7/19/22 version

Seeking Safety Supervisor Certification Scale

***Instructions***

* Rate each question yes (1) or no (0) .
* You can mark “can’t rate” if you feel unable to rate an item (e.g., the session was cut short; or there were language barrier issues).
* Please complete all ratings based on a very high standard: how an expert, well-trained in this treatment and an excellent supervisor generally, would conduct it. Please be honest about both strengths and weaknesses; giving a supervisor all positive ratings does not help growth, nor does it result in the highest quality work being provided to counselors. *Keep the end goal in mind: improving clients’ care and well-being*.
* The majority of questions in each of the three sections is needed to pass.
	+ Section 1 needs two or more
	+ Section 2 needs four or more
	+ Section 3 needs four or more.

*Note: two questions (II.4 and III.5 can be rated n/a; if rated as n/a, count these as passing).*

* Half scores (.5) can be used, but the totals above still apply.

**I. Format**

Did the supervisor use “parallel process” (via adapted version of the SS session format):

1. \_\_\_\_Supervision check-in: Have the counselor take a few 5 minutes to state:
	1. Any current SS-related issues or updates (e.g., topics for the supervision call, updates on clients, questions, challenges).
	2. Update on SS commitment (e.g., updates on new learning; parts of book that were read/other materials; whatever was agreed on at end of last supervision). Also evaluate whether the supervisor remembers the counselor’s commitment.

*Note:* Supervisor redirects supervisees if check-in goes too long.

1. \_\_\_\_ Agenda setting (supervisor identifies any key topics ​for the session that were ​not already mentioned​ by supervisee​)
2. \_\_\_\_ Supervision check out. Have counselor respond to:
	1. Name one thing you got out of sup session.
	2. Any problems w/ the supervision session?
	3. What is your new commitment (to help improve your SS skills)?

**II. Content**

Did the supervisor:

1. \_\_\_\_ Provide supervisee with the adherence scale score sheet for the SS session rated and go over key themes
2. \_\_\_\_ Discuss items from adherence scale that were rated lower (e.g. below a 2) and affirm the items the supervisee scored higher in (e.g. above a 2)
3. \_\_\_\_ Provide specific feedback for growth (not vague or general)
4. \_\_\_\_ Prioritize important issues if any, e.g., *what to do when supervisee’s work has major flaws or is not improving* [rate n/a if no important concerns; if n/a this counts as passing for this item]
5. \_\_\_\_ Invite the supervisee to identify concerns and address supervisee's concerns, if any (e.g., about their numbers on the scale, deficits in their work, etc.)
6. \_\_\_\_ Suggest options for commitment(s) before the next sup session (e.g. going over the scale results, reading in SS, etc.). Collaboratively identify specific ones for supervisee to do before next supervision session

**III. Process**

Did the supervisor:

1. \_\_\_\_ Communicate directly (being clear, even about flaws the counselor had)
2. \_\_\_\_ Communicate constructively (kind, non-punitive)
3. \_\_\_\_ Address supervisee's emotional needs well (e.g., reactions to their scores on the scale, deficits in their work, etc.)
4. \_\_\_\_ Convey awareness and appropriate balancing of the power differential between supervisor and supervisee
5. \_\_\_\_ Convey cultural sensitivity. Rate n/a if no cultural issues to address; if n/a this counts as passing for this item.
6. \_\_\_\_ Avoid extremes: neither too nice (“the counselor was perfect”), nor too harsh (“the counselor was terrible”)
7. \_\_\_\_ Actively work with supervisee to improve their clinical skills (see below examples)

NOTE: Examples of how supervisor can help improve the clinician’s skills.

* Roleplays in which the handouts are used as part of the demonstration (and typically, have supervisor play the client rather than play the clinician).
* Going to pages in the SS manual that may benefit the clinician.
* Having the clinician read/scan the relevant sections and comment on it.
* Asking Socratic questions (i.e., having the clinician learn at a deep level by trying to respond to questions, rather than giving the clinician the answers).
* Brainstorming some of the “tough cases” from SS.
* Having the clinician followup with outside learning (which may include readings, listening to other clinicians’ tapes of SS, going to www.seekingsafety.org or www.ncptsd.org or other sites, rereading parts of the SS manual, writing “cue card” reminders to take into sessions to remember key aspects to focus on, filling out the fidelity scale on one’s own session, etc).