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# The “How To” Manual For Clinical Supervision in IDAHO

Authorized by the  
Division of Behavioral Health  
Substance Use Disorders  
Program

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# 1. REQUIREMENTS FOR CLINICAL SUPERVISION IN THE STATE OF IDAHO

As defined in IDAPA 16.07.20, 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.

Each provider of services through contracts with Idaho Department of Health and Welfare, Substance Abuse Program will use the NWATTC model of clinical supervision. The monitoring of clinical supervision is the responsibility under contract with the Management Services Contractor (MSC).

## 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 Chapter 14.** Acceptable activities for clinical supervision include: individual tutoring/mentoring, group tutoring/mentoring, individual observation, group observation, professional development plan creation and review. The hour(s) of clinical supervision per month may be broken into shorter time frames during each month, however, may not be comprised solely of one type of activity, rather supervision must be a combination of observation and mentoring/tutoring/professional development plan review.

## **IDAPA 16.07.20 Section 217 – Effective July 1, 2013**

REQUIREMENTS FOR CLINICAL SUPERVISION IN THE STATE OF IDAHO

**217. CLINICAL SUPERVISION.**

The alcohol and substance use disorders treatment program must provide for supervision of all clinical activities by qualified substance use disorders professionals including: (5-1-10)

**01. Inventory of Treatments Written Plan.** A written plan for an inventory of treatments providing and defining the procedure for the supervision of all clinical activities by qualified substance use disorders professionals; (5-1-10)

**02. Specific Treatment Responsibilities.** All members of the treatment team who have been assigned specific treatment responsibilities must be qualified by training or experience and demonstrated competence; (5-1-10)

**03. Supervision by a Clinical Supervisor.** All members of the treatment team must be supervised by a clinical supervisor as defined in Section 010 of these rules; (5-1-10)

**04. Evaluation of Competencies.** Clinical supervision must include a documented evaluation of the competencies of the members of the clinical staff, and a plan of activities which bring those competencies to proficiency. The evaluation will be conducted within one (1) month of initial hire and annually thereafter. Documentation of the evaluation and a record of improvement activities must be present in each Clinical Supervision record. The clinical supervision record must contain at a minimum: (5-1-10)

**a.** Demographic information including name, date of hire, credential, and position; (5-1-10)

**b.** Professional Development Plan(s) as defined in Section 012 of these rules; (7-1-13)

**c.** Observation documentation; (5-1-10)

**d.** Competency rating forms; (5-1-10)

**e.** Current resume; and (5-1-10)

**f.** Documentation of clinical supervision activities which include date of clinical supervision, type of clinical supervision activity, and length of time spent performing the clinical supervision activity. (5-1-10)

## 2. QUALIFICATIONS FOR CLINICAL SUPERVISORS

In an effort to increase clarity between and among clinical staff qualifications as described in **IDAPA 16.07.20, Sections 216 & 218** are included in the section, in their entirety. Please note that a clinician must first meet the requirements as a Qualified Substance Use Disorders Professional as a prerequisite for qualifying as either a Treatment Supervisor or a Clinical Supervisor.

### **IDAPA 16.07.20 Section 216 and 218 – Effective July 1, 2013** QUALIFICATIONS FOR CLINICAL STAFF IN THE STATE OF IDAHO

#### **216. SUPERVISORY STAFF QUALIFICATIONS.**

Qualifications of the supervisory staff must be verified through written documentation of work experience, education, and classroom instruction. The supervisory staff must meet the requirements in Section 218 of these rules and the following requirements: (5-1-10)

**01. Treatment Supervisor.** The Treatment Supervisor must meet the requirements in Section 218 of this rule and meet one of the following: (7-1-13)

**a.** Equivalent of five (5) years full-time paid professional experience providing alcohol and substance use disorders treatment with at least two (2) of the five (5) years providing direct treatment in a state, federal, Joint Commission, or CARF-approved behavioral health services program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority. This experience must be relevant for child and adolescent treatment if supervising treatment in a child and adolescent treatment program; or (7-1-13)

**b.** Bachelor's Degree in relevant field and four (4) years paid full-time professional experience with two (2) years in direct treatment in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority; or (5-1-10)

**c.** Master's Degree and three (3) years paid full-time professional experience with two (2) years in direct treatment in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority. (7-1-13)

**02. Clinical Supervisor.** The Clinical Supervisor must meet the requirements in Section 218 of this rule and meet the following: (7-1-13)

**a.** Master's Degree from an accredited, approved, and recognized college or university in health and human services and the equivalent of four (4) years paid full-time professional experience with three (3) years providing direct substance use disorders treatment and one (1) year paid full-time supervision experience in a state, federal, Joint Commission, or CARF-approved behavioral health services program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority or have a Clinical Supervisor designation from the Idaho Board of Occupational Licensure. This experience must be relevant for child and adolescent treatment if supervising treatment in child and adolescent treatment programs; or (7-1-13)

**b.** IBADCC Certified Clinical Supervisor; (5-1-10)

**c.** For outpatient programs providing services to children and adolescents, the clinical supervisor must have two (2) years of experience working with families or children in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. State approval includes other states that are approved, licensed, or certified to provide substance use disorders treatment services through their Single State Authority. Working knowledge of child and adolescent growth and development, and the effects of alcohol and drugs on a child's growth and development. (5-1-10)

**d.** A clinical supervisor must have completed the Clinical Supervision training model as identified by the Department. The Clinical Supervision training must be completed within one hundred eighty (180) days of date of hire or date of designation as clinical supervisor. (5-1-10)

**218. QUALIFIED SUBSTANCE USE DISORDERS PROFESSIONAL PERSONNEL REQUIRED.** The alcohol and substance use disorders program must employ the number and variety of staff to provide the services and treatments offered by the program as a multidisciplinary

team. The program must employ at least one (1) qualified substance use disorders professional for each facility. (5-1-10)

**01. Qualified Substance Use Disorders Professional.** A qualified substance use disorders professional includes the following: (5-1-10)

**a.** IBADCC Certified Alcohol/Drug Counselor; (5-1-10)

**b.** IBADCC Advanced Certified Alcohol/Drug Counselor; (5-1-10)

**c.** Northwest Indian Alcohol/Drug Specialist Certification - Counselor II or Counselor III; (5-1-10)

**d.** National Board for Certified Counselors (NBCC) - Master Addictions Counselor (MAC); (5-1-10)

**e.** "Licensed Clinical Social Worker" (LCSW) or a "Licensed Masters Social Worker" (LMSW) licensed under Title 54, Chapter 32, Idaho Code. (7-1-13)

**f.** "Marriage and Family Therapist," or "Associate Marriage and Family Therapist" licensed under Title 54, Chapter 34, Idaho Code. (7-1-13)

**g.** "Nurse Practitioner" licensed under Title 54, Chapter 14, Idaho Code. (7-1-13)

**h.** "Clinical Nurse Specialist" licensed under Title 54, Chapter 14, Idaho Code. (7-1-13)

**i.** "Physician Assistant" licensed under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants". (7-1-13)

**j.** "Licensed Professional Counselor" (LPC) or a "Licensed Clinical Professional Counselor" (LCPC) licensed under Title 54, Chapter 34, Idaho Code. (7-1-13)

**k.** "Psychologist," or a "Psychologist Extender" licensed under Title 54, Chapter 23, Idaho Code with a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders as issued by the College of Professional Psychology. (7-1-13)

**l.** "Physician" licensed under Title 54, Chapter 18, Idaho Code. (7-1-13)

**m.** "Professional Nurse" RN licensed under Title 54, Chapter 14, Idaho Code. (7-1-13)

**02. Qualified Substance Use Disorders Professional Status Granted Prior to May 1, 2010.** Subsections 218.01 and 218.02 of this section are applicable to all new applications for appointment as a Qualified Substance Use Disorders Professional submitted to the Department after May 1, 2010. If an individual was granted an appointment prior to May 1, 2010, and met the requirements at that time, he may continue to have his appointment recognized. (7-1-13)

### 3. THE MODEL OF CLINICAL SUPERVISION

This model has been adopted State wide in Idaho as the model to be implemented by all provider agencies which provide clinical services on behalf of the State of Idaho through contracts with the Department of Health and Welfare, monitored by Business Psychology Associates (BPA).

Clinical Supervision as defined by this 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, 2<sup>nd</sup> 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. These activities are reported on Clinical Supervision Progress Notes form. (e.g. *TIP 52*, p. 115)
- 4) **Individual Clinical Supervision Meetings.** Each counselor should have a regularly scheduled time for clinical supervision. 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 in Chapter 14 of *How to Manual*. 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.
- 6) **Reviewing and updating Professional Development Plans:** The supervisor will be required to provide a written status update each month in the supervision file which includes information in regards to knowledge, skills and/or attitudes that are being developed. PDPs must be reviewed at least every three months, unless otherwise specified in Chapter 14, at which time the plan

will either be updated or continued with appropriate supportive documentation. Updating the plan will include selecting new goals with the counselor and agreeing on activities to achieve those goals. *If QSUDP meets requirements for an exception as indicated in Chapter 14 then the supervisee will be required to provide a written status update 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.*

Each of these activities is to be documented on the Clinical Supervision Progress Notes. PDPs are to be created with the counselor and reviewed/updated quarterly unless otherwise specified in Chapter 14.

## 4. IMPLEMENTATION STEPS

### HOW TO BEGIN:

- 1) Distribute copies of the *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) and the *Rubrics* 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 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 Chapter 14.
- 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 Chapter 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. 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

In order to begin the process of assessing counselor performance it is necessary to establish a starting point or a base line. The *Performance Assessment 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*, thereafter, 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 and annually thereafter.** (IDAPA 16.07.20) Only those competencies rated below “3” will need to be evaluated annually.

The *Rubrics* are specific to the *TAP 21* (SAMHSA, 2006) competencies. 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):**

Revised Rubrics can be found at:

<http://www.attcnetwork.org/documents/Final.CS.Rubrics.Assessment.pdf>

- 1) Initially, counselors must be assessed on all the competencies in the *Rubrics* within 30 days of hire. 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**

The Professional Competency Summary Form and Suggested Instructions can be utilized to have an “at a glance” look at your clinicians competencies and progress in their rating score. 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.

The Professional Competency Summary Form and Suggested Instructions can be found at:

<http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionals/tabid/1004/Default.aspx>

## 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. 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, at a minimum of once monthly unless otherwise specified in Chapter 14. 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 mentoring, teaching, training 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 this meeting is the PDP and the activities designed to improve counselor performance. This is an opportunity for mentoring, teaching and training to assist the counselor to improve performance. **It should be noted in the Model, one hour per month of clinical supervision is required unless otherwise specified in Chapter 14. This hour must include a combination of observation as well as the other approved clinical supervision activities.**

While the meeting may not require a full hour, the hour should be reserved for approved clinical supervision activities. Following the suggested agenda will help to keep the meeting focused and extra time can be spent in mentoring, teaching or role playing.

## 7. OBSERVING COUNSELORS

In this section reference will be made to:

1. Criteria for individual counseling
2. Criteria for group counseling
3. 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 establish a relationship of trust with each counselor. Without the collaborative, cooperative relationship, the feedback from the observation will not be effective. It is suggested that the relationship be established and time devoted to establishing the relationship.

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, the model is working as planned.

Observations 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. (*TIP 52*, pp. 20 – 24).

Observations may be in person when the supervisor sits in the room as group is being conducted or when the counselor is doing an individual session or an assessment.

Observations may be conducted via encrypted audio/visual internet calls. Such calls are in real time and have a similar effect of the supervisor sitting in the room as group is being conducted or when the counselor is doing an individual session or an assessment.

Observations may be conducted with video recordings and can be very effective when reviewed by the counselor, the supervisor or together.

Observations may be conducted with audio recordings. While this type of observation misses the visual that is often so important, it is a worthwhile method of assessing performance. This likewise offers the opportunity for the supervisor and counselor to review the work independently or together.

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, there is a requirement that the client involved sign release documents. These procedural tasks should be completed well in advance of the observation date. All 42CFR Part 2 and HIPAA requirements should be discussed and 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 should follow the 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 feedback forms see APPENDIX C.

## 8. PROVIDING FEEDBACK

In this section reference will be made to:

1. The clinical supervision agenda
2. The 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. 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. These sample criteria should 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 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 general report and making certain a time is scheduled for the full report in detail. In that meeting the supervisor should have detailed and specific information on improved performance and also address concerns. The supervisor should have detailed notes from the observation recorded on the Group or Individual Criteria for Observation or a similar form.

This meeting could result in an update to the Professional Development Plan (PDP) which could result in successful completion of one of the goals or may require an update to the PDP to address new issues. The focus of the supervisory meeting is always on the PDP.

“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.

## 9. USING THE FEEDBACK METHOD

In this section reference will be made to:

1. Feedback Method
2. Supervisory agenda

The 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 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.

See APPENDIX A for Feed Back Model

## 10. CREATING THE PROFESSIONAL DEVELOPMENT PLAN (PDP)

In this section reference will be made to:

1. The PDP
2. *Performance Assessment Rubrics, 2<sup>nd</sup> Edition* (ATTC, April 2011)
3. *Tap 21* (SAMHSA, 2006)
4. *Tap 21-A*

The PDP details the way in which counselor performance may be improved. The sample one-page PDP is in Word format so that it can expand as needed. (see sample at <http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionals/tabid/1004/Default.aspx> ) 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.

It is important to create the PDP based on the *TAP 21* (SAMHSA, 2006) competencies. The Practice Dimension should be indicated on the PDP and each competency indicated by Knowledge, Skill or Attitude should be detailed. A copy of the page from the *TAP 21* should be attached to the PDP and the specific competencies indicated on that copy so there is common understanding regarding expectations.

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. Additionally, 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 PDP**

#### ESSENTIAL COMPONENTS:

- 1) Indicate the counselor's name, supervisors name and current date.
- 2) Indicate the Practice Dimension and the specific area.
- 3) Indicate the specific Competencies) from *TAP 21* to be addressed in this PDP.
- 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 completion date for each activity. These may vary and all activities may not be completed simultaneously.
- 12) Be sure the PDP is signed by the clinical supervisor and the counselor and dated.
- 13) The counselor should have a copy of the PDP as well as copies of the specific pages from the *TAP 21* which are specific to the Knowledge, Skill and Attitudes being addressed in the PDP.
- 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) The current, original PDP should be filed in the counselor's Supervisory File.

### Creating the PDP Continued:

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

In this section reference will be made to:

1. Group criteria for observation
2. Individual criteria for observation
3. *Performance Assessment Rubrics 2<sup>nd</sup> 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.

## 12. UPDATING THE PROFESSIONAL DEVELOPMENT PLAN (PDP)

In this section reference will be made to:

1. The PDP
2. The *Performance Assessment Rubrics, 2<sup>nd</sup> 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, it is time to identify the next goals for the PDP. Often this is simply a revisiting of the *Rubrics* evaluation forms completed earlier. This 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 one-page PDP 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, 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.

## 13. DOCUMENTATION OF THE CLINICAL SUPERVISION ACTIVITIES

The approved clinical supervision activities should be recorded so that data can be collected and reported. 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), and title of position.

### 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) **Rubrics Rating Forms:**

Rating forms should be dated and signed by counselor and clinical supervisor.

### 5) **Supervision Notes:**

Supervision Notes should reference the regular supervision meetings as well as observations, training, mentoring, group supervision. Notes should always reference the PDP goals and current progress or concerns.

Notes should be dated and each note should indicate the type of activity, the amount of time spent in the supervisory contact.

### 6) **Current Resume** which must be dated.

## 14. Updates to the How to Manual for Clinical Supervision in Idaho

### **Program is left without a Clinical Supervisor (CS)**

When a CS leaves, or is determined and/or expected to be absent from an agency for more than 30 calendar days, provider shall notify BPA and DHW 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 has ten business days to review and approve or deny. Once Provider has received an acceptance letter from BPA, the Provider has another 30 calendar days to fill the position.

Any requests for time extension, based on extenuating circumstances will be subject to collaborative review and decision between BPA and DHW

### **Counselor is absent from Job (Ill, Vacation or left the Job)**

A CS may fill in for an absentee counselor when another counselor is unavailable to do so. The CS who is filling in must document below his/her signature that she/he is filling in for the counselor with each entry to the clinical file.

When the absentee counselor, for whom the CS is filling in, is determined and/or expected to be away from the job for 30 or more calendar days, the CS/Provider shall notify the BPA Regional Coordinator (RC) 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.

RC/BPA has ten business days to review and approve or deny. Once CS/Provider receives an acceptance letter from RC/BPA, the CS/Provider has another 30 calendar days to complete the requirements of the approved plan.

Any requests for time extension, based on extenuating circumstances, will be subject to collaborative review and decision between the CS/Provider and the RC/BPA.

### **Clinical Supervision Frequency**

In all cases requiring Clinical Supervision, the CS and/or Provider should consider *Best Practice* in determining the level/frequency of supervision on an individual basis after the first three consecutive months of supervision.

Clinical Supervisors shall implement the second edition of the Performance Assessment Rubrics for Addiction Counseling Competencies, 2<sup>nd</sup> Edition (ATTC Network, April 2011) which includes the following scales:

Transdisciplinary Foundations:

- Awareness
- Understanding
- Applied Knowledge
- Mastery

Practice Dimensions:

- Awareness
- Initial Application
- Competent Practice
- Mastery

For every Qualified Professional as listed in IDAPA 16.07.20, upon hire to a state licensed SUD facility they will begin an initial 90 day supervision protocol. This protocol includes completing an initial self and supervisor rating using the Rubrics. This will also include at a minimum of once per month clinical supervision and once per month observation.

For QSUDPTs as listed in IDAPA 16.07.20 clinical supervision is required at a minimum of once per month and is a combination of observation, AND individual supervision. A QP must be 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 QP no longer has to be in same room but must be on-site during service delivery.

Upon demonstration of ratings of “Understanding” for Transdisciplinary Foundations and “Competent Practice” (rating of 3) for Practice Dimensions, the Qualified Professional will move to a once per year supervision protocol.

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 annual supervision may start.

One time per year supervision will include the development of a professional development plan for one Practice Dimension that will be the area of emphasis. The supervisee will be required to provide a written status update 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.

### Clinical Supervision for Case Managers

Case Managers are required to have monthly clinical supervision. Case management supervision must be documented and include the following: the date supervision is provided, the times the supervision begins and ends, the topics discussed, the duration of each session, whether the supervision was to an individual or group, and the signatures and credentials of both the individual conducting the supervision and the individual(s) receiving supervision.

### **Professional Development Plans**

Professional Development Plans are now available in forms that are either fillable from the computer or can be copied and filled out with pen. All will be available on the DHW/SUD Qualified Professionals website at <http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionals/tabid/1004/Default.aspx>.

# **Appendix A**

## **The Feedback Method**

So now it sounds like this...

- 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.

## **Appendix B**

### **Rating Addiction Counselor Competencies**

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

**Professional Competencies Summary Form** (*recommended for use following completion of Performance Assessment Rubrics Rating Forms*)

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. Form and Instructions follow and are also located separately online at:  
<http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionals/tabid/1004/Default.aspx>

**Professional Competencies Summary Form**

**From Full 123 item Competency Evaluation Form    PDP Update    Annual Update**

*Circle One of the above*

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

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

<b>Competency Categories</b> <b>2 of 2</b>	<b>Rating (1-4)</b> 1: Awareness 2: Initial Application 3: Competent 4: Mastery	<b>Original Date Competency Rated</b>	<b>Date PDP Developed</b> for ratings of 1 or 2 only	<b>Updated Competency Score</b> Based on outcome of PDP progress	
<b>8. Referral and follow up</b> Evaluate referrals Ongoing contact Evaluate outcome	_____ _____ _____			_____ _____ _____	
<b>9. Case Management</b> Referral Sources Eligibility Criteria	_____ _____			_____ _____	
<b>10. Group counseling</b> Group theory Describe, select, & use appropriate Strategies Understand & work with process and content Facilitate group growth	_____ _____ _____ _____			_____ _____ _____ _____	
<b>11. Family and couples counseling</b> Theory and models Understand characteristics and dynamics Describe, select, and use Appropriate strategies	_____ _____ _____			_____ _____ _____	
<b>12. Individual counseling</b> Theory of counseling models Describe, select, & us appropriate Strategies Understand functions & techniques of individual counseling	_____ _____ _____			_____ _____ _____	
<b>13. Client, family community education</b> Culturally Relevant Provide current information Teach Life Skills	_____ _____ _____			_____ _____ _____	
<b>14. Documentation</b> Knowledge of regulations Prepare accurate, concise notes  Write comprehensive, clear psychosocial narrative Record client progress in relation to treatment goals Discharge summaries	_____ _____  _____ _____ _____			_____ _____  _____ _____ _____	
<b>15. Professional Ethical Responsibilities</b> Adheres to code of ethics Apply to practice	_____ _____			_____ _____	

Participate in supervision Participate in performance evals Ongoing professional education	_____ _____ _____			_____ _____ _____	
--	-------------------------	--	--	-------------------------	--

## Suggested instructions for using the PROFESSIONAL COMPETENCIES SUMMARY

This form was developed as a result of suggestions from clinical supervisors in the state-wide meetings conducted by John Kirsch, Nancy Irvin and John Porter.

The form may be used to summarize the competencies evaluation. **An initial evaluation of all 123 competencies will be necessary.** The 123 competencies can be found in the new Rubrics document which is available on the NWATTC website: [http://www.attcnetwork.org/regcenters/index\\_northwestfrontier.asp](http://www.attcnetwork.org/regcenters/index_northwestfrontier.asp) under "Products and Resources". It is the 4th document in that list entitled, "Performance Assessment Rubrics for the Addiction Counseling Competencies".

You may download the document or keep a copy in your computer for reference. That summary of the evaluation of the 123 competencies could be recorded on this form. In the "ratings" section, competencies in each of the 15 categories can be recorded.

It should be noted that this is a competencies "category" summary. There are 15 categories indicated on this form and within each category there are a number of individual competencies which are listed in the new Rubrics documents. A counselor might be at a level 1 or 2 in several of the competencies in a category and have 3 or 4 ratings on other competencies in that same category. For that reason, there is a "comments" section in which the clinical supervisor could comment on which specific competencies will be indicated on the Professional Development Plan. Since there may be a range of ratings in each category, it may be necessary to comment on which are at a competent or above rating and which are those to be included on the PDP.

The first sections of the form seem to be self explanatory. Indicate the counselor's name or professional's name, the hire date/QP status and the name of the clinical supervisor.

### **In the 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:

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 Skills Observation Worksheets**

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

Forms Follow or may be accessed separately at:

<http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionalsCaseManagers/tabid/1004/Default.aspx>

# 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
<b>Client-Centered Techniques</b>							
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 – <b>strong start. Set tone. Introductory statement of material to be covered during the class.</b>							
Room preparation – <b>chairs in a circle or group members seated in a manner that encourages participation, engagement.</b>							
Curriculum – <b>approved, evidenced based material presented. Handouts and other materials ready before group starts.</b>							
OTHER:							
<b>Teaching Methods Used</b>							
Reading							
Group discussion							
Using client case as examples for the group							
Game							
Role playing							
Process							
<b>Using the white board</b>							
OTHER:							
OTHER:							
OTHER:							

<b>Motivational Interviewing Skills</b>	
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.

---

Group Facilitator

---

Clinical Supervisor

**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 \_\_\_\_\_

Clinical Supervisor \_\_\_\_\_

## **Appendix D**

### **Professional Development Plans**

#### **IDAPA 16.07.20.12.27**

**Professional Development Plan.** A professional development plan:

- a.** Is developed cooperatively by the clinical supervisor and the clinician;
- b.** Is clinician-centered;
- c.** Is customized to the training needs of the clinician;
- d.** Details the way in which counselor performance may be improved;
- e.** Is based on counselor knowledge, skill, and attitude; and
- f.** At a minimum, is informed by use of Department-approved competency rating scales and observations of counselor's clinical work.

(7-1-13)

#### **PROFESSIONAL DEVELOPMENT PLAN:**

**Word Narrative Format, which may be printed and filled out with pen follows.**

**PROFESSIONAL DEVELOPMENT PLAN Formats, which can be filled out online, are found at:**

<http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionals/tabid/1004/Default.aspx>



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:

---

Clinical Supervisor Name (printed) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Name (printed) \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

*However, PDPs are subject to audit by BPA during their site visits.*

*PDPs must be reviewed every 3 months for continuation, update or completion with supportive documentation. See Chap 3, Item 6 of How to Manual for Clinical Supervision in Idaho for details.*

*\*Performance Assessment Rubrics for Addiction Assessment Competencies are based on TAP 21 rating scales.*

# PROFESSIONAL DEVELOPMENT PLAN

## Word Narrative Format (Online Fillable)

(12-15-14)

Staff:                      Credential:  QSUDP)  (QSUDPT)  (CS)

Clinical Supervisor:                      Date:

Transdisciplinary Foundation: Choose an item.

Practice Dimension Competency: Choose an item.

\*Performance Assessment Rubrics located at:

<http://www.attcnetwork.org/documents/Final.CS.Rubrics.Assessment.pdf>

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

Present level of competence from Performance Assessment Rubrics Rating Forms\*:

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:

Clinical Supervisor Name (printed):

Supervisor Signature:

Date:

Counselor Name (printed):

Counselor Signature:

Date:

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

*PDPs must be reviewed every 3 months for continuation, update or completion with supportive documentation. See Chap 3, Item 6 of How to Manual for Clinical Supervision in Idaho for details.*

*\*Performance Assessment Rubrics for Addiction Assessment Competencies are based on TAP 21 rating scales.*



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

Clinical Supervisor Name (printed)

Supervisor Signature \_\_\_\_\_ Date

Counselor Name (printed)

Counselor Signature \_\_\_\_\_ Date

\*Demonstrations

Demonstration Date	Demonstrations Successful	Corrections needed:	Counselor Initial	Supervisor's Initials

Demonstrations, if documented in Individual or Group Skills Observation Worksheets, do not need to be documented here – reference the appropriate worksheet.

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

*PDPs must be reviewed every 3 months for continuation, update or completion with supportive documentation. See Chap 3, Item 6 of How to Manual for Clinical Supervision in Idaho for details.*

*\*Performance Assessment Rubrics for Addiction Counseling Competencies are based on TAP 21 rating scales.*

## References

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- Gallon, S. and Porter, J. (April 2011). *Performance assessment rubrics for addiction counseling competencies, 2<sup>nd</sup> edition*. Retrieved from <http://www.attcnetwork.org/documents/Final.CS.Rubrics.Assessment.pdf>
- “How To” Manual for Clinical Supervision in Idaho, along with all documents contained herein may be downloaded and printed individually from the Idaho Department of Health and Welfare Substance Use Disorder Services Qualified Professionals Website under the Heading Clinical Supervision <http://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionalsCaseManagers/tabid/1004/Default.aspx>