5/28/20 version

Seeking Safety Supervisor Certification Scale

***Instructions***

* Rate each question from 0 (low) to 3 (high), with higher equal to “better”.
* 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. This means that you will generally be using the full range of the scale, as most sessions have some flaws. 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*. Note that it is unusual for a supervisor, especially a new one, to obtain mostly 3’s.
* An average of 2 or higher for each of the 3 sections is needed to pass.

**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 issues or updates (e.g., topics for the supervision call, updates on clients, questions, challenges).
   2. Update on commitment (e.g., updates on new learning – e.g., parts of book that were read/other materials, etc. – whatever was agreed on at end of last supervision). Also evaluate whether the sup 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 sup 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 score sheet 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* [can rate ‘n/a’ if no important concerns]
5. \_\_\_\_ Invite the supervisee to identify concerns andaddress 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.).

**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
6. \_\_\_\_ Avoid extremes: neither too nice (“the counselor was perfect”), nor too harsh (“the counselor was terrible”)

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).