deficiencies. (Section C)
 - E. Identify the goal proficiency level and describe the preferred performance you would like to see the counselor achieve. (Section D)
5. Return to the large group and discuss what problems have surfaced for participants in using the Rubrics to visualize a performance expectation.

Unit 10 Slides

Slide 23

**Unit 10
Professional Development
Plan**

Objectives:

- Review the framework
- Understand the role of the Rubrics
- Practice developing observable objectives

NFATTC 23

Slide 24

The Professional Development Plan
Let's do a walk through...

- A. Select practice dimension
- B. Identify the target competency
- C. Describe present proficiency and goal
- D. Level of proficiency to attain
- E. List the KSAs relevant to the goal
- F. Identify what needs to be learned
- G. Select activities that will facilitate learning
- H. Choose how progress will be evaluated
- I. Decide how proficiency will be demonstrated

NFATTC 24

Slide 25

Activity

1. Identify a practice dimension and a competency to target (Section A & B)
2. Review Professional Development Plan form
3. Examine the rubrics for your practice dimension and competency
4. Complete page 1 of the PDP (Sections C&D)

NFATTC 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.

ACTIVITIES – UNIT 11

1. Have participants return to their small groups. Using the same competency selected earlier, look over the KSAs for that competency and pick which ones need to be targeted for learning by the supervisee. Record in “E” on page 2 of the PDP, page 70 in the Participant Manual.
2. Return to large group. Raise issue of how to be clear about performance expectations. Explain that there is a vocabulary which can help clarify levels of proficiency as counselors work to enhance their knowledge, skills, and attitudes. “Bloom’s Proficiency Levels Rating Scales,” are included in the Participant’s Manual starting on page 74. With participants referring to those tables, present the knowledge, skills and attitudes hierarchies and how they might be useful in establishing clear learning objectives. Present an example of how to write a learning objective using Bloom’s Rating Scales.
3. Have participants return to their small groups and turn to page 67 in the Participant Manual. Ask the small group to develop a list in “F” PDP of what needs to be learned to develop proficiency for each knowledge, skill or attitude statement listed. Write the items as learning objectives. Encourage use of Bloom’s proficiency levels to develop these objectives.
4. Then have group members discuss practical issues: Are the learning objectives manageable? Too large? Too impractical? Too complicated? Are the objectives observable and measurable?
5. In large group, review this exercise focusing on the ease or difficulty participants have in identifying specific learning objectives.

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.

ACTIVITIES – UNIT 12

1. Review the Basic Concepts for this unit. Have participants return to their small groups.
2. Turn to the “Learning Methods” activity in the Participant’s Manual on pages 82.
3. In small groups, follow instructions on page 82 for two rounds of checking items on the checklist (20 minutes).
4. Return to the large group. While the instructor records on a flip chart, have participants share what they discussed in small group in the following manner:
 - 1) Ask one group to volunteer a knowledge objective for the PDP. Have large group brainstorm some learning methods that would be useful in designing learning steps with a supervisee.
 - 2) Do the same thing with another group volunteering a skill objective for the PDP. Brainstorm possible learning methods for that skill.
 - 3) Do a third time with another group identifying an attitude for the PDP. Brainstorm possible learning methods.
5. Return to the small groups and ask participants to complete Section G of the PDP. Request that they identify specific activities or assignments that will help the counselor to accomplish their learning objective.

Unit 12 Slides

Slide 31

Unit 12
Learning Methods

- Another key to success: Counselor's preferred learning methods
- Learning is more effective when we use multiple methods
- We need to have a broad repertoire of learning methods at our disposal
- It is important to tailor the PDP to fit the preferences and strengths of the counselor

NFATTC 31

Slide 32

Learning Methods
Brainstorm

- For a Knowledge objective
- For a Skill objective
- For an Attitude objective

NFATTC 32

Slide 33

PDP - Section G

What activities, methods or tasks will help the counselor achieve the learning objectives?

NFATTC 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.

ACTIVITIES – UNIT 13

NOTE to instructor: *The material to be presented is in the Participant’s Manual, starting on page 84. At this point in the training, the structure will be presented and demonstrated. It will be practiced by the participants in the next unit.*

1. Point out that although in the last exercise the participants selected the target competency without consulting the counselor, in actuality one needs to collaborate and negotiate with the supervisee during this process. We now present a model for that process of collaboration and negotiation.
2. The instructor presents The Supervisory Interview, introducing the definition, purpose, focus, and characteristics. Note for the participants that this material is in the Participant Manual, on pages 85-86.
3. Participants then turn to the table in the Participant Manual on page 87: “Steps of the Supervisory Interview.” The instructor presents this material, which describes the four steps of the interview structure, their purpose, and the tools or methods the supervisor can use during the interview. The table follows here on the next page.
4. Now the instructor demonstrates how to do a supervisory interview, following the structure outlined above. (Note: This could be on videotape, done before the training takes place.) A volunteer should be recruited earlier to play the role of the counselor, either a co-trainer or a participant. Prior to the role play come to agreement on the performance issues and examples of the counselor’s abilities and deficiencies.

Ask participants to note their observations on page 88 in the Participant Manual.

5. Participants then analyze and critique the demonstration by pointing out how the instructor followed the steps outlined above. Use the following questions to guide the discussion:
 - What was the impact of using the structure?
 - How did the counselor respond to feedback?
 - Was an adequate understanding achieved?
 - What helped bring it about?
 - What happened when the issue of improved performance was raised?

STEPS OF THE SUPERVISORY INTERVIEW

	OBJECTIVES	TOOLS
Step One SET AGENDA	Give structure Decrease anxiety Foster trust, report, partnership	Give agenda Prioritize Set time frame
Step Two GIVE FEEDBACK	Empower supervisee* Individualize supervision	ORAL model
Step Three 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 Four SECURE COMMITMENT	Determine interest, willingness to change Clarify expectations, responsibilities Create mutual accountability	Clarification skills Asking for 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.

Unit 13 Slides

Slide 34

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

<u>Steps</u>	<u>Objectives</u>	<u>Tools</u>
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 2 - 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.

ACTIVITIES:

1. Lead participants in a conversation about the “pluses” of the day’s work, and ask them for any “wishes” they might have for the rest of the training.
2. Explain that for the introduction of the next day’s session, there will be another “community meeting” at which time volunteers will be asked to report briefly the following:
 1. News in brief _____
 2. Sports report _____
 3. Weather report _____
 4. Thought for the day _____
 5. Warm-up exercise _____

Thank the volunteers for their willingness to help out.

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. Facilitate the community meeting. Make any necessary announcements.
2. Participants present their assigned tasks :
 - 1) News in brief
 - 2) Sports report
 - 3) Weather report
 - 4) Thought for the day
 - 5) Warm-up exercises
3. Solicit questions or comments on the learning thus far.
4. Give a brief overview of the day's agenda: Mentoring
 1. Content of learning plan
 2. Process of learning and learning styles
 3. Negotiating a learning plan
 4. Evaluating progress
 5. Creating your own action plan

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.

ACTIVITIES – UNIT 14

PRESENTATION:

Direct trainees to page 96 in their Participant Manual. Do a brief presentation of the following:

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.

ACTIVITY

1. Have participants return to the table in the Participant’s Manual on page 87 (and which appears below).

STEPS OF THE SUPERVISORY INTERVIEW

	OBJECTIVES	TOOLS
Step One SET AGENDA	Give structure Decrease anxiety Foster trust, rapport, partnership	Give agenda Prioritize Set time frame
Step Two GIVE FEEDBACK	Empower supervisee* Individualize supervision	ORAL model
Step Three 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 Four 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.

2. In pairs, have participant’s practice briefly using the above structure. Give them time to decide who will play the supervisor and who will play the counselor. Identify a performance problem for the counselor and one or two examples of the issue. The supervisor then practices using the steps of the interview. Allow ten minutes to practice, and up to five minutes to have partner offer feedback. Then repeat the practice with the participants switching roles.

Note to the instructor: *There is not an activity form in the Participant’s Manual for this exercise. Rather, have participants use the table on page 87 as their guide. Repeat the practice to allow both partners an opportunity to practice structuring a 10-minute interview.*

3. Small groups review the PDP and prepare to do a demonstration interview in which one participant plays supervisor and another plays the counselor who is the subject of the PDP (10 minutes). Select 2 groups to do a demonstration for all participants. Trainer coaches as necessary. Observers use the observation sheet on page 97. Conclude with discussion of the questions on page 98-99, and which appear on the following page.

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 secured?
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

NPATTC 3

Slide 4

Interview Structure

<u>Steps</u>	<u>Objectives</u>	<u>Tools</u>
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

NPATTC 4

Slide 5

Interview Structure

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

NPATTC 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 behaviors, the desired behavior change is more likely.

ACTIVITIES

1. The instructor asks the participants to turn to the table – A-B-C Supervisee Model – found in the Participant's Manual on page 103, and introduces the model, answering any questions that arise.
2. In small groups of three, have participants:
 - 1) Identify an experience with one of each of these types, and
 - 2) Share preferred supervisee strategies for each type.
3. During this exercise, each small group creates a visual aid. Encourage them to use the guide in the Participant's Manual on page 104.
4. In large group, have each small group make a presentation to the large group using the visual aid.

A-B-C SUPERVISEE MODEL

SUPERVISEE	BEHAVIORS	SUPERVISION NEEDS
<p>C “Challengers”</p>	<ul style="list-style-type: none"> ✓ Not responsible ✓ Consistently inconsistent ✓ Rarely meets deadlines ✓ Below minimum standards 	<ul style="list-style-type: none"> ✓ Constant attention ✓ Give minimum room to fail
<p>B “Better Be there”</p>	<ul style="list-style-type: none"> ✓ Semi-responsible ✓ Semi-consistent ✓ Sometimes meets deadlines ✓ Sometimes meets standards 	<ul style="list-style-type: none"> ✓ Clear expectations ✓ Teaching, reinforcement ✓ Consistency, support ✓ “A presence”
<p>A “Always”</p>	<ul style="list-style-type: none"> ✓ Responsible, reliable ✓ Timely, meets deadlines ✓ Consistent ✓ Exceeds standards ✓ Comes early, stays late ✓ Works too much (obsessive) 	<ul style="list-style-type: none"> ✓ 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
<p>C “Challengers”</p>	
<p>B “Better Be There”</p>	
<p>A “Always”</p>	

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

NPATTC 9

Slide 10

Types of Supervisees

C - Challengers
B - Better Be There
A - Always

NPATTC 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.

ACTIVITIES

1. Referring to page 106-108 in the Participant's Manual, the instructor presents.
 - A. The Characteristics of the Corrective Interview,
 - B. The Differences between Mandatory and Discretionary Rules, and
 - C. Differential Strategies Based on Assessed Needs
2. Present the basic Corrective Interview Process (Participant Manual, page 109).
3. The instructor models a Corrective Interview.
4. In large group setting, have participants discuss what they have observed.
5. Have participants choose a real issue to practice and do a 10 minute corrective interview with a partner and observer.
6. Stop after the first interview and debrief, before moving on to the next interview. Repeat this process two more times, allowing each person to practice in the supervisor role.
7. In large group setting, debrief and review.

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.

NEAATTC 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

NEAATTC 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

NEAATTC 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

<u>Steps</u>	<u>Objectives</u>	<u>Tools</u>
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.

ACTIVITIES – UNIT 17

1. In large group, have participants review the material presented in Unit 6, turning to the table in the Participant’s Manual on page 38: “Eight Steps of Mentoring and Clinical Supervision.”
2. Next, have participants turn to the “Supervisor’s Checklist” in the Participant’s Manual on page 114.
3. In large group, have participants briefly (15 minutes or less) discuss:
 - a. Whether all of the relevant steps have been taken in developing the Supervisee’s PDP.
 - b. Ask how far have we gone down the checklist? (Instructor may note that steps, 6, 7, 8, and 9 will be addressed in the following units.)
 - c. What do you think about using the steps as a way of approaching your work as a supervisor?
 - d. Which seem most important?

Unit 17 Slides

Slide 20

**Unit 17
Supervisor's Checklist**

- Participant Manual, page 114
- How far have we gone down the list?
- What do you think about using these steps?
- Which seem most important?

NEATTC 20

UNIT 18 - Evaluating Baseline and Progress – OBSERVATION

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 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.

ACTIVITIES – UNIT 18

1. In large group setting, present the following points:
 - Rating a supervisee’s proficiency is a subjective enterprise.
 - To be effective, an evaluation must move beyond superficial impressions into identifying specific evidence that contributes to the supervisor’s rating.
 - One should observe the supervisee in action (e.g., two-way mirror, videotape, or sit in her/his group).
 - The initial rating becomes the baseline from which progress can be measured.
2. Still in the large group, the instructor does a very short presentation on “observing” and “measuring” an individual’s practice of a clinical skill. The instructor points out that there are ways to quantify engagement in the learning process. Examples:
 - Number of articles read.
 - Attending three hours of a workshop.
 - Earning 3 hours of college credit.
 - Watching three taped counseling sessions.
 - Reviewing four charts with the supervisor each week.
 - Speaking with two colleagues for a half-hour once a week.
 - Sitting in on five treatment team staffings.
 - Writing seven treatment plans which will be reviewed by the supervisor.
3. Explain it is more difficult to measure proficiency. This is where the Rubrics come in. They attempt to operationally define specific benchmarks on a learning continuum. However, their limitation is that they reference the overall competency, and not the specific KSAs. The task of the supervisor, therefore, is to come up with ways to measure progress in the KSAs leading toward achieving the learning goal.
4. Have participants return to their small groups. Using the PDP, have the groups designate the best sources of information and observation that will help the supervisor document the progress of the supervisee toward her/his learning goal. Put this information in Section H on page 3 of the PDP (Participant Manual, page 68).
5. Then have the participants in their small groups decide how the supervisee might demonstrate proficiency, writing that decision in Section I on page 3 of the PDP.
6. Returning to the large group, lead a discussion on the above exercise. Note that in a clinical setting, it is best to negotiate these issues with the supervisee, taking into account the supervisee’s preferred learning methods.

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

NEATTC 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

NEATTC 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

NEATTC 23

Slide 24

PDP – Sections H & I

Section H

How will progress be evaluated?

Section I

How will proficiency be demonstrated?

NEATTC

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 feeling 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 successful.
- ◆ 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.

ACTIVITIES – UNIT 19

1. In small groups, have the participants recall the initial contract for learning that took place in the first part of this training.
2. Have participants reflect on whether they achieved the goal.
3. Then have participants discuss these questions:
 - What factors will encourage your use of these skills?
 - What barriers will inhibit the use of these skills?
 - What do you need to do to actually begin using this approach to clinical supervision?
4. In large group, report out results and reactions to this exercise.
5. Individually, have participants fill out the “Personal Action Plan” in the Participant’s Manual on page 121.
6. Pass out training evaluation forms and have participants fill them out.
7. Facilitate a closing activity that allows participants an opportunity to share a final message with other participants and the trainers.

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

NEATTC 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.

NEATTC 26

Slide 27

Thank you!

Good luck
and let us hear from you.

NEATTC 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 are 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 supervisor.
- ◆ 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.”

ACTIVITIES

PRESENTATION – Supervisor’s Role of Authority and Responsibility

1. The instructor presents the outline under Unit 13 in the Participant’s Manual. Ask participants to hold questions and issues until the presentation is finished except for:
 - 1) Clarification of words or statements they do not understand.
 - 2) Burning issues so intense they will not be able to listen thoughtfully to anything else until they get a response to their issue.

NOTE to the instructor: *Be prepared to limit discussion of these issues. If anything in this training is likely to be a “hot” issue, it is likely to come up in this unit and topic area.)*

2. The instructor notes the following:
 - 1) As supervisors, you may be resistant to being in authority, but the fact is you *are* in authority. In their discomfort, unseasoned supervisors may minimize (go soft) or over play (be bossy) their role of authority.
 - 2) Authority is unavoidable. Intensity of feeling is unavoidable. The solution is not to minimize or maximize authority, but to learn its appropriate uses in mentoring a supervisee within the context of a positive work environment.
3. In small groups, participants identify and list responses to the supervisor as authority activity form on page 124 of the Participant Manual:
 - 1) The benefits and values of being clearly defined as the authority.
 - 2) The difficult issues, disagreements, conflicts, fears, doubts, and dilemmas they foresee.
 - 3) The feelings of ambivalence around being in the position of authority over their supervisees.
4. Small groups report these lists to the large group, collating the positive and negative issues.
5. Discuss resources, personal support, training, information, and other kinds of support, that would enable participants to address their own issues and find ways to deal with them successfully.

NOTE to the instructor: *At the instructor’s discretion, this could be done entirely in the large group, or could be done as a brainstorming activity in small groups first, then in the large group. Since the most difficult issues for supervisors are likely to be in this area, the instructor and participants should be prepared to:*

- *Acknowledge that there are no simple or complete solutions in advance to these issues.*

- *Recognize that clear expectations and communication around these issues is very important.*
- *Understand that complete solutions for all these issues are beyond the scope of this training.*

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 that might impact the application of the skills presented in this course.
- Have participants to examine their own understanding, their attitudes, and their views about cross-cultural communications.
- 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
- Phrasing
- 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.
 - 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 clichés:
 - 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.

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

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

ACTIVITIES

1. Instructor prepares the video “Communicating Across Cultures” for viewing. An outline of the video starts on page 126 in the Participant’s Manual.
2. In introducing the video, the instructor presents the following message:
 - a. 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:
 - Look for at least one thing you know, understand, and have experienced directly.
 - Look for something that is new or unfamiliar in your experience. Note that.
 - Look for something that is confusing, unsettling, or in some way disturbing, Note that.
 - b. Show the video.
3. After the video, have participants turn to the activity from in the Participant’s Manual on page 132. With the participants in triads, have each triad do to the following:
 - a. Describe and discuss their findings on each of the three points above, which are on the activity form for easy reference.
 - b. Have each group participant describe how they react to new input and to unsettling ideas about their own attitudes and views.
 - c. Have each participant identify ways they could turn this unfamiliarity and discomfort into a constructive learning experience. Each number of the triad should first suggest their own ideas, then invite further suggestions from their partners.
 - d. Have participants reflect on how their own personal experience of unfamiliarity and discomfort with these sensitive issues might affect their understanding of how to work with supervisees, especially on specific issues of cross-cultural communication. Note that the best plan is, “When in doubt, ask.” Most individuals from minority cultures are very open to discussing communication differences and barriers.
4. In the large group, briefly (10 minutes) share what was learned in the small group activity.