

# LEGACY CHANGERS TRAINING INSTITUTE

— *for Mental Health Equity and Justice* —



## COURSE-PACK OF ACTIVITIES & HANDOUTS

IN ORDER OF USE



## The Advanced Clinical Supervisor: *Next Level Tools for Ethical Supervision*

# Supervisor Record of Supervision

Supervisee Name: \_\_\_\_\_

CLINICAL Supervisor Name: Sonja Sutherland, PhD, LPC, ACS

## LICENSURE REQUIREMENTS

Current as of 01.01.2022

➤ 85 Hours of Experience per month on average 1000 Hours of Experience per year	➤ 35 continuing education hours per licensure cycle (every 2 years by Sept 30 <sup>th</sup> ) - 6 hrs must be ethics
➤ 3000 Hours needed for full licensure (over 3 yrs)	
➤ 35 supervision hours per year (about 3 hrs per month)	➤ 6 hours of Telemental Health Training (per 5 years)

Date: \_\_\_\_\_

Amount of Clock Time (min.)	SPV Modality: ➤ Individual ➤ Triad ➤ Group (MAX OF 6)	Topic(s) (i.e., client review, documentation, clinical research, etc.)	Notes
90	<input type="checkbox"/> Individual/ Triadic <input type="checkbox"/> Group  Therapist 1 Therapist 2	<input type="checkbox"/> Addictions <input type="checkbox"/> Basic responding skills <input type="checkbox"/> Building rapport <input type="checkbox"/> Client Review <input type="checkbox"/> Case conceptualization skills <input type="checkbox"/> Clinical Goal Development Discussion <input type="checkbox"/> Continuing education opportunities for specialization & improving scope of practice <input type="checkbox"/> Counselor self-awareness <input type="checkbox"/> Documentation Review <input type="checkbox"/> Diagnosis & Medication <input type="checkbox"/> Ethical Behavior / Treatment <input type="checkbox"/> Marital Counseling <input type="checkbox"/> Multicultural considerations <input type="checkbox"/> Professional Development <input type="checkbox"/> Self-care <input type="checkbox"/> Theoretical Orientation <input type="checkbox"/> Transference-Counter Transference <input type="checkbox"/> Treatment planning <input type="checkbox"/> Trusting client resiliency <input type="checkbox"/> Working with vicarious trauma / compassion fatigue <input type="checkbox"/> Other _____	<ul style="list-style-type: none"> <li>Beginning of Sup Relationship.</li> <li>Initial Documentation Review (Bill of Rights, Professional Disclosure, Supervision Contract, Supervision Best Practices (ACES), Supervision Informed Consent, NBCC Practice of Internet Counseling, Links &amp; Resources)</li> <li>Goals of Supervision –</li> </ul>

Date: \_\_\_\_\_

Amount of Clock Time (min.)	SPV Modality: ➤ Individual ➤ Triad ➤ Group (MAX OF 6)	Topic(s) (i.e., client review, documentation, clinical research, etc.)	Notes
90	<input type="checkbox"/> Individual/ Triadic <input type="checkbox"/> Group  Therapist 1 Therapist 2	<input type="checkbox"/> Basic responding skills <input type="checkbox"/> Building rapport <input type="checkbox"/> Client Review <input type="checkbox"/> Case conceptualization skills <input type="checkbox"/> Clinical Goal Development Discussion <input type="checkbox"/> Continuing education opportunities for specialization & improving scope of practice <input type="checkbox"/> Counselor self-awareness <input type="checkbox"/> Documentation Review <input type="checkbox"/> Diagnosis & Medication <input type="checkbox"/> Ethical Behavior / Treatment <input type="checkbox"/> Marital Counseling <input type="checkbox"/> Multicultural considerations <input type="checkbox"/> Professional Development <input type="checkbox"/> Self-care <input type="checkbox"/> Theoretical Orientation <input type="checkbox"/> Transference-Counter Transference <input type="checkbox"/> Treatment planning <input type="checkbox"/> Trusting client resiliency <input type="checkbox"/> Working with vicarious trauma / compassion fatigue <input type="checkbox"/> Other _____	

Date: \_\_\_\_\_

Amount of Clock Time (min.)	SPV Modality: ➤ Individual ➤ Triad ➤ Group (MAX OF 6)	Topic(s) (i.e., client review, documentation, clinical research, etc.)	Notes
90	<input type="checkbox"/> Individual/ Triadic <input type="checkbox"/> Group  Therapist 1 Therapist 2	<input type="checkbox"/> Basic responding skills <input type="checkbox"/> Building rapport <input type="checkbox"/> Client Review <input type="checkbox"/> Case conceptualization skills <input type="checkbox"/> Clinical Goal Development Discussion <input type="checkbox"/> Continuing education opportunities for specialization & improving scope of practice <input type="checkbox"/> Counselor self-awareness <input type="checkbox"/> Documentation Review <input type="checkbox"/> Diagnosis & Medication <input type="checkbox"/> Ethical Behavior / Treatment <input type="checkbox"/> Marital Counseling <input type="checkbox"/> Multicultural considerations <input type="checkbox"/> Professional Development <input type="checkbox"/> Self-care <input type="checkbox"/> Theoretical Orientation <input type="checkbox"/> Transference-Counter Transference <input type="checkbox"/> Treatment planning <input type="checkbox"/> Trusting client resiliency <input type="checkbox"/> Working with vicarious trauma / compassion fatigue <input type="checkbox"/> Other _____	

# Supervisee Individual & Group Supervision Hours

Supervisee Name: \_\_\_\_\_

CLINICAL Supervisor Name: Sonja Sutherland, PhD, LPC, ACS

LICENSURE REQUIREMENTS	
Current as of 01.01.2022	
<ul style="list-style-type: none"> <li>➤ 85 Hours of Experience per month on average 1000 Hours of Experience per year</li> <li>➤ 3000 Hours needed for full licensure (over 3 yrs)</li> </ul>	<ul style="list-style-type: none"> <li>➤ 35 continuing education hours per licensure cycle (every 2 years by Sept 30<sup>th</sup>) - 6 hrs must be ethics</li> </ul>
<ul style="list-style-type: none"> <li>➤ 35 supervision hours per year (about 3 hrs per month)</li> </ul>	<ul style="list-style-type: none"> <li>➤ 6 hours of Telemental Health Training (per 5 years)</li> </ul>

Date: \_\_\_\_\_

DATE	Amount of Clock Time (min.)	SPV Modality: ➤ Individual ➤ Dyad ➤ Group (MAX OF 6)	Topic(s) (i.e., client review, documentation, clinical research, etc.)
		<input type="checkbox"/> Individual/ Dyadic  <input type="checkbox"/> Group	<div> <input type="checkbox"/> Addictions  <input type="checkbox"/> Basic responding skills  <input type="checkbox"/> Building rapport  <input type="checkbox"/> Client Review  <input type="checkbox"/> Case conceptualization skills  <input type="checkbox"/> Clinical Goal Development Discussion  <input type="checkbox"/> Continuing education opportunities for specialization &amp; improving scope of practice  <input type="checkbox"/> Counselor self-awareness  <input type="checkbox"/> Documentation Review  <input type="checkbox"/> Diagnosis &amp; Medication                     </div> <div> <input type="checkbox"/> Ethical Behavior / Treatment  <input type="checkbox"/> Marital Counseling  <input type="checkbox"/> Multicultural considerations  <input type="checkbox"/> Professional Development  <input type="checkbox"/> Self-care  <input type="checkbox"/> Theoretical Orientation  <input type="checkbox"/> Transference-Counter Transference  <input type="checkbox"/> Treatment planning  <input type="checkbox"/> Trusting client resiliency  <input type="checkbox"/> Working with vicarious trauma / compassion fatigue  <input type="checkbox"/> Other _____                     </div>

Client Identifier: \_\_\_\_\_ New Client or Update

Demographics:  
(i.e. age, ethnicity, etc.)

Individual Therapy? Couples Therapy? Family Therapy? Group Therapy? \_\_\_\_\_

Presenting Issue:

Clinical Discussion:

Therapist Considerations:



© Dr. Sonja Sutherland, 2022. All rights reserved for original content.

Rights neither held nor claimed for supplemental proprietary content incorporated for participant use. All authors credited.

<b>Suggestions/Follow-Up:</b>	
<b>Client Identifier:</b> _____ New Client    or    Update	<b>Demographics:</b> (i.e. age, ethnicity, etc.)
<b>Individual Therapy? Couples Therapy? Family Therapy? Group Therapy?</b> _____	
<b>Presenting Issue:</b>	
<b>Clinical Discussion:</b>	
<b>Therapist Considerations:</b>	
<b>Suggestions/Follow-Up:</b>	
<b>Client Identifier:</b> _____ New Client    or    Update	<b>Demographics:</b> (i.e. age, ethnicity, etc.)
<b>Individual Therapy? Couples Therapy? Family Therapy? Group Therapy?</b> _____	
<b>Presenting Issue:</b>	
<b>Clinical Discussion:</b>	
<b>Therapist Considerations:</b>	
<b>Suggestions/Follow-Up:</b>	
<b>OTHER CLIENTS FROM GROUP:</b>	

## CORTEZ

*(adapted from ACA Ethics case study)*



Your supervisee Cortez is a 1<sup>st</sup> year post-masters clinician. He has been with you for 7 months. Cortez is a 48-year-old Latino male. He enjoys close family relationships with his father who is 70 years old (lives with him), his younger sister and brother, and his daughters who are 25 and 27 years old. He attends church regularly, but he is not involved in any of the activities provided by the church other than Sunday services.

Today he has brought to you his most recent case. For the last 6 months, he has been counseling a 45-year old African American woman with a presenting problem of difficulty coping with the death of her mother. Her mother and grandmother (who is also deceased) suffered from progressive Alzheimer's disease. Cortez's client revealed to him that she administered a lethal dose of sleeping pills to her grandmother during the final stages of the Alzheimer's, and that she has also caused the death of her mother by withholding cardiac medication. It was then revealed that it is likely she will have to take care of a third relative with Alzheimer's disease, an elderly Aunt.

As you engaged with Cortez to help him determine how to clinically assess this client and update his treatment plan, Cortez indicated he didn't know what to think about the fact that his client aided in the deaths of her grandmother and mother. He believes strongly in familismo, and his spiritual beliefs tell him that this is wrong. At the same time, Cortez feels that his client is not a bad person and did what she did while under tremendous stress and pressure and with feelings of compassion for the deteriorating condition of her mother and grandmother. Eventually he responded to his internal conflict with anger, has begun to question the character of his client, and wonders if he should continue working with her. Cortez is particularly concerned because he is not sure he wants to be part of a situation where he aids in the death of yet another one of her client's relatives.

In the first 3 - 4 months of supervision, you discussed Cortez's struggle to develop and maintain a therapeutic relationship with his client. Cortez often indicated getting stuck knowing what to do to help this client, even though this was well before the most recent revelation. Because of his experience of "getting stuck" he frequently voiced feelings of incompetence. He often seemed to fluctuate between using multiple approaches from Psychoanalytic, to Adlerian, to Gestalt to CBT. This was frequently a discussion in supervision.

At the 13-month mark in your supervisory relationship, you and Cortez again assessed his progress of clinical development to date. You pointed out several ongoing areas of deficiency. Cortez expressed surprise and disappointment that there were so many. He also indicated his disagreement with your assessment.

# Supervisee Assessment Guide

Adapted from Stoltenberg (1981) Integrative Developmental Model (IDM)

## (Part 1)

Assess the supervisor approach/role needed by the supervisee		
<b>Teacher</b> <i>(To instruct)</i>  What evidence suggests this?	<input type="checkbox"/> Evaluate counseling sessions <input type="checkbox"/> Identify interventions <input type="checkbox"/> Teach, demonstrate, and/or model intervention techniques <input type="checkbox"/> Interpret significant events in the counseling session <input type="checkbox"/> Other _____	<b>Application for Interpersonal Process Recall?</b> <b>Parallel Process/Isomorphism?</b> <b>What supervisory inquiries would be relevant and why?</b>
<b>“Counselor”</b> <i>(To facilitate supervisee self-growth as a counselor)</i>  What evidence suggests this?	<input type="checkbox"/> Explore supervisee feelings during the counseling and/or supervision session <input type="checkbox"/> Explore supervisee feelings concerning specific techniques and/or interventions <input type="checkbox"/> Facilitate supervisee self-exploration of confidences and/or worries in the counseling sessions <input type="checkbox"/> Help supervisees define personal competencies and areas for growth	
<b>Consultant</b> <i>(To generate data)</i>  What evidence suggests this?	<input type="checkbox"/> Provide alternative interventions and/or conceptualizations for supervisee use <input type="checkbox"/> Encourage supervisee discussion of client problems, motivation, etc. <input type="checkbox"/> Solicit and attempt to satisfy supervisee needs during the supervision session <input type="checkbox"/> Allow the supervisees to structure the supervision session	



# Supervisee Assessment Guide

Adapted from Loganbill, Hardy & Delworth (1983). *Supervision: A Conceptual Model*

## (Part 2)

Assess the supervisee's stage of development		
<b>Stagnation</b>  What evidence suggests this?	<input type="checkbox"/> Poor initial awareness and insight as to their impact on others (client; supervisor) <input type="checkbox"/> High self-focus <input type="checkbox"/> Tendency towards black and white thinking <input type="checkbox"/> Strong dependency on the supervisor	<b>Notes</b>
<b>Confusion</b>  What evidence suggests this?	<input type="checkbox"/> Instability, disorganization, disruption, conflict <input type="checkbox"/> Liberated from rigid ways of thinking about clinical application <input type="checkbox"/> Ambivalence – fluctuate between feelings of failure and incompetence to feelings of great expertise and ability <input type="checkbox"/> Dependent on supervisor with disappointment and anger	<b>Notes</b>
<b>Integration</b>  What evidence suggests this?	<input type="checkbox"/> Reorganization, integration, flexibility, new cognitive understanding <input type="checkbox"/> Increased awareness and taking responsibility for what is occurring in supervision and in client relationships sense of direction and future <input type="checkbox"/> Realistic view of self-acceptance of stronger and weaker areas <input type="checkbox"/> More reasonable view of supervisor	<b>Notes</b>





# Supervisee Assessment Guide

Adapted from Loganbill, Hardy & Delworth (1983). *Supervision: A Conceptual Model*

## (Part 3)

Digging deeper to <b>identify critical issues</b> in supervisee development		
<b>Competence</b> What evidence suggests this?	<input type="checkbox"/> Skills <input type="checkbox"/> Technique <input type="checkbox"/> Mastery	<b>Notes</b>
<b>Emotional Awareness</b> What evidence suggests this?	<input type="checkbox"/> Knowing oneself <input type="checkbox"/> Awareness of Feelings	<b>Notes</b>
<b>Autonomy</b> What evidence suggests this?	<input type="checkbox"/> Sense of Self <input type="checkbox"/> Independence <input type="checkbox"/> Self-directedness	<b>Notes</b>
<b>Theoretical Identity</b> What evidence suggests this?	<input type="checkbox"/> Theoretical consistency <input type="checkbox"/> Synthesized theoretical identity <input type="checkbox"/> Conceptual integration	<b>Notes</b>
<b>Respect for Individual Differences</b> What evidence suggests this?	<input type="checkbox"/> Non-Judgmental-ness <input type="checkbox"/> Valuing of others <i>[changed from Acceptance]</i> <input type="checkbox"/> Acceptance of other's perspectives <i>[changed from Tolerance]</i>	<b>Notes</b>
<b>Purpose &amp; Direction</b> What evidence suggests this?	<input type="checkbox"/> Setting goals <input type="checkbox"/> Direction in Counseling <input type="checkbox"/> Appropriate short or long-term goals	<b>Notes</b>
<b>Personal Motivation</b> What evidence suggests this?	<input type="checkbox"/> Personal Meaning <input type="checkbox"/> Reward Satisfaction	<b>Notes</b>
<b>Professional Ethics</b> What evidence suggests this?	<input type="checkbox"/> Values	<b>Notes</b>

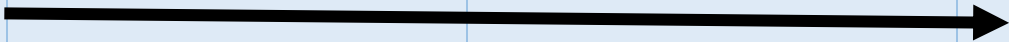









## SAMPLE

*Adapted from Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model*

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

[] Initial Assessment []Q1 []Q2 []Q3 []Q4

	STAGNATION	CONFUSION	INTEGRATION
8 Critical Supervision Issues	1.....5.....10	1.....5.....10	1.....5.....10
1. Competence			
2. Emotional Awareness			
3. Autonomy			
4. Theoretical Identity			
5. Respect for Individual Differences			
6. Purpose and Direction			
7. Personal Motivation			
8. Professional Ethics			

# CORTEZ' QUARTERLY DEVELOPMENTAL TRACKING SHEET

Complete a tracking sheet for Cortez. Follow the example on the previous page.

☐ Initial Assessment ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

	STAGNATION	CONFUSION	INTEGRATION
8 Critical Supervision Issues	1.....5.....10	1.....5.....10	1.....5.....10
1. Competence			
2. Emotional Awareness			
3. Autonomy			
4. Theoretical Identity			
5. Respect for Individual Differences			
6. Purpose and Direction			
7. Personal Motivation			
8. Professional Ethics			



# Supervisee Interventions Guide

Adapted from Loganbill, Hardy & Delworth (1983). *Supervision: A Conceptual Model*

## (Part 4)

Quick Review of Cortez's Overall Development	
	<b>Evidence</b>
<input type="checkbox"/> Stagnation <input type="checkbox"/> Confusion <input type="checkbox"/> Integration	
Quick Review of Supervision Role & Focus of Interaction	
	<b>Focus, Goals, and Activities?</b>
<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Consultant	
Cortez's Critical Issues	
<b>Given your previous assessment, which critical issue(s) would you focus on first? Why?</b>	
<input type="checkbox"/> Competence <input type="checkbox"/> Emotional Awareness <input type="checkbox"/> Autonomy <input type="checkbox"/> Theoretical Identity <input type="checkbox"/> Respect for Individual Differences <input type="checkbox"/> Personal Motivation <input type="checkbox"/> Professional Ethics	
	<b>Stage of Development within each issue chosen?</b> <i>(Stagnation? Confusion? Integration?)</i>
Which intervention(s) would you choose to help Cortez move forward clinically?	
	<b>Justification for Intervention Choice(s)</b>
<input type="checkbox"/> Prescriptive Interventions <input type="checkbox"/> Confrontive Interventions <input type="checkbox"/> Conceptual Interventions	

## How might you approach remediation for Jessica?

Jessica  
MA-CMHC  
EMDR (L1)

- 1.5 years post graduation
- New 24 year old female client
- Dissociative Identity Disorder
- No experience
- Worried she cannot handle dx
- considers herself a generalist

+ 2 months

- ✓ Still seeing client sporadically
- ✓ Attended supervision
- ✓ Receptive to what has been taught in supervision
- ✓ Implements in sessions
- Has not done independent research and reading on DIDtx best practices

- ✓ *Assess*
- ✓ *Consult*
- ✓ *Communicate*
- ✓ *Develop*
- ✓ *DOCUMENT*

Note your thoughts here.

## How might you approach remediation for Tyler?

### Tyler MA-CMHC

- 1.5 years post grad
- Children & adolescent focus
- Ongoing male client
- "...rubs me the wrong way!..."
- Upcoming family session
- Doesn't know what to do

+ 2 months

- ✓ Family session cancelled by father
- ✓ Has had one session with client that was video taped
- Cancelled two others
- Has not prepared video tape for joint review in supervision

- ✓ **Assess**
- ✓ **Consult**
- ✓ **Communicate**
- ✓ **Develop**
- ✓ **DOCUMENT**

Note your thoughts here.

## How might you approach remediation for Monique?

Monique  
MA-MFT  
EMDR (L1)

- 2.5 years post grad
- 19yr old male client
- SI - 1 attempt w/ crisis stab.
- Autism spectrum
- Gender dysphoria
- *Peer consult\**

+ 2 months

- ✓ *Assess*
- ✓ *Consult*
- ✓ *Communicate*
- ✓ *Develop*
- ✓ *DOCUMENT*

- Your colleague reports back that Monique has continued to see this client despite recommendation that he be referred.
- Therapist has not connected with supervisor with specific expertise.
- Missed two of last 4 supervision sessions.
- Therapist brought in licensure docs for supervisor signature

Note your thoughts here.

## How might you approach remediation for Juan?

### Juan 2<sup>nd</sup> Semester Hispanic Intern

- 8 months working with teens under your supervision
- Builds strong rapport
- New Hispanic client
- Completed intake, dx, and tx plan correctly without assistance
- “What direction should I take?”

+ 2 months

- ✓ *Assess*
- ✓ *Consult*
- ✓ *Communicate*
- ✓ *Develop*
- ✓ *DOCUMENT*

- ✓ Counselor competencies
  - ✓ Intervention skills
  - ✓ Assessment techniques
  - ✓ Conceptualization
  - ✓ Tx goals & progress
  - ✓ Report writing & record keeping
- ✓ Boundaries



157

Note your thoughts here.





*You are supervising Sherry and Tanisha twice monthly (3 hrs per month) in group supervision. Cortez attends this group once per month as well. Sherry is a 40-year-old, Caucasian, cisgender, female, doctoral student who is completing her required counseling internship (eating disorders specialization) in your group practice. She is fully licensed. Tanisha is a 30-year-old non-binary person of color who has been in the field for 2 years and is in her 2<sup>nd</sup> year of her associate licensure.*

*Tanisha is engaged in video-based counseling with a Caucasian 65-year-old male client who can no longer drive due to increased vision impairment. His company retired him 5 years ago during an organizational restructuring. He still has access to benefits through his company. Tanisha is on his plan and had the first availability for seeing him. He has been experiencing heavy depression and has been increasingly verbally aggressive with his wife since retirement. She has given him an ultimatum – go to therapy or get a divorce. Divorce is not what he wants.*

*During supervision you learn that Tanisha's client has made negative comments about race, age and gender identity, which would be considered microaggressions. While the client does know Tanisha is African-American, he does not know Tanisha identifies as non-binary. It has come out in session that when he was downsized, he was replaced by a younger African-American male who he believes was gay, and also unqualified to replace him. He spoke derogatorily of black men and the LGBTQIA+ community as a whole. As Tanisha described some of his statements, she could tell Sherry was visually uncomfortable and unusually quiet, which made Tanisha choose to leave out some details of the experience.*



*When you as the supervisor ask Tanisha what her experience is working with this client, your supervisee Tanisha states that she can “handle” the situation and that she does not want her client to feel embarrassed or bad by confronting him about these microaggressions. Cortez verbalized that he thought the client was wrong, and also indicated he would not confront him because of his age.*

*Until now within supervision, you as the supervisor have not broached the topic of race, ethnicity, gender identity, sexual orientation, age differences, etc. within the supervisory relationships.*

# Cross-Culturally Responsive Practice Mindset Development

## Clinician Self-Assessment

Using the likert scale below, as we cover the overview of the CCCMDM, give yourself some honest personal feedback on where you really sit with regard to your **cross-culturally responsive-practice mindset** development. This is a 2-page assessment.

Circle your response for each.		
 <p>Pre-Civility Contemplation</p>	<ol style="list-style-type: none"> <li>1) Not including today, in the last 60 days I have read books or articles or listened to podcasts about things like discrimination, privilege, marginalization, antiracism/ racism, homophobia, ableism, agism, xenophobia, transphobia, social justice, etc. →</li> <li>2) I think privilege benefits white people in America. →</li> <li>3) I think BIPOC experience marginalization. →</li> <li>4) I think racism is real. →</li> <li>5) I think institutions like schools, social service and government agencies have racist, phobic, and other discriminatory policies that keep BIPOC and other marginalized groups from experiencing equity and access in this society. →</li> <li>6) My opinions negative about people unlike me has to do with what I see, not any bias I have. →</li> <li>7) It's my responsibility to find ways I can fight for equity and access for marginalized groups of people. →</li> </ol>	<p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p>
<p>What struck you most about the questions and your responses?</p>		
 <p>Civility Contemplation</p>	<ol style="list-style-type: none"> <li>1) Not including today, in the last 30 days I have read books or articles or listened to podcasts about things like discrimination, privilege, marginalization, antiracism/racism, homophobia, ableism, agism, xenophobia, transphobia, social justice, etc. →</li> <li>2) In the last 60 days I have talked to 1, but not more than 2 people from a marginalized group about discrimination they have been experiencing. →</li> <li>3) I believe that while I can change my social circumstances by my own efforts (e.g. SES) it may be more difficult for BIPOC to do the same. →</li> <li>4) If I recognize social policies and practices that create inequitable opportunity and access for someone in a marginalized group, it's my responsibility to find a way I can contribute to the solution. →</li> <li>5) If I am not actively contributing to a solution, I am part of the problem. →</li> </ol>	<p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p> <p>not at all true.....somewhat true.....<b>very true</b>.....not sure</p>
<p>What struck you most about the questions and your responses?</p>		

	<ol style="list-style-type: none"> <li>1) I understand the concepts of social group identity and cultural identity. →</li> <li>2) I can name at least 2 areas of my privilege and am seeking to learn more. →</li> <li>3) I can name at least 2 areas of my marginalization and am seeking to learn more. →</li> <li>4) I am comfortable naming and talking about my intersecting identities. →</li> <li>5) I can name and talk about at least 2 areas where I have bias and am seeking to learn more. →</li> <li>6) Not including today, I can point to at least 1 time in the last 30 days where I engaged in healthy conversation about <u>my personal</u> privilege, marginalization, intersecting identities, and/or bias. →</li> <li>7) When I get uncomfortable talking about privilege, marginalization or bias, racism, etc, I push through regardless of how I feel. →</li> <li>8) It is critical for me to listen to and validate the experiences of BIPOC. If I am not doing this, I am showing racist tendencies. →</li> <li>9) I am actively seeking to engage in relationships with others from different social / cultural backgrounds and identities who do not look or sound like me. →</li> <li>10) It's my responsibility to find ways I can fight for equity and access for marginalized groups of people. →</li> </ol>	<p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p>
<p>What struck you most about the questions and your responses?</p>		
	<ol style="list-style-type: none"> <li>1) I understand and can talk about my social group identity and cultural identity. →</li> <li>2) I can readily talk and educate others about the history that shapes my privilege <u>and</u> the privilege of others. →</li> <li>3) I am concerned about and can readily talk about how my privilege impacts me and others around me. →</li> <li>4) I can readily talk and educate others about the history that shapes my marginalization <u>and</u> the marginalization of others. →</li> <li>5) I am concerned about and can readily talk about how my marginalization impacts me and others around me. →</li> <li>6) When I hear racist ideas, or stereotypes related to race, gender, sexual/ affectional orientation, disability, etc, most of the time I speak up against it. →</li> <li>7) I have taken time to identify and acknowledge my personal verbalizations or behaviors that disregard the impact of racism on black, indigenous and other people of color. →</li> <li>8) Not including today, I can point to at least 2 times in the last 30 days where I engaged in healthy conversation about <u>my personal</u> privilege, marginalization, intersecting identities, and/or bias. →</li> <li>9) I actively engaging in social justice actions that equity and access for BIPOC and other marginalized groups of people. →</li> </ol>	<p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p>
<p>What struck you most about the questions and your responses?</p>		

# BLANK FORMS

# Supervisee Assessment Guide

Adapted from Stoltenberg (1981) Integrative Developmental Model (IDM)

## (Part 1)

Assess the supervisor approach/role needed by the supervisee		
<b>Teacher</b> <i>(To instruct)</i>  What evidence suggests this?	<input type="checkbox"/> Evaluate counseling sessions <input type="checkbox"/> Identify interventions <input type="checkbox"/> Teach, demonstrate, and/or model intervention techniques <input type="checkbox"/> Interpret significant events in the counseling session <input type="checkbox"/> Other _____	<b>Application for Interpersonal Process Recall?</b> <b>Parallel Process/Isomorphism?</b> <b>What supervisory inquiries would be relevant and why?</b>
<b>“Counselor”</b> <i>(To facilitate supervisee self-growth as a counselor)</i>  What evidence suggests this?	<input type="checkbox"/> Explore supervisee feelings during the counseling and/or supervision session <input type="checkbox"/> Explore supervisee feelings concerning specific techniques and/or interventions <input type="checkbox"/> Facilitate supervisee self-exploration of confidences and/or worries in the counseling sessions <input type="checkbox"/> Help supervisees define personal competencies and areas for growth	
<b>Consultant</b> <i>(To generate data)</i>  What evidence suggests this?	<input type="checkbox"/> Provide alternative interventions and/or conceptualizations for supervisee use <input type="checkbox"/> Encourage supervisee discussion of client problems, motivation, etc. <input type="checkbox"/> Solicit and attempt to satisfy supervisee needs during the supervision session <input type="checkbox"/> Allow the supervisees to structure the supervision session	

# Supervisee Assessment Guide

Adapted from Loganbill, Hardy & Delworth (1983). *Supervision: A Conceptual Model*

## (Part 2)

### Assess the supervisee's stage of development

<b>Stagnation</b>  What evidence suggests this?	<input type="checkbox"/> Poor initial awareness and insight as to their impact on others (client; supervisor) <input type="checkbox"/> High self-focus <input type="checkbox"/> Tendency towards black and white thinking <input type="checkbox"/> Strong dependency on the supervisor	<b>Notes</b>
<b>Confusion</b>  What evidence suggests this?	<input type="checkbox"/> Instability, disorganization, disruption, conflict <input type="checkbox"/> Liberated from rigid ways of thinking about clinical application <input type="checkbox"/> Ambivalence – fluctuate between feelings of failure and incompetence to feelings of great expertise and ability <input type="checkbox"/> Dependent on supervisor with disappointment and anger	<b>Notes</b>
<b>Integration</b>  What evidence suggests this?	<input type="checkbox"/> Reorganization, integration, flexibility, new cognitive understanding <input type="checkbox"/> Increased awareness and taking responsibility for what is occurring in supervision and in client relationships sense of direction and future <input type="checkbox"/> Realistic view of self-acceptance of stronger and weaker areas <input type="checkbox"/> More reasonable view of supervisor	<b>Notes</b>

# Supervisee Assessment Guide

Adapted from Loganbill, Hardy & Delworth (1983). *Supervision: A Conceptual Model*

## (Part 3)

Digging deeper to <b>identify critical issues</b> in supervisee development		
<b>Competence</b> What evidence suggests this?	<input type="checkbox"/> Skills <input type="checkbox"/> Technique <input type="checkbox"/> Mastery	<b>Notes</b>
<b>Emotional Awareness</b> What evidence suggests this?	<input type="checkbox"/> Knowing oneself <input type="checkbox"/> Awareness of Feelings	<b>Notes</b>
<b>Autonomy</b> What evidence suggests this?	<input type="checkbox"/> Sense of Self <input type="checkbox"/> Independence <input type="checkbox"/> Self-directedness	<b>Notes</b>
<b>Theoretical Identity</b> What evidence suggests this?	<input type="checkbox"/> Theoretical consistency <input type="checkbox"/> Synthesized theoretical identity <input type="checkbox"/> Conceptual integration	<b>Notes</b>
<b>Respect for Individual Differences</b> What evidence suggests this?	<input type="checkbox"/> Non-Judgmental-ness <input type="checkbox"/> Valuing of others <i>[changed from Acceptance]</i> <input type="checkbox"/> Acceptance of other's perspectives <i>[changed from Tolerance]</i>	<b>Notes</b>
<b>Purpose &amp; Direction</b> What evidence suggests this?	<input type="checkbox"/> Setting goals <input type="checkbox"/> Direction in Counseling <input type="checkbox"/> Appropriate short or long-term goals	<b>Notes</b>
<b>Personal Motivation</b> What evidence suggests this?	<input type="checkbox"/> Personal Meaning <input type="checkbox"/> Reward Satisfaction	<b>Notes</b>
<b>Professional Ethics</b> What evidence suggests this?	<input type="checkbox"/> Values	<b>Notes</b>

# Supervisee Interventions Guide

Adapted from Loganbill, Hardy & Delworth (1983). *Supervision: A Conceptual Model*; Stoltenberg (1981) *Integrative Developmental Model (IDM)*

## (Part 4)

Quick Review of Cortez's Overall Development	
	<b>Evidence</b>
<input type="checkbox"/> Stagnation <input type="checkbox"/> Confusion <input type="checkbox"/> Integration	
Quick Review of Supervision Role & Focus of Interaction	
	<b>Focus, Goals, and Activities?</b>
<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Consultant	
Cortez's Critical Issues	
<b>Given your previous assessment, which critical issue(s) would you focus on first? Why?</b>	
<input type="checkbox"/> Competence <input type="checkbox"/> Emotional Awareness <input type="checkbox"/> Autonomy <input type="checkbox"/> Theoretical Identity <input type="checkbox"/> Respect for Individual Differences <input type="checkbox"/> Personal Motivation <input type="checkbox"/> Professional Ethics	
	<b>Stage of Development within each issue chosen?</b> <i>(Stagnation? Confusion? Integration?)</i>
Which intervention(s) would you choose to help Cortez move forward clinically?	
	<b>Justification for Intervention Choice(s)</b>
<input type="checkbox"/> Prescriptive Interventions <input type="checkbox"/> Confrontive Interventions <input type="checkbox"/> Conceptual Interventions	



# SUPERVISEE QUARTERLY DEVELOPMENTAL TRACKING SHEET

*Adapted from Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model*

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



☐ Initial Assessment ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

	STAGNATION	CONFUSION	INTEGRATION
8 Critical Supervision Issues	1.....5.....10	1.....5.....10	1.....5.....10
9. Competence			
10. Emotional Awareness			
11. Autonomy			
12. Theoretical Identity			
13. Respect for Individual Differences			
14. Purpose and Direction			
15. Personal Motivation			
16. Professional Ethics			

# Cross-Culturally Responsive Practice Mindset Development

## Clinician Self-Assessment

Using the likert scale below, as we cover the overview of the CCCMDM, give yourself some honest personal feedback on where you really sit with regard to your **cross-culturally responsive-practice mindset** development. This is a 2-page assessment.

Circle your response for each.		
	<p>8) Not including today, in the last 60 days I have read books or articles or listened to podcasts about things like discrimination, privilege, marginalization, antiracism/ racism, homophobia, ableism, agism, xenophobia, transphobia, social justice, etc. →</p> <p>9) I think privilege benefits white people in America. →</p> <p>10) I think BIPOC experience marginalization. →</p> <p>11) I think racism is real. →</p> <p>12) I think institutions like schools, social service and government agencies have racist, phobic, and other discriminatory policies that keep BIPOC and other marginalized groups from experiencing equity and access in this society. →</p> <p>13) My opinions negative about people unlike me has to do with what I see, not any bias I have. →</p> <p>14) It's my responsibility to find ways I can fight for equity and access for marginalized groups of people. →</p>	<p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p>
<p>What struck you most about the questions and your responses?</p>		
	<p>6) Not including today, in the last 30 days I have read books or articles or listened to podcasts about things like discrimination, privilege, marginalization, antiracism/racism, homophobia, ableism, agism, xenophobia, transphobia, social justice, etc. →</p> <p>7) In the last 60 days I have talked to 1, but not more than 2 people from a marginalized group about discrimination they have been experiencing. →</p> <p>8) I believe that while I can change my social circumstances by my own efforts (e.g. SES) it may be more difficult for BIPOC to do the same. →</p> <p>9) If I recognize social policies and practices that create inequitable opportunity and access for someone in a marginalized group, it's my responsibility to find a way I can contribute to the solution. →</p> <p>10) If I am not actively contributing to a solution, I am part of the problem. →</p>	<p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p> <p><i>not at all true.....somewhat true.....very true.....not sure</i></p>
<p>What struck you most about the questions and your responses?</p>		

	<ol style="list-style-type: none"> <li>11) I understand the concepts of social group identity and cultural identity. →</li> <li>12) I can name at least 2 areas of my privilege and am seeking to learn more. →</li> <li>13) I can name at least 2 areas of my marginalization and am seeking to learn more. →</li> <li>14) I am comfortable naming and talking about my intersecting identities. →</li> <li>15) I can name and talk about at least 2 areas where I have bias and am seeking to learn more. →</li> <li>16) Not including today, I can point to at least 1 time in the last 30 days where I engaged in healthy conversation about <u>my personal</u> privilege, marginalization, intersecting identities, and/or bias. →</li> <li>17) When I get uncomfortable talking about privilege, marginalization or bias, racism, etc, I push through regardless of how I feel. →</li> <li>18) It is critical for me to listen to and validate the experiences of BIPOC. If I am not doing this, I am showing racist tendencies. →</li> <li>19) I am actively seeking to engage in relationships with others from different social / cultural backgrounds and identities who do not look or sound like me. →</li> <li>20) It's my responsibility to find ways I can fight for equity and access for marginalized groups of people. →</li> </ol>	<p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p>
<p><b>What struck you most about the questions and your responses?</b></p>		
	<ol style="list-style-type: none"> <li>10) I understand and can talk about my social group identity and cultural identity. →</li> <li>11) I can readily talk and educate others about the history that shapes my privilege <u>and</u> the privilege of others. →</li> <li>12) I am concerned about and can readily talk about how my privilege impacts me and others around me. →</li> <li>13) I can readily talk and educate others about the history that shapes my marginalization <u>and</u> the marginalization of others. →</li> <li>14) I am concerned about and can readily talk about how my marginalization impacts me and others around me. →</li> <li>15) When I hear racist ideas, or stereotypes related to race, gender, sexual/ affectional orientation, disability, etc, most of the time I speak up against it. →</li> <li>16) I have taken time to identify and acknowledge my personal verbalizations or behaviors that disregard the impact of racism on black, indigenous and other people of color. →</li> <li>17) Not including today, I can point to at least 2 times in the last 30 days where I engaged in healthy conversation about <u>my personal</u> privilege, marginalization, intersecting identities, and/or bias. →</li> <li>18) I actively engaging in social justice actions that equity and access for BIPOC and other marginalized groups of people. →</li> </ol>	<p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p> <p>not at all true.....somewhat true.....very true.....not sure</p>
<p><b>What struck you most about the questions and your responses?</b></p>		