



TOOLS TO ASSESS SUPERVISEES

The following is a list of instruments for a clinical supervisor to assess counselor or therapist competency.

General

Janine M. Bernard and Rodney K. Goodyear, *Fundamentals of Clinical Supervision*, Columbus, Ohio: Merrill, 2009.

- a. Supervisee levels questionnaire-revised, p. 328-30. This scale was originally developed by Stoltenberg, C.D., unpublished version of the supervisee levels questionnaire, revised and reprinted with the author's permission. It is a thirty item scale to be completed by the supervisee, using a 1-7 scale.
- b. Feminist supervision scale, p. 343-45. This form was initially developed by Szymanski, D.M. (2003), *Psychology of Women Quarterly*, 27, 221-232, reprinted with the permission of Blackwell Publishing. It is a thirty-two item scale to be completed by the supervisee to assess feminist psychology issues, such as collaborative relationships, power analysis, diversity and social context issues, and feminist advocacy and activism issues.

Jane M. Campbell, *Essentials of Clinical Supervision*, New York: Wiley and Sons, 2006.

- a. Generic evaluation rating scale, p. 143-4. This form is similar to Campbell's supervisory assessment form, noted above. It reviews knowledge, practice, and personal qualities of the supervisee, to be completed either by the supervisor or the supervisee.

Jane M. Campbell, *Becoming an Effective Supervisor*, New York: Accelerated Development, 2000.

- a. Sample group leadership skills evaluation, p.257. This scale is to assess the supervisee's group leadership skills and can be completed either by the supervisor or the supervisee.
- b. Supervisee's basic skills and techniques, p. 263. This is a generic rating sheet and evaluation form of the supervisee's basic skills and techniques. It can be completed either by the supervisor or the supervisee.
- c. Ethics at risk test for therapists, p. 269-70. This form is adapted from the work of Brock, G.W., and covers key issues related to ethical risk management. It is to be completed by the supervisee on their ethical risks. This is a unique form (an area not generally adequately addressed in the literature) and should be part of the toolbox of all supervisors and supervisee.

Paul Cassidy, *First Steps in Clinical Supervision: A Guide for Health Care Professionals*, New York: Open University Press, 2010.



- a. Evaluation of clinical supervision, p. 180. This is a self-assessment of the supervisee by the supervisee. This ten item form addresses the willingness of the supervisee to be supervised and progress made in supervision.

Carol A. Falender and Edward P. Shafranske, *Clinical Supervision: A Competency-based approach*, Washington, D.C.: American Psychological Association, 2004.

- a. Trainee-client sexual misconduct, p. 253-256. This form was developed by Hamilton, J.C., and Spruill, J., (1999), *Professional Psychology: Research and Practice*, 30, 327, copyright by the American Psychological Association and reprinted with permission of APA. It was adapted from Hamilton (1999) initially designed as a "Risk Management Checklist," for supervisors and supervisees. The scale covers the therapist response to clients, therapist's needs, session characteristics, accountability and other qualities. For supervisors, it reviews legal and ethical issues the supervisor needs to discuss with the supervisee.
- b. Trainee evaluation checklist, p. 277-80. This scale was adapted from Hall-Marley (2000), "Therapist Evaluation Checklist," and adapted with permission of the author. To be completed by the supervisor, it assesses the contribution made by the supervisee to the clinical team, the capacity of the supervisee for professional development, case management skills, assessment skills, and qasc3ewazintervention skills.

Marriage and Family Therapy

Cheryl L. Storm and Thomas C. Todd (eds.), *The Reasonably Complete Systemic Supervisor Resource Guide*, New York: Authors Choice Press, 2002.

- a. Feminist family therapist behavior checklist, p. 55-6. This scale was developed by Storm and is an assessment of the therapist regarding their behavior in counseling. It is to be completed by the supervisor and covers areas such as sex-role analysis, shifts of balance of power between male and female clients, therapist empowerment of female clients, skill training, and therapist minimizing hierarchy between therapist and client. This thirty-nine item scale was developed by Chaney, S., and Piercy, F., (1988), *American Journal of Family Therapy*, 16, 305-318 and reprinted with permission of the author.
- b. Supervisee self-evaluation, p. 183. This scale was developed by Ivey, D., (1993) and assesses the supervisees' performance in counseling and supervision. It is to be completed by the supervisor.
- c. Postgraduate competency document, p. 195-202. This scale was developed by Storm, C., York, C.D., Vincent, R, and Lewis, R., (1997). This is an extensive, comprehensive assessment of the supervisee, to be completed by the supervisor. It covers areas such as general case management competencies, therapeutic relationship competencies, perceptual competencies, conceptual competencies, structuring therapy competencies, intervention competencies, professional development competencies, and overall competency. Goals for future development of the supervisee are also included in the review.
- d. Accounting of supervisory experiences, p. 217-19. This scale was developed by Rigazio-GiGilio, S., (1995), reprinted with the author's permission. It covers the supervisory experience, a narrative recollection of the primary supervisory



experience(s), themes across the supervisory encounters, and basic assumptions underlying the supervisory process. It can be completed by the supervisee.

Substance Abuse Counseling

David J. Powell and Archie Brodsky, *Clinical Supervision in Alcohol and Drug Abuse Counseling*, New York: Jossey-Bass, 2004.

- a. Evaluation of the counselor, p. 351-354. This scale is an extensive evaluation of the supervisee, to be completed by the supervisor. It was adapted from Stoltenberg and Delworth, (1987) and covers areas such as theoretical and technical knowledge, procedural skills, judgment, insight, roles and activities in supervisory sessions.

U.S. Department of Health and Human Services, *Treatment Improvement Protocol # 52, Clinical Supervision and Professional Development of the Substance Abuse Counselor*, Washington, D.C., 2009.

- a. Counselor competency assessment, p. 120-21. This form was adapted from Porter and Gallon (2006), and can be completed by either the supervisor and/or supervisee. It covers the twelve core functions of a substance abuse counselor as defined in Technical Assistance Protocol #21 (2006).
- b. Individual development plan, p. 122-3. This professional development plan was adapted from Porter and Gallon (2006), and provides a training plan for supervisees covering the twelve core functions of a substance abuse counselor as defined in Technical Assistance Protocol #21 (2006).