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BPA Health SUD Supervision Manual

May 16, 2019

TABLE OF CONTENTS

INTRODUCTION

The BPA Health Supervision Manual is divided into the following sections representing services which require supervision:

- Clinical Supervision
- Case Management
- Recovery Coaching

ACKNOWLEDGEMENT

The Clinical Supervision chapter was originally developed through in collaboration with John Porter, NWATTC; John Kirsch, DHW, Nancy Irvin and other BPA Health Clinical Quality Coordinators. It has been updated to reflect changes in IDAPA and BPA Health Standards.

CHAPTER 1: CLINICAL SUPERVISION

1. Requirements for Clinical Supervision

Clinical Supervision centers on clinician knowledge, skills and attitudes and includes: evaluation of competencies, observation of skills, mentoring, planning and monitoring the work of another clinical staff person by a qualified Clinical Supervisor.

Clinical Supervision includes assuring the quality of treatment, creating a positive work environment and developing staff clinical skills.

BPA Health requires all treatment providers to use an evidence-based model of supervision. BPA Health worked with the Idaho Department of Health and Welfare to train providers in the ATTC Model of Supervision. BPA Health continues to train to this model. If a provider wishes to use another evidence-based model it must meet BPA Health frequency and supervision documentation standards (see Section 14) and must be submitted to BPA Health for consideration and approval.

Details of Clinical Supervision:

Quality of Clinical Supervision and the intensity thereof; is confirmed by the frequency, content and supervisor's time commitment, as based on the counselor's need. Counselor need is determined by the clinical supervisor's review and assessment of counselor's education, experience, licensure/certification, and direct observations of and/or discussions with counselor regarding counselor's clinical skills. Clinical supervision will be a minimum of 1 hour per month, per counselor, unless otherwise specified in Section 14. Acceptable activities for clinical supervision include a combination of observation and individual or group tutoring/mentoring, review of clinical documentation, professional development plan creation and review, etc. The hour(s) of clinical supervision per month may be broken into shorter time frames during each month, however, must total one hour and may not be comprised solely of one type of activity, rather supervision must be a combination of supervision activities.

2. Qualifications for Clinical Supervisor

The Clinical Supervisor must meet the requirements below also detailed in the BPA Health SUD Provider Manual.

1. Master's Degree from an accredited, approved, and recognized college or university in health and human services and the equivalent of three (3) years paid full-time professional experience with two (2) years providing direct substance use disorders treatment; OR
2. Clinical Supervisor designation from the Idaho Board of Occupational Licensure and professional experience in provision of substance use disorders treatment; OR
3. Idaho Board of Alcohol/Drug Counselor Certification (IBADCC) Certified Clinical Supervisor

If supervising individuals who provide services to children and adolescents, the clinical supervisor must have two (2) years of experience working with children and adolescents and knowledge of the effects of alcohol and drugs on child and adolescent growth and development.

Clinical Supervisors can't supervise their supervisors, business partners, or family members.

3. The ATTC Model of Clinical Supervision

This supervision model was adopted in Idaho as an evidence-based model to be implemented by provider agencies who provide clinical services on behalf of the State of Idaho through contracts with the Department of Health and Welfare, monitored by BPA Health. In lieu of the ATTC Model providers have the option of submitting to BPA Health for prior approval, the use of other evidence based models of clinical supervision. All models used must include:

1. Observation of service delivery;
2. A plan for professional growth;
3. Teaching, training, and mentoring in group or individual supervision sessions

Clinical Supervision as defined by the ATTC model includes:

1. **Observing counselors in their work**. Observation can be "in person", by video or audio for review by the clinical supervisor. Observations should be recorded on an Observation Sheet or Criteria Sheet. See the *Clinical Supervision and Professional Development of the Substance Abuse Counselor, Treatment Improvement Protocol (TIP) Series 52* (Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009, pp 20 -24).
2. **Creating the Professional Development Plan (PDP):** PDPs are created for each counselor based on needs indicated from the *Performance Assessment Rubrics for Addiction Counseling Competencies, 2nd Edition* (Addiction Technology Transfer Center Network, April 2011) rating forms and/or from clinical supervisor observation of the counselor's clinical skills.
3. **Teaching, training and mentoring.** These activities are needed to assist counselors to improve clinical performance. These activities may be 1:1, group supervision or training/mentoring provided by the clinical supervisor. When the team meets to discuss the best approach for a particular case, sometimes called clinical review or staffing, the clinical supervisor should ensure each of the ASAM dimensions are considered and it is related to professional development plan. These activities are reported on Clinical Supervision Progress Notes form (e.g. *TIP 52*, p. 115) and the note should reference the clinician's competencies/learning plan. No client names should be included in clinical supervision documentation.
4. **Individual Clinical Supervision Meetings**. Each counselor should have a regularly scheduled time for clinical supervision. If an individual client is staffed, the Clinical Supervisor should ensure each ASAM dimension is addressed. While the amount of time needed may vary depending on the experience and skill of each counselor, each should have clinical

supervision on a scheduled basis and at a minimum meet the requirements of the ATTC Model. Supervision meetings are documented and a copy of the supervisor's summary of that meeting is recommended to be provided to the counselor.

5. **Group Supervision/Training.** Group supervision is utilized when there is a common need among counselors which can be addressed in a group meeting. This is a time saving measure and can also be an opportunity for counselors to share information and learning.

4. ATTC Model of Supervision: Implementation Steps

In this section reference will be made to:

1. Performance Assessment Rubrics, 2nd Edition (ATTC Network, April 2011) or "Rubrics."
2. Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice. Technical Assistance Publication (TAP) Series 21 (Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2006).
3. Competencies for Substance Abuse Treatment Clinical Supervisors. Technical Assistance Publication (TAP) Series 21-A (Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2007).

HOW TO BEGIN:

1. Distribute copies of *TAP 21* (SAMHSA, 2006) or *TAP 21-A* (SAMHSA, 2007) for supervisors and the *Rubrics (2011)* to all counselors.
2. Discuss clinical supervision with each counselor, define what it is and how it will work; provide group supervision.
3. Use the ATTC Feedback Model of communication and begin relationship development with each counselor (See Appendix A).
4. Schedule individual clinical supervision appointments with each counselor based on need, at a minimum meeting the requirements in the ATTC Model or in BPA Health Manual.
5. Complete the rating from the *Rubrics* to assess performance and establish a base-line to begin performance improvement (see Appendix B).
6. Observe the work of counselors and provide feedback at a minimum of once per month unless otherwise specified in Section 14 (see Appendix C).
7. Create a Professional Development Plan (see Appendix D).
8. Teach, train and mentor.
9. Review progress; re-observe counselor performance.
10. Update the Professional Development Plan, celebrate successful performance improvement.

5. ATTC Model of Supervision: Rating Counselor Performance

In this section reference will be made to:

1. *Performance Assessment Rubrics, 2nd Edition* (ATTC Network, April 2011) or "*Rubrics*."
2. Professional Competencies Summary (Appendix B)

In order to begin the process of assessing counselor performance it is necessary to establish a starting point or a base line. The *Rubrics* can be used for an assessment of the counselor's skills in each of the competency areas. The clinical supervisor will compare ratings to the job description to determine which are applicable in the assessment of skills. After the initial evaluation of competencies in the *Rubrics*, counselors will be assessed annually only on the competencies that comprise their job duties. **The initial evaluation of the competencies must be completed within a month of hire of SUD services and annually thereafter.** Only those competencies rated below "3" will need to be evaluated annually. The Professional Competencies Summary Form (Appendix B) may be used, after the first year but isn't required.

The *Rubrics* are specific to the competencies in *TAP 21 (SAMHSA, 2006)* for counselors or *TAP 21-A (SAMHSA, 2007)* for supervisors. Although in a different format, each will provide an opportunity for assessing counselor performance.

By establishing a "base line" prior to creating a Professional Development Plan (PDP) for the counselor, the supervisor has an opportunity to effectively measure the effects of the PDP.

The Steps in using the *Performance Assessment Rubrics, 2nd Edition* (ATTC Network, April 2011)

1. Initially, counselors must be assessed on all the competencies in the *Rubrics* within 30 days of hire for SUD services. Thereafter, counselors will be assessed annually on the competencies related to the job description and may assess on additional competencies if desired.
2. Discuss the purpose of the ratings and how these will be used to determine goals for the PDP.
3. Upon completion, discuss those areas in which the counselor feels the need for performance improvement. As the clinical supervisor, compare your rating to that of the counselor and agree upon areas for improvement.
4. Limit the areas for improvement and remember to keep it simple. Assuming the counselor is committed to his/her work at the agency, prioritize those areas for performance improvement with the counselor and proceed to creating a PDP. It is often a good idea to allow the counselor to prioritize areas for performance improvement; although if

the supervisor has concerns about specific performance, that concern should be addressed with the counselor.

5. Agree on areas for improvement and proceed to the creation of a Professional Development Plan (PDP). (see Appendix D)

The Steps in using the Professional Competencies Summary Form (see Appendix B)

1. The Professional Competency Summary Form can be utilized to track clinician's competencies and their progress in their rating scores. Once they are competent in a competency you will not have to continue to rate that competency but can focus on those that still need improvement. This form is helpful for all clinicians and particularly helpful for QSUDPT (Trainees) in tracking their progress/status of performance level in each competency.
2. The Professional Competency Summary Form and Instructions can be found in Appendix B.

6. Scheduling Clinical Supervision Meetings

In this section reference will be made to:

1. Clinical Supervision Agenda
2. The Professional Development Plan (PDP).

Meetings with each counselor should be scheduled by the clinical supervisor. Regardless of which evidence-based supervision model being implemented, it is important to meet with the counselors on a regularly scheduled basis to discuss performance, observations and concerns that impact the counselor's work. The duration of the meetings as well as the frequency should be determined by the supervisor according to counselor need as identified in *Rubrics* and Professional Development Plan. The most practical method seems to be one in which the meeting is the same time each week or each month so that both counselor and supervisor schedule accordingly.

The focus of the clinical supervision meeting should be observation, mentoring, training, etc. as it relates to the Professional Development Plan (PDP). Following a standardized agenda may create consistency and create an environment of comfort and confidence for the supervisor and the counselor. The supervisory agenda allows counselors to participate in establishing the priorities for each meeting. If the counselor has agenda items, it is important to discuss those items before continuing with the interview.

NOTE: The focus of the supervision meeting is the PDP and the activities designed to improve the counselor performance. This is an opportunity for mentoring, teaching and training to assist the counselor to improve performance. **It should be noted, one (1) hour per month of clinical supervision is required unless otherwise specified in Section 14.** The hour must be a combination of training, mentoring, observation, etc.

7. Observing Counselors

In this section reference will be made to:

1. *Clinical Supervision and Professional Development of the Substance Abuse Counselor*, Treatment Improvement Protocol (TIP) Series 52. (Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009, pp. 20-24).
2. Criteria for individual counseling
3. Criteria for group counseling
4. Methods of observation

In order to improve counselor performance it is necessary to observe their work and provide feedback regarding the quality of the counseling activity. While counselors may resist such observation, it is imperative to know what is going on that constitutes "treatment". The supervisor must take the time to establish a relationship of trust with each counselor. Without the collaborative, cooperative relationship, the feedback from the observation will not be effective.

The supervisor should discuss the observation well in advance of the date scheduled for that observation. Allow the counselor to pick the time and activity for the initial observation. This allows the counselor to feel comfortable and perform at their highest level. The idea is to catch the counselor doing their best work; not their areas of weakness. As the counselor develops confidence in the supervisor's ability to provide feedback, he/she will ask for observation in areas in which they have concerns about their work. When this type relationship is established and the counselor begins to appreciate the feedback and assistance in developing and/or improving skills, supervision is more effective.

Observations of assessments, individual sessions, or groups may be conducted in-person, via encrypted audio/visual internet calls, or encrypted video or audio recording. Encryption must meet 42 CFR Part 2 standards. See *TIP 52* (SAMHSA, 2009) for more information.

Observations should be on-going. In some agencies, the supervisor may reserve the right to "drop in" at any time to observe counselor performance. There is some value in an unannounced observation. It is suggested that this type observation occur only after a period in which the counselor has experienced observation and has an opportunity to prepare. Counselors who feel comfortable in their relationship with their supervisor will not feel threatened by unannounced observations.

The results from completion of the competency ratings and the observation form the basis for creating or refining a PDP. The combination

of both will provide the greatest opportunity to assess areas of excellence and challenge.

STEPS in the observation of counselors:

1. Meet with each counselor to discuss the observation, its purpose and how it will occur.
2. If the observation is "in person" and you will be sitting in on the counselor's group, individual session or other counseling work, explain your role in the process. While there may be opportunities for co-therapy, the counselor should be aware if you plan to interact in the group process.
3. While some clinical supervisors prefer to interact in the group process, this should be discussed and determined prior to the observation.
4. If the counselor's work is to be: audio or video recorded, or via audio/visual internet call, the client involved must sign a consent form. These procedural tasks should be completed well in advance of the observation date. All 42CFR Part 2 and HIPAA requirements must be met.
5. The supervisor and counselor should decide what is to be observed. Criteria for observation should be developed so that it is understood what is to be evaluated in the observation.
6. While the supervisor should write comments on everything observed in the session, particular attention should be paid to those areas agreed upon prior to the observation.
7. The counselor and supervisor should agree upon the length of the observation. Often a brief observation is preferable to sitting through the whole group. The supervisor may prefer to see the beginning, the process section or the closing of the group.
8. The role of the supervisor is to take detailed notes.
9. Feedback should include detail and if using ATTC Model of Supervision should follow the ATTC ORAL Feedback Model.
10. Feedback should closely follow the observation. If possible, provide brief feedback on the day of the observation and schedule a supervisory interview to provide detailed information from the observation.
11. If audio or video recording occurs, the supervisor may choose to review the recording prior to meeting with the counselor. There is also value in viewing the recording together. The counselor may review the recording prior to the discussion with the supervisor at which time they may pick areas of excellence as well as areas of challenge in their work.

12. Sample observation feedback forms see Appendix C.

8. Providing Feedback

In this section reference will be made to:

1. The clinical supervision agenda
2. The ORAL Feedback Method
3. Group criteria for observation
4. Individual criteria for observation

The manner in which feedback is provided to the counselor is very important. In the ORAL Feedback method, prior to the observation the counselor and supervisor should determine what is to be observed, how it will be recorded and reported to the counselor. An observation sheet can be very helpful in recording feedback. Sample criteria on the observation sheets can be a guide for each supervisor in developing a method of recording information in the observation. It is important to be specific and in some instances record exact numbers of incidences observed to be addressed in the feedback.

As "areas of challenge" are agreed upon by the counselor and supervisor, criteria can be developed which will represent a report on performance improvement or lack thereof. The counselor needs specific information rather than a general report. The responsibility of the supervisor is to record accurately the performance and provide feedback in a respectful manner.

The counselor may be anxious to hear a report from his/her supervisor. It is often important to spend a few minutes giving the counselor a brief report and scheduling time in the next few days to share the full report in detail. In that meeting the supervisor should provide detailed and specific information on improved performance and also address concerns. The supervisor should have recorded detailed notes from the observation (see Appendix C for sample Observation Feedback forms).

This meeting could result in an update to the Professional Development Plan (PDP) if goals are completed or new issues are discovered. The focus of the supervisory meeting is always on the PDP.

9. Using the ATTC Supervision Model: Feedback Method

In this section reference will be made to:

1. ATTC ORAL Feedback Method
2. Supervisory agenda

The ATTC ORAL Feedback method is one way to provide information to the counselor. It is designed to address the OBSERVATION, REPORT to the counselor, state any ASSUMPTIONS and LEVEL so that an agreement can be reached between counselor and supervisor as to the activities needed to improve performance.

This will provide a format for providing feedback. Notice that the ATTC Supervision Model includes asking for permission to provide feedback. In order to maintain a relationship of respect and collaboration, it is important to allow the counselor to determine when it is most appropriate to hear the results of the observation. This will reinforce the cooperative/collaborative nature of the supervisory relationship.

"Sandwiching" means that the supervisor addresses positive aspects of the observation, then discusses concerns and ends again with positive feedback. It is important to address concerns but not in a condescending or critical manner. This assumes the supervisor knows and uses the Feedback Method.

See Appendix A for ATTC ORAL Feed Back Model.

10. Creating the Professional Development Plan (PDP)

In this section reference will be made to:

1. The Professional Development Plan (PDP)
2. *Performance Assessment Rubrics, 2nd Edition* (ATTC, April 2011)
3. *TAP 21* (SAMHSA, 2006)
4. *TAP 21-A (SAMHSA, 2007)*

The PDP details the way in which counselor performance may be improved. Remember the mantra "Keep it simple". Work on one area of performance improvement before moving to the next; design the activities so that sufficient time is allowed for successful completion of each KSA (Knowledge, Skill, and Attitude).

It is important to create the PDP based on the competencies in *TAP 21 (SAMHSA, 2006)* or TAP 21-*A (SAMHSA, 2007)* if a supervisor. The Practice Dimension from *TAP 21 or TAP 21A* should be indicated on the PDP and each competency indicated by Knowledge, Skill or Attitude should be detailed.

From the *Rubrics*, the current level of performance should be indicated as well as the expected level to be achieved within the time indicated on this PDP. The detailed activities in the PDP will guide the counselor in their efforts to successfully improve performance.

As the PDP is created or refined between the counselor and supervisor, cooperation and collaboration should be evident in the manner in which activities are developed, timelines are determined and method of evaluating progress are planned. The PDP should be a step by step guide to improve counselor performance.

Determining time lines for completion further reflects the cooperative/collaborative relationship necessary to make this model successful in clinical supervision. The time line should reflect completion of each activity that will lead to improved counselor performance. These activities should be reasonable, achievable and developed in a manner that is consistent with the counselor's learning style. While some activities may take longer than others, it is important to attend to the time lines so that the counselor is always aware of the need to be working on the PDP activities. If the deadline is three months from the inception, the counselor may "forget" the need to attend to the activities on a weekly basis. It is important to allow sufficient time for completion of the activities agreed upon. The Clinical Supervisor should address the PDP in each scheduled Clinical Supervision Meeting.

The STEPS to create Professional Development Plan (PDP)

ESSENTIAL COMPONENTS:

1. Indicate the counselor's name, clinical supervisor's name and current date.
2. Indicate the Practice Dimension and the specific area.
3. Indicate the specific Competencies) to be addressed in this PDP from *TAP 21* or *TAP 21-A* (for supervisors).
4. Indicate the counselor's strengths and challenges.
5. Indicate the current level of performance from the *Rubrics*.
6. Indicate the desired level of performance as a result of the activities in this PDP.
7. Detail the Knowledge, Skills and Attitudes that will be addressed in this PDP.
8. Detail the goals in specific behavioral terms.
9. Indicate specific activities designed to address each of the Knowledge, Skill and Attitudes indicated in this PDP.
10. Indicate the manner in which progress will be measured and the manner in which the counselor will demonstrate the knowledge or skill acquired.
11. Indicate a target completion date for each activity. These dates may vary and all activities may not be completed simultaneously.
12. Be sure the PDP is signed and dated by the clinical supervisor and counselor.
13. The counselor should have a copy of the PDP as well as copies of the specific pages of KSA's being addressed from the *TAP 21or TAP 21-A for supervisors*.
14. The clinical supervisor should make notations on his/her calendar regarding critical dates for demonstrations of proficiency and remind the counselor to do the same.
15. Clinicians who are meeting less frequently than monthly should document quarterly on their progress on their PDP. They should add those dates to their calendars as well.
16. The current, original PDP should be filed in the counselor's Supervisory File.

Each interaction with the counselor between supervisory meetings should be an opportunity for the supervisor to mention the PDP and ask if the counselor needs help or assistance in completing the plan.

Updates should be noted on the PDP as tasks are completed successfully or need more attention. If a task is not completed successfully or the task does not result in a successful completion of a goal, the supervisor and counselor should re-evaluate that portion of the plan to determine if a different activity will help accomplish the goal or if a different time line should be created.
Successfully completed goals should be acknowledged by some sort of celebration, so that these milestones become significant to the counselors as they complete their work. This will reinforce the effort and help the counselor realize the value of the work.

Successful completion opens the way for the next areas of counselor development and that discussion should ensue so that a current PDP is always in place.

See Professional Development Plans in Appendix D

11. Re-observing to Evaluate Progress on PDP

In this section reference will be made to:

1. Group criteria for observation
2. Individual criteria for observation
3. *Performance Assessment Rubrics 2nd Edition* (AATC, April 2011)

In order to assure that counselor performance has improved as a result of the PDP it is necessary to "re-observe" the counselor after the designated activities have been completed. The counselor and clinical supervisor will determine a date for this re-observation. The clinical supervisor will use the observation criteria that were used initially to re-evaluate the performance of the counselor. The clinical supervisor is looking for improved performance in those areas indicated on the original observation worksheet.

Assuming the activities selected were appropriate for the counselor's learning or skill development, performance should improve. The clinical supervisor will observe and make notes. The feedback should include whether or not the performance has improved and if not, a new plan of activities should be developed. If performance did improve, the counselor should be acknowledged for that work. By comparing the original work of the counselor to the current performance using the *Rubrics*, the counselor and supervisor can gauge the progress along a continuum. The updated competency rating should be recorded on the PDP.

12. Updating the Professional Development Plan (PDP)

In this section reference will be made to:

1. The PDP
2. The *Performance Assessment Rubrics, 2nd Edition* (ATTC Network, April 2011)
3. Observation Worksheets

Upon successful completion of a learning objective, it is important to acknowledge the work of the counselor and the improvement in performance.

Once the learning objectives are completed and new competency rating is documented, it is time to identify the next goals for the PDP. Revisiting of the *Rubrics* evaluation forms completed earlier can serve as a guide to future PDP creation or refinement.

Professional Development should be ongoing so that when one set of goals is completed, another set of goals is developed. By using the electronic version of the PDP in Appendix D the clinical supervisor can continue the form in a Word document so that the historical data of previous PDPs is preserved. Copies should also be made for the Clinical Supervision File and each counselor should have a copy of his/her plan.

STEPS in Updating the PDP:

1. The supervisor and counselor should meet to discuss the performance improvement or lack thereof.
2. If progress has not been achieved, the activities should be reviewed and revised to assure success.
3. If progress has been achieved in the counselor's performance, it should be documented and the supervisor and counselor should agree upon the next goal (s) for the PDP.
4. Reference should be made to the competency evaluation completed at an earlier stage with the counselor so that new goals can be established for continuing performance improvement.
5. Reference should be made to the *Rubrics* to determine if the counselor can complete tasks in the next level of performance. This evaluation could initiate the next set of learning objectives.
6. Reference should be made to the Observation Worksheet(s) completed at an earlier stage so that progress and challenges may be reflected on the new PDP.
7. If the clinician is on an annual supervision and finds a need for modification of their PDP or has addressed other learning activities it should be noted in their quarterly updates and discussed (email, phone, or in person) with and sent to their clinical supervisor.

13. Documentation of Clinical Supervision Activities

The approved clinical supervision activities should be documented. Each counselor should have a **clinical supervision file that includes:**

1. **Demographic Sheet:** Demographic sheets should include counselor's name, date of hire, credentials, list of all EBPP certifications, GAIN certification, frequency of clinical supervision (and date of any frequency changes), job title, and Clinical Supervisor.
2. **Professional Development Plans (PDPs):** PDPs should be completed, signed by the counselor and supervisor, dated and include detailed activities for improving performance with deadlines for completion and demonstration of improved performance.
3. **Observation Worksheets:** Observation Worksheets or notes should be dated, signed and indicate details of the observation of counselor performance as well as the time spent.
4. ***ATTC Rubrics* Rating Forms or *TAP 21-A* for Clinical Supervisors:** Rating forms should be dated and signed by counselor and clinical supervisor. These must be updated annually. Updates can be completed on the Professional Competencies Summary Form (Appendix B) or on the *Rubrics*.
5. **Supervision Notes:** Supervision Notes should reference the regular supervision meetings at required frequency as well as observations, training (including clinician's clinical documentation), mentoring, group supervision, etc. Notes should always reference the PDP goals and current progress or concerns. The notes should be signed, dated and include the type of supervision and the amount of time spent in the supervisory contact. (See Appendix E for Sample Note template).
6. **Copy of Resume**

Clinical Supervision Record Retention

Clinical Supervision records shall be maintained for a minimum of five (5) years.

14. Frequently Asked Questions for Clinical Supervision

What to do if Clinical Supervisor (CS) leaves:

When a CS leaves, or is determined and/or expected to be absent from an agency for more than 30 calendar days, the provider shall notify BPA Health within 10 business days and provide a 30 calendar day action plan to include:

- Quality assurance considerations;
- Hiring plan and/or projected timeline for when absentee CS is to return to work;
- Recruiting efforts/search, and;
- Alternative options.

BPA Health has ten business days to review and approve or deny the plan. Once the provider has received an acceptance letter from BPA Health, the provider has another 30 calendar days to fill the position. Providers may request extensions if there are extenuating circumstances. BPA Health has ten business days to review and notify provider of the decision.

What to do if Clinical Supervisor is filling in for Clinician:

If Clinical Supervisor is temporarily filling in for a clinician who will be absent for 30 or more calendar days, the CS is required to obtain clinical supervision (meeting the requirements stated above). If unable to find a CS then the Provider must contact the BPA Health Clinical Quality Coordinator (CQC) within 10 business days and provide a 30 calendar day action plan to include:

- Quality assurance considerations;
- Arrangements for Clinical Supervisor's direct client SUD treatment services to be clinically supervised by another approved clinical supervisor.
- Hiring plan and/or projected timeline for when absentee counselor is to return to work
- Alternative options.

Clinical Supervision Frequency

The Clinical Supervisor and/or counselor should determine the level/frequency of supervision based on competencies after the first three consecutive months of supervision.

Clinical Supervisors shall implement the *Performance Assessment Rubrics for Addiction Counseling Competencies, 2nd Edition* (ATTC Network, April 2011) which includes the following scales:

Transdisciplinary Foundations:

1. Awareness
2. Understanding
3. Applied Knowledge
4. Mastery

Practice Dimensions:

1. Awareness
2. Initial Application
3. Competent Practice
4. Mastery

At time of hire, all new counselors are required to comply with an initial consecutive 90 day supervision protocol. This protocol includes:

1. Completing the *Rubrics* rating form within the first 30 days of hire.
2. A minimum of once per month clinical supervision and once per month observation for the first 90 days. After 90 days, the observation component may move to quarterly while continuing with other supervision activities on a monthly basis.

Upon demonstration of ratings of "Understanding" for Transdisciplinary Foundations and "Competent Practice" (rating of 3) for Practice Dimensions, the QP may move to less frequent supervision protocol, at a minimum of once per year.

It is to be noted, that it may take longer than the initial 90 day supervision timeframe for some qualified professionals to demonstrate "Understanding" and "Competent Practice." However, upon demonstration, the less frequent supervision may start.

One time per year supervision will include a Professional Development Plan with one Practice Dimension as the area of emphasis. The supervisee will be required to provide a written status update either on the plan or in a written report to the clinical supervisor once per quarter for supervision file which includes information in regards to knowledge, skills and/or attitudes that are being developed. In the update report, the supervisee may include learning goals outside the plan that they may want to add to their plan as identified in their daily work. A discussion with the supervisor for a change in the learning plan can be documented in an email exchange or via phone call if the supervisor is not on site.

Qualified Substance Abuse Trainees

Qualified Substance Use Disorder Professional Trainees (QSUDPT) as listed in the BPA Health SUD Provider Manual must have a QP in the room while QSUDPT is providing services until trainee demonstrates competent

practice in the particular competency and clinical supervisor documents proficiency in supervision file. At that point a QP no longer has to be in same room but must be on-site during service delivery.

QSUDPT's required supervision stays at a minimum of once per month until they meet the requirements as a QSUDP. (This is regardless of the fact they may rate high enough in some competencies to move to annual). A QSUDPT must have a job description in their clinical supervision files that states they are a trainee and the fact that they are a trainee must be made clear to those receiving clinical services. A QSUDP/Clinical Supervisor must co-sign all documentation done by the QSUDPT.

CHAPTER 2: CASE MANAGEMENT

Case Management Supervision serves to:

- Protect clients/monitor care
- Enhance professional performance
- Monitor the readiness of trainees for professional practice
- Foster professional development
- Impart necessary skills

Case Management Supervisor Requirements:

1. Must have a master's degree in social services field (unless providing supervision for clinical staff this person is not required to be a clinical supervisor)
2. Have documented knowledge of working with the SUD clientele
3. Have knowledge of the role of case managers and of community resources

Case managers (CM) must receive a minimum of one (1) hour of case management supervision per month unless the CM is also a clinician who is on a less frequent supervision schedule. CM Supervision must include supervision of case management activities and review of case management documentation.

Case Management Supervision Files must include:

1. Demographic Page with CM name, date of hire, credentials, CM frequency and CM Supervisor
2. Resume
3. Copy of any licenses, certification, and Degree
4. Supervision notes

Case Manager Competencies

While not required, Case Manager supervisors ***may*** find it helpful to review and share with Case Managers some of the competencies in the *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice. Technical Assistance Publication (TAP) Series 21* (SAMHSA, 2006) that also apply to CMs (e.g. competencies in the sections on Understanding Addiction, Referral, Service Coordination, and Documentation).

Case Manager Supervision notes should include (See Appendix E for example):

- Case manager's name and credentials

- Date and duration (start and stop times) of supervision
- Mode of supervision
    - Observation
    - One-on-one
    - Group
- Topics discussed
- Signature and credentials of CM Supervisor

Case Management Supervision Record Retention

Case Management Supervision records shall be maintained for five (5) years.

CHAPTER 3: RECOVERY COACHING

Qualifications of a Certified Recovery Coach (RC) Supervisor can be found at IBADDC.

Recovery Coaches (including those with Provisional Certifications) must receive a minimum of four (4) hours of supervision per month by an **IBADCC Certified Recovery Coach Supervisor**. Supervision shall address the four (4) RC domains listed on the IBADCC website and/or the 12 core functions if the RC is also a Qualified Substance Use Disorder Professional Trainee (QSUDPT) working on obtaining Certified Drug and Alcohol Counselor or Qualified Professional (QP) status.

The four (4) RC domains include:

1. Advocacy
2. Mentoring and Education
3. Recovery Wellness/Support
4. Ethical Responsibility

The 12 Core Functions include:

1. Screening
2. Intake
3. Orientation
4. Assessment
5. Treatment Planning
6. Counseling
7. Case Management
8. Crisis Intervention
9. Client Education
10. Referral
11. Report and Record Keeping
12. Consultation with Other Professionals in regard to Client Treatment/Services

Recovery Coach Supervision files must include:

1. A demographic page with date of hire and RC Supervisor's name. Supervision notes must include RC and RC Supervisor's names, list date and length of each supervision session, domains/core functions addressed supervision modality.
2. Copy of current IBADCC Certification.
3. Copy of resume.
4. Copy of supervision notes signed by supervisor.

Recovery Coach Supervision Files Record Retention

Recovery Coach Supervision files must be retained for a minimum of 5 years.

Recovery Coach Supervision may include a number of methods approved by IBADCC including face-to-face, audio tape, behavioral rehearsal, consultation, direct observation, role play, group, and case review. See Appendix F for Recovery Coach Supervision Documentation form.

APPENDIX

Appendix A: ATTC Clinical Supervision Feedback Method

Suggested conversation starters:

- 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…
- How did you think the group went that I observed? Were there things you were concerned about or things that you thought really went well during the group? Were there parts you felt uncomfortable with during the group?
- Are you receptive to some feedback?
- The things I liked about your group were…..I'd also like to share some information about areas where I think there could be improvement. Are you receptive to that feedback?
- My concerns are ….. and the impact might be …..
- Could you tell me in an abbreviated form what you have heard me say?
- That's right but you missed the part about…..
- What are you willing to do to improve your performance in those areas we have discussed?
- So the plan is that …..
- Thank you for your time today.

Performance Assessment Rubrics for Addiction Counseling Competencies, 2nd Edition

Descriptions and Definitions

- Trans-Disciplinary Foundations Pages 10-28
- Practice Dimensions Pages 29-107

Rating Forms *(May be printed as needed)*

- Competency Level Rating Scale for Trans-Disciplinary Foundations Pages 110-115
- Competency Level Rating Scale for Practice Dimensions Pages 116-128

Performance Assessment Rubrics for Addiction Counseling Competencies, 2nd Edition can be found online at: *http://www.attcnetwork.org/documents/Final.CS.Rubrics.Assessment.pdf*

Professional Competencies Summary Form (see next page) is recommended for use following completion of Performance Assessment Rubrics Rating Form however it is NOT required.

Provides an "at a glance" look at clinician's competencies and progress in their rating score. Reviewed and approved by Substance Use Disorders Treatment Program Clinical supervisors from around Idaho.

Professional Competencies Summary Form

Circle one of the following:

Full 123 item Competency Evaluation Form PDP Update Annual Update

Professional's Name	
Hire Date/ QP Status	
Clinical Supervisor's Name	
Observation Schedule (as clinically appropriate and necessary)	(Circle one of the following) (30 days) (90 days) (180 days) (Annual)

Competency Categories **Page 1 of 5**	**Rating (1-4):** **1.Awareness** **2.Initial Application** **3.Competent** **4: Mastery**	**Original Date Comp. Rated**	**Date PDP Developed for ratings of 1 or 2 only**	**Updated Comp Score Based on outcome of PDP progress**	**Comments**
1. Understands: Substance Use Disorders Models &, Theories Context of disorder	_____ _____ _____			_____ _____ _____	
2. Treatment knowledge Philosophies Practices Outcomes	_____ _____ _____ _____			_____ _____ _____ _____	

Competency Categories Page 2 of 5	Rating (1-4): 1.Awareness 2.Initial Application 3.Competent 4: Mastery	Original Date Comp. Rated	Date PDP Developed for ratings of 1 or 2 only	Updated Comp Score Based on outcome of PDP progress	Comments
3. Application to practice DSM Repertoire of helping strategies Familiar with Medical resources	 _____ _____ _____			 _____ _____ _____	
4. Diversity and cultural sensitivity Understands diversity Use client resources Select appropriate strategies	 _____ _____ _____			 _____ _____ _____	
5. Clinical eval. Screening Assessment	 _____ _____			 _____ _____	
6. Assess Dual Diagnosis Disorders Symptomatology Course of treatment	 _____ _____			 _____ _____	
7. Treatment planning Based on assessment Individualized Ensure mutuality Reassessment Team participation	 _____ _____ _____ _____ _____			 _____ _____ _____ _____ _____	
Competency Categories	**Rating (1-4):** **1.Awareness**	**Original Date**	**Date PDP Developed**	**Updated Comp**	**Comments**

Page 3 of 5	2.Initial Application 3.Competent 4: Mastery	Comp. Rated	for ratings of 1 or 2 only	Score Based on outcome of PDP progress	
8. Referral and follow up Evaluate referrals Ongoing contact Evaluate outcome	_____ _____ _____			_____ _____ _____	
9. Case Management Referral Sources Eligibility Criteria	_____ _____			_____ _____	
10. Group counseling Group theory Describe, select, and use appropriate strategies Understand and work with process and content Facilitate group growth	_____ _____ _____ _____			_____ _____ _____ _____	
11. Family and couples counseling Theory and models Understand characteristics and dynamics Describe, select, and use appropriate strategies	_____ _____ _____			_____ _____ _____	

Competency Categories Page 4 of 5	Rating (1-4): 1.Awareness 2.Initial Application 3.Competent 4: Mastery	Original Date Comp. Rated	Date PDP Developed for ratings of 1 or 2 only	Updated Comp Score Based on outcome of PDP progress	Comments
12. Individual counseling Theory of counseling models Describe, select, & us appropriate strategies Understand functions & techniques of individual counseling	_____ _____ _____			_____ _____ _____	
13. Client, family community education Culturally Relevant Provide current information Teach Life Skills	_____ _____ _____			_____ ____ _____ ____ _____ ____	
14. Documentation Knowledge of regulations Prepare accurate, concise notes Write comprehensive, clear psychosocial narrative Record client progress in relation to Treatment goals Discharge summaries	_____ _____ _____ _____ _____			_____ _____ _____ _____ _____	

Competency Categories Page 5 of 5	Rating (1-4): 1.Awareness 2.Initial Application 3.Competent 4: Mastery	Original Date Comp. Rated	Date PDP Developed for ratings of 1 or 2 only	Updated Comp Score Based on outcome of PDP progress	Comments
15. Professional Ethical Responsibilities Adheres to code of ethics Apply to practice Participate in supervision Participate in performance evaluations Ongoing professional education	_____ _____ _____ _____ _____			_____ _____ _____ _____ _____	

Instructions: The form may be used to summarize the competencies evaluation. An initial evaluation of all 123 competencies in the *Rubrics* will be necessary.

Observation schedule section: If a counselor scores a "1" or "2", it is suggested that observations would be on a monthly basis until such time as the activities on the Professional Development Plan are successful in increasing the counselor's proficiency in those competencies. If a counselor scores a "3" (competent), it is suggested that observations would be on a 180 day schedule or twice per year only.

In the grid: The summary of the evaluation of the 123 competencies could be recorded on this form. The category sections are summaries. Recognize that each of the 15 categories include several individual competencies that will be to be rated. Indicate a date in which the competencies were evaluated or observed and the rating assigned. Realize there may be a range of ratings within each category. In the "comments" section this is a place where the supervisor can comment on the range of ratings among the competencies and which will be addressed on the Professional Development Plan.

While it might be easy to generalize and categorize counselors at a level "3" for convenience, we would remind you of the vicarious liability section in TIP 52. It is important to be aware of the liability issues in clinical supervision.

Appendix C: Counselor Observation Worksheets

Counselor Skills Observation Worksheets

- Group Counselor Skills Observation Worksheet
- Individual Session Counselor Skills Observation Worksheet

GROUP COUNSELOR SKILLS OBSERVATION WORKSHEET

Counselor_____

Observer_____ Observation Time from _____to_____

Name of the group _____Date_____

SKILLS DEMONSTRATED	**RATING SCALE** **1 2 3 4 n/a yes no**
Client-Centered Techniques	
Reflective listening – uses feeling statements	
Paraphrasing – restates the clients message	
Rephrasing – restates what the client said	
Empathy – trying to see from the clients perspective	
Acceptance – unconditional regard, respect. Avoids agreement or disagreement	
Transparency – self-awareness, state what you feel	
OTHER:	
Group Structure	
Opening – strong start. Set tone. Introductory statement of material to be covered during the class.	
Room preparation – chairs in a circle or group members seated in a manner that encourages participation, engagement.	
Curriculum – approved, evidenced based material presented. Handouts and other materials ready before group starts.	
OTHER:	
Teaching Methods Used	
Reading	

Group discussion	
Using client case as examples for the group	
Game	
Role playing	
Process	
Using the white board	
OTHER:	
OTHER:	
OTHER:	

Motivational Interviewing Skills	
Ask permission to give feedback	
State what you see in the clients' behavior	
State your concerns about the behavior	
Assume that the client is aware and working on it	
Ask client to clarify what they heard you say	
Clarify misunderstandings and confirm a mutual understanding	
OTHER:	

Comments / Observations / Suggestions:

_____
_____
_____
_____
_____
_____

Goal / plan to strengthen skill level:

_____
_____
_____
_____

Rating Scale

1. **Awareness** - More training needed to clarify how and when to use this skill. Role-play with colleagues or supervisor.
2. **Application** - Good efforts to use skill. Growing comfort in using this method. Role-play to strengthen skill level
3. **Competent** - Effective use of skill in timing & context. Good understanding of this method. Demonstrate role-play to peers with 1-3 ratings.
4. **Mastery** - Excellent, consistent, effective demonstration of this skill. Mastery of the technique. n/a = Not applicable to the individual context or skill not demonstrated.

Counselor Signature: _____

Clinical Supervisor Signature: _____

INDIVIDUAL SESSION COUNSELOR SKILLS OBSERVATION WORKSHEET

Counselor_____ Date_____

Observer_____ Observation Time: from _____to_____

Type of interaction: _____
(assessment, treatment planning/review, 1x1 session, conflict resolution, transfer of care planning, other.)

SKILLS DEMONSTRATED	***RATING SCALE***
ENGAGEMENT SKILLS	**1 2 3 4 n/a yes no**
Convey warmth, respect and genuineness in a culturally appropriate manner	
Demonstrate active listening, reflective listening, affirming, summarizing	
Counseling style matches the tone of the interaction	
Counseling style matches the client's stage of change	
WORKING THROUGH SKILLS	**1 2 3 4 n/a yes no**
Clinical and treatment plan present, reviewed, updated	
Worked collaboratively to identify goals and formulate plans/goals	
Maintained clinical focus regarding progress towards goals	
Recognize and address ambivalence and resistance appropriately	
Ability to re-frame and redirect negative behaviors	
Model and teach effective decision making and problem solving skills	
MOTIVATIONAL INTERVIEWING SKILLS	**1 2 3 4 n/a yes no**
Ask permission to give feedback	
State what you see in the clients' behavior	
State your concerns about the behavior	
Assume that the client is aware and working on it	
Ask client to clarify what they heard you say	
Clarify misunderstandings and confirm a mutual understanding	

CLOSING SKILLS **1 2 3 4 n/a yes no**

Ability to summarize and review interaction

Highlight client strengths

Progress note completed

Questions for review of session

What counseling methods did you use and feel most comfortable with?

What was your biggest challenge in this session?

What did you do well?

What did you feel best about?

Any boundary issues arise?

Any questions about any aspect of the session?

Comments / Observations / Suggestions:

_____

_____

_____

Goal / plan to strengthen skill level:

_____

_____

_____

Rating Scale

1. **Awareness** - More training needed to clarify how and when to use this skill. Role-play with colleagues or supervisor.
2. **Application** - Good efforts to use skill. Growing comfort in using this method. Role-play to strengthen skill level.
3. **Competent** - Effective use of skill in timing & context. Good understanding of this method. Demonstrate role-play to peers with 1-3 ratings.
4. **Mastery** - Excellent, consistent, effective demonstration of this skill. Mastery of the technique. . n/a = Not applicable to the individual context or skill not demonstrated.

Counselor Signature: _____

Clinical Supervisor Signature: _____

Appendix D: Professional Development Plans

Professional Development Plans

A professional development plan:

a. Is developed cooperatively by the supervisor and the clinician/case manager;

b. Is clinician-centered;

c. Is customized to the training needs of the clinician/case manager;

d. Details the way in which counselor performance may be improved;

e. Is based on counselor/case manager knowledge, skill, and attitude; and

f. At a minimum, is informed by use of competency rating scales and observations of counselor/case manager work.

(7-1-13)

PROFESSIONAL DEVELOPMENT PLAN:

- May use one of the following three (3) formats:
  - Word Narrative Format, which may be printed and filled out legibly with pen
  - Fillable form, portrait
  - Fillable form, landscape

PROFESSIONAL DEVELOPMENT PLAN

Word Narrative Format (designed for paper and pen)

(12-15-14)

Staff_____ Position_____ Date_____

Transdisciplinary Foundation or Practice Dimension Competency from *Performance Assessment Rubrics for Addiction Assessment Competencies found at: *http://www.attcnetwork.org/userfiles/file/NorthwestFrontier/Final%20ATTC%20Rubrics%20Assessment.pdf.* Include page and *Rubric* numbers:

_____

_____

Circle Present level of competence from *Performance Assessment Rubrics* Rating Key 1 2 3 4

Describe counselor's strengths and challenges for this rating:

_____

_____

Rating Key

For Transdisciplinary Foundations:

1. Awareness: A limited or beginning Understanding of multiple factors
2. Understanding: Indicates a knowledgeable, well informed individual
3. Applied Knowledge: Knowledgeable and consistently applies in practice
4. Mastery: Consistently reviews services to assure effective treatment

For Practice Dimensions:

1. Awareness: Comprehends the tasks and functions of counseling
2. Initial Application: Applies knowledge and skills inconsistently
3. Competent: Consistent performance in routine situations
4. Mastery: Skillful in complex counseling situations

Circle expected level of competency to be achieved with this learning plan:

Rubrics Rating Key 1 2 3 4

Describe the goal for this learning plan in observable terms:

_____

_____

List the **K**nowledge, **S**kills and **A**ttitude from Performance Assessment Rubrics for Addiction Assessment Competencies: to achieving the target competency level in this learning plan:

Knowledge

_____

_____

Skills

_____

_____

Attitude

_____

_____

State the performance goal in specific behavioral terms:

_____

_____

What activities will the counselor complete in order to achieve the stated goal and what are the expected completion dates of each activity?

_____

_____

How will progress be evaluated? How will proficiency be demonstrated?

_____

_____

Target Date for Completion of this Plan: _____

Supervisor Name (printed) _____

Supervisor Signature _____Date_____

Supervisee Name (printed) _____

Supervisee Signature _____ Date_____

PDPs are subject to audit by BPA Health during their site visits.

PDPs must be reviewed every 3 months for continuation, update or completion with supportive documentation. See Section 3 for details.

*Performance Assessment Rubrics for Addiction Assessment Competencies are based on TAP 21 or TAP 21a (if you are a supervisor) rating scales.

PROFESSIONAL DEVELOPMENT PLAN

(Fillable)

(12-15-14)

Staff: Position / Credential: ☐ QSUDP) ☐ (QSUDPT) ☐ (CS) ☐ (CM)

Supervisor: Date:

Transdisciplinary Foundation: Choose an item.

Practice Dimension Competency: Choose an item.

*Performance Assessment Rubrics located at: https://attcnetwork.org/centers/global-attc/performance-assessment-rubrics

Enter page and *rubric* number from *Performance Assessment Rubrics for Addiction Assessment Competencies:*

Present level of competence from *Performance Assessment Rubrics**:

☐1 ☐ 2 ☐ 3 ☐4

Rating Key for Transdisciplinary Foundations:

1. Awareness: A limited or beginning Understanding of multiple factors
2. Understanding: Indicates a knowledgeable, well informed individual
3. Applied Knowledge: Knowledgeable and consistently applies in practice
4. Mastery: Consistently reviews services to assure effective treatment

For Practice Dimensions:

1. Awareness: Comprehends the tasks and functions of counseling
2. Initial Application: Applies knowledge and skills inconsistently
3. Competent: Consistent performance in routine situations
4. Mastery: Skillful in complex counseling situations

Describe counselor's strengths and challenges for this rating:

Expected level of competency to be achieved with this learning plan:

☐1 ☐ 2 ☐ 3 ☐4

Describe the goal for this PDP in observable terms:

List the **K**nowledge, **S**kills and **A**ttitudes from *Rubrics* to achieving the target competency level in this learning plan:

Knowledge:

Skills:

Attitudes:

State the performance goal in specific behavioral terms:

What activities will the counselor complete in order to achieve the stated goal?

How will progress be evaluated? How will proficiency be demonstrated?

Target Date for Completion:

Supervisor Name (printed):

Supervisor Signature: Date:

Supervisee Name (printed):

Supervisee Signature: Date:

DEMONSTRATIONS:

Demonstration Date:

Demonstration Successful:

Corrections Needed:

QUARTERLY UPDATES:

1st Q Activity:

Date: Supervisee Initials:

2nd Q Activity:

Date: Supervisee Initials:

3rd Q Activity:

Date: Supervisee Initials:

4th Q Activity:

Date: Supervisee Initials:

PDPs are subject to audit by BPA Health during their site visits.

PDPs must be reviewed every 3 months for continuation, update or completion with supportive documentation. See Section 3 for details.

*Performance Assessment Rubrics for Addiction Assessment Competencies are based on TAP 21 or TAP 21a (if you are a supervisor) rating scales.

PROFESSIONAL DEVELOPMENT PLAN TABLE FORMAT

Staff Name: Position/Credential: ☐ (QSUDP) ☐ (QSUDPT) ☐ (CS) ☐ (CM)

Supervisor: Date

Transdisciplinary Foundation: Choose an item.

Professional Practice Dimension: Choose an item.

*Performance Assessment Rubrics for Addiction Counseling Competencies found at: http://www.attcnetwork.org/documents/Final.CS.Rubrics.Assessment.pdf

Enter page and Rubric number from Performance Assessment Rubrics for Addiction Assessment Competencies:

Strengths:

Challenges and Concerns:

Present level effectiveness/proficiency:	Level of Proficiency Goal:	Target Date of Completion for this Plan
☐1 ☐2 ☐ 3 ☐4	☐1 ☐2 ☐3 ☐4	

Rating Key*

For Transdisciplinary Foundations:
1. Awareness: A limited or beginning Understanding of multiple factors
2. Understanding: Indicates a knowledgeable, well informed individual
3. Applied Knowledge Knowledgeable and consistently applies in practice
4. Mastery: Consistently reviews services to assure effective treatment

For Practice Dimensions:
1. Awareness: Comprehends the tasks and functions of counseling
2. Initial Application: Applies knowledge and skills inconsistently
3. Competent: Consistent performance in routine situations
4. Mastery: Skillful in complex counseling situations

What is the Issue: Indicate the Knowledge, skills, and attitudes to be addressed relevant to achieving target:	**Goal** **Specific learning/practice needed:**	**Activities/Methods/Tasks needed to achieve this goal:**	**Metrics** **How will progress be measured?**	***Completion Date** **Date Completed.**
Knowledge:				
Skill:				
Attitude:				
Additional Comments:				

Supervisor Name (printed)

Supervisor Signature_____ Date

Supervisee Name (printed)

Supervisee Signature _____ Date

*Demonstrations (supervision note where discussed)

Demonstration Date	Demonstrations Successful	Corrections needed:	Counselor Initials	Supervisor Initials

Quarterly Updates

Update	Activity	Supervisee's Initials

PDPs are subject to audit by BPA Health during their site visits.

PDPs must be reviewed every 3 months for continuation, update or completion with supportive documentation. See Section 3 for details.

*Performance Assessment Rubrics for Addiction Counseling Competencies are based on TAP 21 or TAP 21a (if you are a supervisor) rating scales.

Appendix E: Clinical & Case Management Supervision Note

Clinical and Case Management Supervision Notes (sample)

Supervisee's Name: _____

Date:	**Time in /out:**	**Purpose of Supervision (check all that apply)** **☐ Clinical Supervision** **☐ Case Management Supervision** **☐ Both Clinical and CM**	
Total Time:			
Time Spent on Each Topic		**Topic & Discussion**	
		Professional Development Plan (PDP) or Review (Clinicians only):	
		Observation:	
		Training/Mentoring *[Check if done as group☐]*:	
		Case Conceptualization/Review (do not include client names) *[Check if done as group ☐]*:	
		Core Function and PDP area of focus (Clinician only):	
Supervisor Name (Printed)		**Signature:**	
Supervisee Name (Printed)		**Signature:**	

Appendix F: Recovery Coach Supervision Note

Recovery Coach Supervision Notes – Page 1(sample)

Recovery Coach Name: _____

I. Advocacy

Date	Description of Supervision Activity	Time (from ___ - ___)	Total time	Supervisor Signature

Recovery Coach Supervision Notes – Page 2

Recovery Coach Name: _____

II. Education/Mentoring

Date	Description of Supervision Activity	Time (from ___ - ___)	Total time	Supervisor Signature

Recovery Coach Supervision Notes – Page 3

Recovery Coach Name: _____

III. Recovery Wellness/Support

Date	Description of Supervision Activity	Time (from ___ - ___)	Total time	Supervisor Signature

Recovery Coach Supervision Notes – Page 4

Recovery Coach Name: _____

IV. Ethical Responsibilities

Date	Description of Supervision Activity	Time (from ___ - ___)	Total time	Supervisor Signature

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The BPA Health Supervision Manual, along with all documents contained herein may be downloaded and printed individually from the BPA Health website: www.bpahealth.com .