

HEALING PATH COUNSELING

1422 Caldwell

CONWAY, AR. 72032

Phone: (501) 327-7224

Fax: (501) 380-6696

SUPERVISEE INTAKE FORM

(Please Print Clearly)

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Supervisor: Wendy Blackwood MS, LPC-S, NCC, DCC

SUPERVISEE INFORMATION

Supervisee Last Name		First	Middle	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Marital Status (Circle One) Single / Married / Other	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former Name)	Birth Date / /		Age	Sex M F
Street Address		City	State	ZIP Code	Social Security		License Number / Date Licensed /
Mailing Address (if different)		City	State	ZIP Code	Cell Phone No. ( )		
Occupation	Employer		Work Phone No. ( )				
Clinical Supervisor							

Who referred you to us?

- ABEC \_\_\_\_\_
- Friend \_\_\_\_\_
- Colleague \_\_\_\_\_
- Professor \_\_\_\_\_
- Other \_\_\_\_\_
- Website \_\_\_\_\_

Previous Supervisor?

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Dates: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternative Email Address: \_\_\_\_\_

PLEASE READ THE FOLLOWING CAREFULLY

I understand that I am responsible for my fee payment at the beginning of each month. I agree to be responsible for the full payment of fees for services rendered. I hereby consent to have my credit card billed on the first Monday of each month. I hereby consent to supervision by Wendy Blackwood, MS, LPC-S, NCC, DCC. I understand that while in supervision I am operating under Wendy Blackwood's License and my actions reflect on her. I understand I am to provide her with a copy of my license, my place of employment, the name of my clinical supervisor, and any changes that occur. I will be responsible for keeping track of my hours as directed; for supervision, and client direct and in direct hours. I understand the chances for obtaining my goals for licensure will best be met by being open to supervision suggestions, consistent attendance, and being appropriately prepared. I understand I am expected to adhere to the ACA Ethical Code and to follow the ABEC Rules and Regulations I understand that we both have a right to terminate the supervision contract at any time. I understand that I am responsible, however, for any balance due prior to termination.

X \_\_\_\_\_  
 SUPERVISEE SIGNATURE DATE

\_\_\_\_\_  
 SUPERVISOR DATE

**SUPERVISEE FEE CONSENT**

**APPOINTMENTS:** Appointments are typically scheduled on a weekly basis and are approximately 1 hour long. If you **MUST** cancel or reschedule your appointment, **for any reason**, we ask that you call our office **at least 24 hours in advance**. This will free your appointment time for another client or Supervisee.

Regular attendance at scheduled appointments is crucial to effective supervision and compliance with ABEOC supervision agreement. Supervisees who continually do not show up for their visits, without giving proper 24 hour notice, will be responsible for paying fees associated with missed appointments. Missed or improperly canceled appointments will be kept on record. After 2 no show appointments supervisees will not be allowed to schedule further sessions until after the outstanding balance has been paid in full and will pay the full cost for any missed sessions thereafter. Supervisees with 3 consecutive **no show** appointments will be terminated and no longer able to schedule with Wendy. Supervisees accruing chronic absences will result in a meeting with Wendy to discuss continuation of supervision or possible termination.

Outstanding balances will be subject to a 10% late fee, compounded monthly, for any balance not paid in full or otherwise addressed by Wendy or the office manager.

**FEE SCHEDULE**

- Monthly Supervision Fees are charged as follows:
  - Part Time Supervisees \$100.00 per session
  - Full Time Supervisees \$400.00 per month
- Written Reports (insurance companies, supervisors, ABEOC *(not 6 month eval)* ) \$25.00
- Returned Check Fee \$50.00per check
- Cancelled or Rescheduled Appointments without 24 hour notice \$25.00
- No Show Appointment \$50.00
- 2<sup>nd</sup> No Show Appointment \$100.00
- Late Fee for Outstanding Balances (applied monthly) 10% of total owed

**MONTHLY FEE SCHEDULE**

SUPERVISEES SHOULD PAY MONTHLY SUPERVISION FEE AT FIRST OF EACH MONTH, IF NOT ALREADY ARRANGED OTHERWISE.

Supervisee \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

LAC or LAMFT Supervision Agreement

I. To Be Completed by SUPERVISOR

I, \_\_\_\_\_ agree to provide supervision of the type stated below for the total of \_\_\_\_\_ months. I understand that supervision will be provided at the required ratio as stated in a, b, or c of the number one below. I also agree to evaluate the performance of the supervisee on the supervision evaluation form provided by the Board.

I have administrative decision making power over the supervisee (Yes No). If yes, prior to consideration/approval of the supervision agreement, the supervisee and supervisor must appear and present a written plan for Board approval. The plan must reflect compliance with Rule Section 4.3(e) of the ACA Code, Section F.3.e and AAMFT Code Principle 4.6 and 4.1.

II. To Be Completed by the SUPERVISEE

I, \_\_\_\_\_, agree to present myself for supervision to the above-named Supervisor in agreement with the ratio approved by the Board and format arranged with the Supervisor. I understand that to complete supervision:

1. The supervision ratios must be:
  - a. Level 1: 500 clock hours at the ratio of 1: 10 (1 hour of supervision for every 10 client contact hours - Minimum of 50 hours of supervision).
  - b. Level 2: 2500 clock hours at the ratio of 1: 20 (1 hour of supervision for every 20 client contact hours - Minimum of 125 hours of supervision).
2. A supervision agreement must be approved by the Board prior to any actual performance of counseling on my part.
3. A supervision evaluation and CCH report must be submitted to the Board every six (6) calendar months after license issue date.
4. A current Board approved supervision agreement must be on file at ALL times and is a condition of the LAC or LAMFT license until the LPC or LMFT license is received. **Δ new supervision agreement must be submitted prior to the expiration date of this supervision agreement or prior to a change of supervisors.**
5. I understand that no more than 50% of the supervision time may be conducted in a group format. Fifty percent (50%) must be individual, face to face, supervision.
6. I understand that there are NO indirect hours in Level 1 & no more than 800 of the supervised hours may be indirect in Level 2.
7. I understand as an LAC that no more than 50% of the CCH may be in family / group counseling. Fifty percent (50%) **MUST BE** individual counseling. When transcript credit is applied to Level 2, of the remaining CCH required for supervision, no more than 50% may be in family / group / relational counseling.
8. I understand as an LAMFT that 50% of the CCH (1500 hours) MUST BE in family / group / relational counseling. No more than 50% may be individual. When transcript credit is applied to Level 2, 50% of the remaining CCH required for supervision must be in family / group / relational counseling.
9. Level 2 may be reduced or met by substituting post-Masters graduate work in counseling, not to exceed 60 semester graduate hours. No substitutions may be made for Level 1.
10. Technology-Assisted supervision **MAY NOT** exceed 50% of any Level. The supervisor must hold the Technology-Assisted Supervision Specialization.
11. Level 2 may be reduced by 500 CCH by passing the National Clinical Mental Health Counselor Exam (NCMHCE).

Numbers 1 - 10 complete the Arkansas requirements. If planning to apply for the National AAMFT Clinical membership, you must have 50% of 2000 CCHs with couples of families and 500 CCHs in the ratio of 1: 5 (1 hour of supervision for every 5 client contact hours). Course work may not be substitute for CCHs as required by the American Association of Marriage & Family Therapists (AAMFT).

III. To Be Completed by BOTH the SUPERVISOR and SUPERVISEE: Areas of Supervision as Specified in Statement of Intent.

Requested by Board or Supervisee

Approved by Supervisor

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

I understand that an evaluation and report MUST BE submitted every six (6) months after licensure.

SUPERVISOR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERVISEE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IV. To Be Completed by the Board or Board Office

Board Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Board Chair

This Supervision Agreement Expires: \_\_\_\_\_

Fax not accepted. Sign, scan and email or send by U.S. Mail

Arkansas Board of Examiners in Counseling  
101 East Capitol, Suite 202  
Little Rock, AR 72201

jane.stewart@arkansas.gov kim.pickett@arkansas.gov

## Supervisee Case Presentation

Supervisee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Demographic Information

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Relationship Status: \_\_\_\_\_

Occupation/grade level: \_\_\_\_\_ Living environment? \_\_\_\_\_

### Presenting Problem

Reason for counseling:

Current diagnosis (if any)

How long have you seen client?

Risk factors (abuse, cutting, suicidal/homicidal, hallucinations)

### Treatment History

Previous treatment history (hospitalization, intensive outpatient, other drug/alcohol treatment)

Relevant medical history (current medications, medical issues that impact treatment)

### Social and Work History

Relationship history: Any significant relationship issues? (ex. Not seeing dad, hx of sexual abuse/physical abuse, marital issues, etc.)

Academic/Work History: Any significant issues at school or work?

### Treatment Plan/Recommendations

What are the goals for counseling? What is prognosis (favorable, marginal, good, excellent, etc.)? What makes you think so? What evidence will you collect to determine outcome?

What resources (ex. Workbook, technique, etc) have you found to be helpful? What methods should be incorporated? What type of interventions will be used? (include community resources as well)

What are relevant ethical and legal considerations regarding client, assessment, and plan?

What specific questions or concerns do you have about working with this client? What do you see as your challenges, and what information are you seeking from the group?



**ARKANSAS BOARD OF EXAMINERS IN COUNSELING AND MARRIAGE AND FAMILY  
THERAPY 6-MONTH LAC/LAMFT EVALUATION RATING SCALES**

**Introduction**

The Guideline Manual that accompanies these forms is provided so that all ArBOEC supervisors will be more uniform in rating supervisees on the 6-month evaluation forms. The Manual more completely explains each of the 30 skills.

The report forms divide 30 specific skills into three categories or types of skills: There are 13 Basic Professional Skills, 8 Identity as Professional Skills, and 9 Advanced Professional skills. Each area leaves room for the supervisor to write in a unique skill to evaluate.

Each of the 30 skills can be rated anywhere within three levels of development: Foundational, Effective, or Mastery level.

The supervisor also has an area for reporting the goals for the supervised counselor's or therapist's development during the next 6-month period and an area to write any other comments regarding the supervisee.

**3 Categories of skills: Basic, Identity, and Advanced.** Each of the 30 skills describes a distinct knowledge base or behavior in which supervisees should become progressively more adept. These areas of professional abilities apply to all modalities of counseling/therapy (i.e., different theoretical approaches; individual, group, or conjoint sessions, type of identified client, specialized approaches such as play therapy or sex therapy). The categories are supplied to help the supervisor and supervisee think in terms of the different 'types' of skills needed.

Ideally, the three categories will help the supervisor assess the supervisee's progress. Higher levels in one of the three categories would represent areas of strength for the supervisee, whereas an area with lower numbers would indicate directions or goals on which to focus during future evaluation periods.

*All counselors and therapists need to be skillful in each of the three categories; however, from a developmental perspective, a supervisee generally first grows in Basic Professional Skills such as joining (# 2, 'Relationship with client'), or ethical awareness (#1, application of ethics) before she or he is strong in the Advanced Professional Skills such as being able to 'work effectively with ambiguity' (#24) or smoothly handle conflict between the supervisee's and client's values, (# 25).*

Therefore, a new LAC or LAMFT would not be expected to rate as highly on the Professional Identity or Mastery Skills as he or she would on the Basic skills. Conversely, a supervisee who is ready for LPC or LMFT licensure should be practicing at least at Effective levels on most of the skills in all three categories.

**Levels of the 30 Skills:** The evaluation form looks at three general levels for each item that each supervisee should exhibit:

- 1 to 3 = Foundational levels (expected even of counselors or therapists who are newly licensed);
- 4 to 7 = Effective level (expected of supervisees with at least several months of professional practice);
- 8 to 10 = Mastery level (a level that would be demonstrated by an experienced, consistently effective therapist with years of experience).

Each skill can be rated at a level anywhere from 1 to 10. Rather than giving a definition of the worst and best of each range (foundational, effective, or mastery), anchor points in the middle of each range (2, 5, and 9) are given in the Guideline Manual.

For example, on the first skill a supervisor might rate a supervisee at level '1' if the supervisee is sometimes not even aware of ethical guidelines regarding a case. On the other hand, a supervisor might rate a '7' on that same skill if he or she consistently is aware of and able to resolve most ethical decisions, but still depends on the supervisor to help make difficult decisions.

Not even experienced counselors or therapists would achieve a '10' on all skills. *Hence, even experienced therapists would probably rate themselves in the effective range (7 or lower) on most items, with only a few areas of special skills rated in the mastery level.* Nevertheless, by the time he or she is ready to end supervision, a supervisee may have some skills that rate consistently above the example given for mastery level.

## Guideline Manual for Evaluation Scoring

The following guidelines are provided so that all ArBOEC supervisors will be more uniform in how they report to the ArBOEC. These ratings apply to all modalities of counseling/therapy (i.e., different theoretical approaches; individual, group, or conjoint sessions; type of identified client; specialized approaches such as play therapy or sex therapy, etc.). Rather than giving a definition of the worst and best of each range, examples in the middle of each skill level (Foundational, Effective, and Mastery) are given. However, a supervisee's score could fall anywhere on the one to ten scale. Rating categories can generally be thought of as:

N.E.	1	2	3	4	5	6	7	8	9	10
no experience	Foundational therapy (expected of beginners)			Effective therapy (expected of intermediate level)			Mastery-level therapy (advanced, highly skilled therapists)			

### Guidelines for levels of each item:

#### Basic Professional Skills

#### 1) Application of ethical/legal principles.

- 1 2: Awareness of ethical guidelines and relevant legal principles, but sometime needs help to make connections to current cases/sessions/decisions.
- 2 5: Applies ethical guidelines/principles to professional practice.
- 3 9: Performs professionally even in ambiguous ethical/legal situations.
- 4

#### 2) Establishes therapeutic relationship with client (joining).

- 1 2: Becomes discouraged, anxious, or angry when there is difficulty in establishing a therapeutic relationship with the client—needs much supervisory support to continue effort in joining with client.
- 2 5: Builds solid, useful relationships with most clients, but sometimes takes some time to recognize that there is a problem in the therapeutic relationship.
- 3 9: Clients who have trouble forming relationships can do so with this therapist. Uses relationship as a potent tool for effecting and supporting client change.
- 4

#### 3) Exploring client feelings and defenses to feelings.

- 1 2: Only aware of client's specifically stated or clearly manifested feelings and emotional responses.
- 2 5: Usually aware of and explores clients' feelings and emotions; sometimes slowly, but eventually picks up denied or concealed emotions. Ability to recognize defense mechanisms; articulates, conceptualizes, and determines appropriate responses.
- 3 9: Grasps and explores complex feelings and emotions; easily helps client work through defenses to tap underlying responses; knows when client has activated defense mechanisms.
- 4

#### 4) Exploring realistic, unrealistic, and systemic goals.

- 1 2: Little or no exploration of goals beyond acceptance of client's understanding of the presenting problem.
- 2 5: Collaborates with client/others to clarify and evaluate usefulness of goals.
- 3 9: Understands unrealistic goals, hidden agendas, and dysfunctional/unhealthy goals as a linked system, accurately predicts system/contextual changes over time, treatment, and environmental/systemic changes.

#### 5) Open and responsive to client's feedback.

- 1 2: Sometimes aware of but inconsistently responsive to client feedback.
- 2 5: Uses client feedback constructively and incorporates that feedback into treatment process.
- 3 9: Consistently aware of client verbal and non-verbal cues as feedback and uses it therapeutically.

- 6) Open and responsive to supervisor's authority and feedback.
- 1 2: Therapist responds to feedback fairly well but sometimes responds with defensiveness or needs excessive reassurance.
  - 2 5: Can incorporate new ideas and behaviors easily when they are fairly congruent with the therapist's usual approach. Has more difficulty if they are not, but consistently self-aware and improving.
  - 3 9: Seeks and accurately hears feedback, even on personally threatening cases, open to both positive and negative feedback. Readily sees how it relates to clients and can find appropriate places to use a specific technique.
- 4
- 7) Ability to handle anxiety with self and others (between self and the client(s), other professionals, client's significant others/caregivers, peers, etc).
- 1 2: Professional functioning may occasionally be affected by accumulated stresses and/or anxieties.
  - 2 5: When under major stress may show physical or behavioral symptoms that temporarily lower but do not disrupt the efficiency of professional functioning.
  - 3 9: Stress reactions occur, but has developed suitable ways of handling stress so there is little or no interference with professional functioning; knows when to cancel/refer due to own diminished abilities to serve client.
- 4
- 8) Handles new therapy challenges confidently.
- 1 2: Confidence ebbs and flows depending on therapist's most recent encounter with client or supervisor.
  - 2 5: Is generally confident of abilities, but occasionally shows hesitancy about approaching situations that would stretch the limits of already practiced skills.
  - 3 9: Secure and confident in handling both routine situations and crises, accepts challenges.
- 4
- 9) Maintains professional, timely, appropriate documentation, and case management.
- 1 2: Able to write appropriate documentation.
  - 2 5: Documentation is current and appropriate, and tracks the progress through evaluation and termination.
  - 9: Uses documentation as an effective tool and seeks consultation as appropriate.
- 3
- 10) Demonstrates empathy while maintaining boundaries.
- 1 2: Over identifies with particular clients; has difficulties maintaining appropriate boundaries.
  - 2 5: Usually empathetic and recognizes that there is a need for discernment in setting boundaries.
  - 3 9: Maintains clear boundaries and separate identity while capable of deep concern and empathy. Knows when client advocacy is/is not therapeutic.
- 11) Theoretical knowledge and integration.
- 1 2: Reasonable knowledge of at least one theoretical model; however, is not consistently guided by application/ownership of theory.
  - 2 5: Therapy is consistently guided by theory in treatment planning and therapeutic process.
  - 3 9: Has a well-articulated, integrated theory that unifies multiple constructs that provides underlying therapeutic consistency, and a rationale for trying approaches that might appear inconsistent. Is aware of a variety of different theories.
- 4
- 12) Responsiveness to non-verbal behaviors.
- 1 2: When asked during supervision can remember and interpret client's non-verbal behaviors, but tends to not respond to non-verbals during session with client.
  - 2 5: Accurately perceives the meaning of most non-verbal behavior and explores contradictions.
  - 9: Links both subtle and obvious non-verbal cues to the content and process of the interview—from this derives hypotheses that would not otherwise be apparent.



13) Knowledgeable and comfortable with client's sexual content.

- 1 2: Able to see when sexual issues are important, but fairly often will hesitate or avoid dealing with them.
- 2 5: Picks up cues and initiates dealing with sexual issues, generally able to handle a range of sexual behaviors and fantasies appropriately.
- 3 9: ~~Has specialized knowledge and is highly skilled when dealing with sexual material; completely comfortable with all aspects and all types of problems.~~

### Professional Identity Skills

## 14) Effectively negotiates own issues regarding power and authority.

- 1 2: ~~Sometimes misinterprets actions of authorities, professional peers, or clients; may get upset or resist but eventually works through own reactions and responds appropriately.~~
- 2 5: Understands hierarchical nature of relationships and can relate effectively with authority figures, other professional peers, or subordinates.
- 3 9: Supports and works collaboratively with authority figures and other professional peers or subordinates.

4

## 15) Self-direction and active learning.

- 1 2: ~~Wants to learn therapy skills, but is hesitant to take on any new tasks that might be challenging, threatening, or lead to possible failure. Does only the bare minimum to 'get by.'~~
- 2 5: Enjoys the learning process, is developing skills in a variety of required and not-required areas that tend to center around a common theme or a particular job.
- 3 9: Always seeking to expand knowledge and skills within and outside of therapy; thinks of the future in terms of learning opportunities.

4

## 16) Effectively addresses own and clients' sex-role attitudes.

- 1 2: Has minimal awareness of own or client's stereotypical sex-role attitudes.
- 2 5: Generally aware of sex-role issues and values, but more sensitive to issues related to own gender.
- 3 9: Is consistently aware of and sensitive to stereotypical sex-roles as they influence professional and personal, and client's behavior. Has understanding and awareness of personal sex-role attitudes and has developed appropriate skills in helping both male and female clients.

4

## 17) Sensitive to cultural issues [race, religion, gender, age, socioeconomic status, etc.].

- 1 2: Is aware of the need to be sensitive to cultural differences, but sometimes does not see how own beliefs and behaviors show cultural insensitivity.
- 2 5: Recognizes own subtle racist attitudes, cultural limitations, and prevents their influence on the therapy. Is self-aware but understanding of own limitations and trying to improve.
- 3 9: Capable of working across cultures. Therapy methods are selected to be consistent with client's ~~cultural beliefs about (for example) illness and accepted folk practices.~~

4

## 18) Handling client's dependence/encouraging healthy autonomy.

- 1 2: Sometimes allows client to rely on therapist's opinions, advice, or emotional sanction beyond the point when the client should be moving toward self-sufficiency, or nurtures dysfunctional independency.
- 2 5: Therapist effectively handles client's dependency in stages—for example, may allow early ~~dependency when therapeutic, but later shifts to client autonomy as a key agenda.~~
- 3 9: ~~Throughout treatment, therapist is sensitive and responsive to dependency needs while continuously strengthening the client's capacity to be autonomous.~~

## 19) Knowledge and application of current DSM.

- 1 2: Can define common diagnostic terms and accurately use broad categories, but likely to be vague or unclear on fine details or on new terms.
- 2 5: Knows and uses first two axes of DSM with considerable insight, may not use other axes.
- 3 9: Accurate, detailed knowledge of categories, terms, and organization of DSM; can use all axes when appropriate and is able to apply DSM to treatment goals.

4

## 20) Realistic self-evaluation of strengths and weaknesses.

- 1 2: Poorly appraises skills or what has been learned from experience.
- 2 5: Recognizes a personal tendency to sometimes overestimate abilities and underestimate limitations (or the reverse) yet maintains consultation to prevent problems.
- 3 9: Knows abilities, limitations, and limits of capacities to adjust and learn in new situations. Has thoughtfully considered ways to maximize potentials and minimize limitations.

4

## 21) Awareness of personal and emotional issues (i.e., counter transference, therapist's emotional reaction to client's material).

- 1 2: Personal reactions interfere with therapy at times, but supervisee is responsive when supervisor points it out.
- 2 5: Has accurate knowledge of where and when personal problems or reactions might interfere and has developed a list of reasonable and effective actions to avoid or reduce problems.
- 3 9: Supervisee's problems or feelings are not denied or covered up but never interfere with treatment. They emerge in a way that facilitates therapy.

### Advanced Professional Skills

## 22) Makes good use of formal and informal psychological assessments.

- 1 2: Needs much help when giving, scoring, or interpreting formal measurements, assessments, and/or diagnoses accurately within scope of practice. Needs help forming informal, ongoing psychological assessments.
- 2 5: Identifies general patterns in results, links with client's personal history; interpretations are accurate and relate to diagnostic questions but sometimes tend toward 'cookbook' flavor.
- 3 9: Integrates tests results with a broad base of other data; derives unified, clear, clinical profile that explains, predicts, and defines further exploration.

4

## 23) Forming long-term and short-term treatment plans.

- 1 2: Clients are classified into categories and nearly every client in a category is given the same treatment plan even when it is not responsive to client's changes.
- 2 5: Establishes specific treatment plans related to client needs; long-term goals and short-term objectives may be implicit or somewhat vague, but as the case continues reasonably good treatment plans do emerge.
- 3 9: Establishes plans related to client needs and capabilities; sees client as changing and has flexible long-term goals and short-term objectives related to those goals.

4

## 24) Timing and pacing of interventions in session.

- 1 2: Timing of interventions often seems to poorly match the client's pace, and occasionally this leads to client discomfort.
- 2 5: In an overall interview, the timing is acceptable, but on occasions in an interview, the client seems to be pushed or held back inappropriately. Overall disruption is minimal.

- 3 9: Timing of questions, comments, etc. reflects an accurate assessment of the client's ability to understand or make use of the intervention. Flow feels logical and smooth.

4

25) Matching process and interventions to stages of treatment.

- 1 2: Accurately lists the content and associated feelings that client has covered but needs help applying it to variation in interventions used in different treatment stages.
- 2 5: Describes client processes reasonably accurately and can anticipate interventions appropriately.
- 3 9: Readily extracts the major themes and problems of therapy, illustrates with examples, has a good general sense of future direction of treatment.

4

26) Appropriate approach to client vs. supervisee value conflicts.

- 1 2: Has difficulty recognizing when problems in therapy stem from value differences.
- 2 5: Even with strongly held personal beliefs that clash with client's values, has worked out ways to continue being therapeutically effective. Generally tolerant, but finds it challenging to accept client's beliefs or decisions when it disagrees with some of own strongly held personal values, religious, ethical, or social/political beliefs.
- 3 9: Knows how own personal values interact with client values. Consistently respects the client's values even when recognizing them as a potential source of problems.

4

27) Awareness of differences in clients' functioning in different contexts, settings, or with different people, etc.

- 1 2: Explores the client's behavior in a few of client's typical environments, but, does not draw any conclusions about differences or similarities in those behavior patterns on his or her own.
- 2 5: Is aware that the client responds differently in various environments, and therapist tends to deal with each one separately, but generally sees the important connections.
- 3 9: Aware of and can specify consistencies and inconsistencies in how the client responds to important different environmental/systemic influences.

4

28) Recognizes client's and/or own sexual feelings or attractions.

- 1 2: Little or no awareness or ability to recognize and deal with sexual issues that may impact therapy whether from the client or own feeling for a client.
- 2 5: Sometimes hesitant in addressing client/therapist sexual feelings, but sensitive and competent once topic is broached. Appropriately addresses own feelings with supervisor and/or colleagues, not the client.
- 3 9: Client/therapist sexual feelings are acknowledged with care and sensitivity to provide unique opportunities for treatment that invariably benefit the client.

4

29) Works effectively with ambiguity.

- 1 2: Gets anxious if a method for resolving a problem is not immediately apparent.
- 2 5: Usually confident, but may need help in dealing with an ambiguous situation when a crucial personal/professional evaluation is involved.
- 3 9: Is comfortable dealing with complex problems assertively. Is attentive to client's readiness to address these problems. Is comfortable allowing a problem to remain unresolved for therapeutic purposes.

4

30) Writing useful reports/case notes/treatment plans in regard to their intended purpose.

- 1 2: Much of the material is too general and lacking in cohesiveness, or overly detailed and too lengthy.
- 2 5: Report is clear and thorough and seems to follow a standard outline. The summary wraps up the pieces accurately.

**9: Evidence is organized in a meaningful sequence to build a logically consistent picture of the person—well written in objective, descriptive terms based on supportive evidence. Reports are understandable and useful to the receiver.**