

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
Department of Counseling Psychology
Marriage, Couple and Family Therapy Program

SUPERVISEE EVALUATION FORM

Supervisee Name: _____
Practicum/Internship Site: _____
Supervisor: _____

Date: _____
Term: _____
Summer 1 (Practicum) _____
Fall _____
Spring _____
Summer 2 _____

The following areas of competence reflect the AAMFT Core Competencies and the CACREP family counseling competencies that are in keeping with the mission and training philosophy of the Lewis & Clark MCFT program. This evaluation form is designed to guide a conversation between a supervisor and supervisee. The format builds on an evaluation document written by Storm, C., York, C., McDowell, T. & Vincent, B. (1997). In C. Storm & T. Todd, *The reasonable complete systemic supervisor resource guide*.

We suggest that both parties fill the form and prepare to discuss the supervisee's progress using and noting in writing specific examples when possible. Once the conversation has taken place and any adjustments are made, the form should be completed, signed and turned in to the MCFT internship instructor. A copy needs to remain with the supervisee and the supervisee should take a copy to his/her next L & C supervisor.

P= Practicum; I-1= End of internship 1; I-2= End of internship 2; I-3= End of internship 3

Please rate the supervisee's (supervisee, please rate your own) ability to:

INITIATING & CONCLUDING TREATMENT																	
<p>1. Explain practice setting rules, fees, rights, and responsibilities, including privacy, confidentiality policies, and duty to care to client or legal guardian; obtain consent to treatment from all responsible persons. Inform all clients and legal guardians of limitations to confidentiality and parameters of mandatory reporting (1.3.4; 1.3.5; 1.5.3; 5.3.3).</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <table style="width: 100%; border: none;"><tr><td style="width: 16.6%;">Below P</td><td style="width: 16.6%;">Expected P</td><td style="width: 16.6%;">Expected I-1</td><td style="width: 16.6%;">Expected I-2</td><td style="width: 16.6%;">Expected I-3</td><td style="width: 16.6%;">Above I-3</td></tr><tr><td colspan="3" style="text-align: center;"><i>Includes all necessary information but may be somewhat mechanical</i></td><td colspan="3" style="text-align: center;"><i>Reviews all necessary information with ease, connecting to all in process</i></td></tr></table>						Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3	<i>Includes all necessary information but may be somewhat mechanical</i>			<i>Reviews all necessary information with ease, connecting to all in process</i>		
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<i>Includes all necessary information but may be somewhat mechanical</i>			<i>Reviews all necessary information with ease, connecting to all in process</i>														
<p>2. Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors (1.3.1).</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <table style="width: 100%; border: none;"><tr><td style="width: 16.6%;">Below P</td><td style="width: 16.6%;">Expected P</td><td style="width: 16.6%;">Expected I-1</td><td style="width: 16.6%;">Expected I-2</td><td style="width: 16.6%;">Expected I-3</td><td style="width: 16.6%;">Above I-3</td></tr><tr><td colspan="3" style="text-align: center;"><i>Obtains most relevant information, but May miss important factors</i></td><td colspan="3" style="text-align: center;"><i>Obtains all necessary information attending to what is most relevant</i></td></tr></table>						Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3	<i>Obtains most relevant information, but May miss important factors</i>			<i>Obtains all necessary information attending to what is most relevant</i>		
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<i>Obtains most relevant information, but May miss important factors</i>			<i>Obtains all necessary information attending to what is most relevant</i>														
<p>3. Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extra-familial resources); facilitate involvement of all necessary participants (1.3.2; 1.3.3).</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <table style="width: 100%; border: none;"><tr><td style="width: 16.6%;">Below P</td><td style="width: 16.6%;">Expected P</td><td style="width: 16.6%;">Expected I-1</td><td style="width: 16.6%;">Expected I-2</td><td style="width: 16.6%;">Expected I-3</td><td style="width: 16.6%;">Above I-3</td></tr><tr><td colspan="3" style="text-align: center;"><i>Often includes multiple members, but not not always certain of when, why/how to engage</i></td><td colspan="3" style="text-align: center;"><i>Consistently, effectively includes multiple members; able to offer rationale for when & why</i></td></tr></table>						Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3	<i>Often includes multiple members, but not not always certain of when, why/how to engage</i>			<i>Consistently, effectively includes multiple members; able to offer rationale for when & why</i>		
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<i>Often includes multiple members, but not not always certain of when, why/how to engage</i>			<i>Consistently, effectively includes multiple members; able to offer rationale for when & why</i>														
<p>4. Establish, maintain & monitor appropriate and productive therapeutic alliances with all clients (1.3.6).</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <table style="width: 100%; border: none;"><tr><td style="width: 16.6%;">Below P</td><td style="width: 16.6%;">Expected P</td><td style="width: 16.6%;">Expected I-1</td><td style="width: 16.6%;">Expected I-2</td><td style="width: 16.6%;">Expected I-3</td><td style="width: 16.6%;">Above I-3</td></tr><tr><td colspan="3" style="text-align: center;"><i>Connects with clients but may form stronger alliances with some; attends to alliance sometimes</i></td><td colspan="3" style="text-align: center;"><i>Connects with all; able to fluidly use alliances to promote change; attends to alliance each session</i></td></tr></table>						Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3	<i>Connects with clients but may form stronger alliances with some; attends to alliance sometimes</i>			<i>Connects with all; able to fluidly use alliances to promote change; attends to alliance each session</i>		
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<i>Connects with clients but may form stronger alliances with some; attends to alliance sometimes</i>			<i>Connects with all; able to fluidly use alliances to promote change; attends to alliance each session</i>														

5. Elucidate presenting problem from the perspective of each member of the therapeutic system (2.3.9).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Attempts to understand all clients' points of view But tends to agree with some over others</i>			<i>Consistently understand perspectives of all; able to present multiple views to encourage change</i>	

6. Evaluate clients' outcomes for the need to continue, refer, or terminate therapy (4.4.5).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>May not consistently review goals or know when goals are met, need to refer, or when Tx is not effective</i>			<i>Consistently reviews and revises goals; Knows when to refer & why; when Tx is not effective</i>	

7. Move to constructive termination when treatment goals have been accomplished; develop termination and aftercare plans (3.3.9; 4.3.11).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>May not be certain of goals or when goals are met sometimes reviews goals & effectively terminates</i>			<i>Consistently aware of progress toward termination; effectively terminates & develops aftercare plans.</i>	

Comments:

ASSESSMENT & DIAGNOSIS

8. Understand the effects that psychotropic and other medications have on clients and the treatment process (3.1.3).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Asks about medication; Often uncertain of effects</i>			<i>Consistently asks about medications; Actively seeks information about effects</i>	

9. Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms. Elicit a relevant and accurate biopsychosocial spiritual history to understand the context of the clients' problems (2.2.5; 2.3.7).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers with supervision; Collects some relevant information</i>			<i>Consistently collects relevant information; Considers influence on problems/solutions</i>	

10. Diagnose and assess client behavioral and relational health problems systemically and contextually (2.3.1; 2.4.2).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers context and relationships In assessment/diagnosis with help in supervision</i>			<i>Consistently includes context and describes problems/diagnosis relationally</i>	

11. Administer and interpret results of assessment instruments, including assessing family history and dynamics using a genogram (2.3.4; 2.3.6).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Uses genograms but timing & Purpose may be unclear</i>			<i>Uses genograms when appropriate & therapeutic rationale is clear</i>	

12. Identify clients' strengths, resilience, and resources (2.3.8).

Below P	Expected P <i>Explores with clients & considers Relative to solutions</i>	Expected I-1	Expected I-2	Expected I-3 <i>Consistently explores and integrates in assessment, treatment & termination</i>	Above I-3
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Comments:

TREATMENT PLANNING & GOALS

13. Consider which models, modalities, and/or techniques are most effective for presenting problems (3.1.1).

Below P	Expected P <i>Able to identify when using assumptions and techniques from specific models</i>	Expected I-1	Expected I-2	Expected I-3 <i>Uses models purposefully & considers fit with clients & problem</i>	Above I-3
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14. Attend to joining with each client and assessing each client's engagement in the change process (2.2.1).

Below P	Expected P <i>Joins purposefully, but not always Consistently at beginning & throughout Tx</i>	Expected I-1	Expected I-2	Expected I-3 <i>Joins "seamlessly"; ensures all are connected & engaged throughout Tx</i>	Above I-3
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15. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment and treatment planning process (2.2.2).

Below P	Expected P <i>Considers & integrates with supervision; Collects some relevant information</i>	Expected I-1	Expected I-2	Expected I-3 <i>Consistently collects relevant information; Integrates systemically</i>	Above I-3
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16. Develop hypotheses regarding relationship patterns & their bearing on the presenting problem (2.2.3).

Below P	Expected P <i>Can identify 1-2 patterns of interaction; not always certain how to connect to problems/solutions</i>	Expected I-1	Expected I-2	Expected I-3 <i>Identifies relevant patterns of interaction; Uses to understand problems/find solutions</i>	Above I-3
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17. Consider the mutual influence of treatment and extra-therapeutic relationships/factors; integrate into treatment plan (2.2.4).

Below P	Expected P <i>Considers when brought up by clients; Not always certain how to integrate</i>	Expected I-1	Expected I-2	Expected I-3 <i>Actively explores & recognizes relevance; Consistently integrates into Tx</i>	Above I-3
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18. Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective (3.3.1).

Below P	Expected P <i>Sets goals, but not always clear or consistently review; sometimes systemic</i>	Expected I-1	Expected I-2	Expected I-3 <i>Consistently sets, reviews and revises goals; uses systemic perspective;</i>	Above I-3
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19. Prioritize treatment goals. Develop a clear plan of how sessions will be conducted. Evaluate progress of sessions and outcomes toward goals as treatment progresses. Recognize when treatment goals and plan require modification (3.3.2; 3.3.3;3.3.5; 3.4.1; 3.4.2; 4.4.3).

Below P	Expected P <i>Prioritizes goals sporadically; loosely connects Tx with goals</i>	Expected I-1	Expected I-2	Expected I-3 <i>Able to maintain overall goals while attending to session specific contents & Structures accordingly</i>	Above I-3 <i>structure of</i>
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Comments:

THERAPEUTIC INTERVENTIONS					
20. Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes (4.2.2).					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	Some evidence of distinction, but Can become confused and/or caught in content			Makes distinction; usually attends to process; rarely gets caught in content	
21. Apply effective and systemic interviewing techniques and strategies; Generate relational questions and reflexive comments in the therapy room (2.3.3; 4.3.4).					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	Addresses all members & uses some relational Questioning, but can get caught in individual view			Uses circular & other relational questions; can articulate systemic rationale & reflection	
22. Match treatment modalities and techniques to clients' needs, goals, and values; recognize how different techniques may impact the treatment process (2.4.4; 4.3.1; 4.2.1).					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	Can identify theoretical assumptions guiding Techniques some of the time; may be more driven By what knows/learning than fit for clients/problem			Has numerous modalities & techniques available; can explain rationale; considers fit of approach with client & problem	
23. Facilitate clients developing and integrating solutions to problems; solicit and use client feedback throughout the therapeutic process (1.3.7; 3.2.1; 4.3.6).					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	Encourages collaboration, but can slip Into advice giving, under/over directing Without attention to client feedback			Facilitates clients identifying strengths & solving problems with collaborative input; asks for & uses feedback regularly	
24. Engage each family member in the treatment process as appropriate; manage session interactions with individuals, couples, families, and groups (4.3.5; 1.3.9).					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	Includes all members, but may allow over/under participation; can struggle to manage complex interactions			Balances engagement & involvement of all members; effectively facilitates interaction & manages conflict	
25. Structure treatment to meet clients' needs and to facilitate systemic change (3.3.4).					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	Structures interactions well some of the time; Not always sure of therapeutic goal of structure			Structures time, interaction, seating, activities to meet Tx goals; Can articulate rationale	

26. Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics (4.5.3).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can articulate rationale with supervision; Often systemic/relational in explanations</i>		<i>Consistently able to articulate relational, systemic understanding and rationales for interventions</i>		

27. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client). Evaluate ability to deliver interventions effectively; evaluate clients' reactions or responses to interventions (4.3.2; 4.4.2; 4.4.4).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Delivery may be more sensitive to some members; Occasionally evaluates effectiveness/reactions</i>		<i>Delivery intentionally sensitive to all; Has regular mechanisms to evaluate effectiveness/reactions</i>		

28. Reframe problems; use counter intuitive thinking; identify and intervene in recursive interaction patterns (4.3.3).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>May fall into "common sense" solutions; Reframes may be superficial; can get caught in/miss patterns</i>		<i>Thinks counter-intuitively/systemically; reframes meaningful & collaborative; intervenes in patterns</i>		

29. Collaboratively empower/raise critical social awareness of clients and their relational systems to establish effective relationships with each other and larger systems (4.3.8).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Acknowledges systems of oppression with supervision not certain how to discuss in Tx or tie to goals</i>		<i>Readily detects oppression; engages in critical conversation; ties to goals; intervenes</i>		

30. Provide psycho education to couples and families when helpful (e.g., education on serious mental illness or other disorders; information on sexual functioning; research on parenting and couple relationships) (4.3.9).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can include psycho education, but may "teach"</i>		<i>Knows when/how to integrate psycho education</i>		

31. Determine the effectiveness of clinical practice and techniques; modify interventions that are not working to better fit treatment goals (4.3.10; 6.3.4).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Often notices when interventions do/do not work</i>		<i>Regularly assesses impact of interventions on goals</i>		

32. Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan (2.4.3; 4.4.1).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Interventions often not tied to theory; loosely tied to goals; minimal attention to culture or context</i>		<i>Interventions reflect theory & goals; follows-up on interventions; uses cultural & contextual perspectives</i>		

Comments:

MULTIPLE SYSTEMS

33. Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system, including how institutional barriers prevent members of varying cultural and class groups from using/benefiting from mental health services (1.1.3).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Cursory understanding of larger system & potential some from accessing services</i>		<i>Working knowledge of larger system including barriers limiting works with families to overcome barriers.</i>		

34. Understand and work along-side other recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment) (3.1.4).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can name a few additional services & may not know when it is appropriate to refer</i>		<i>Has good knowledge of additional services available; actively refers; has conversations in Tx about resources</i>		

35. Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services). Assist and advocate with clients in obtaining needed care, appropriate resources and services in their communities while navigating complex systems of care (3.3.8; 3.5.1; 1.2.2).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Inquires about in assessment;; include sporadically in Tx;</i>		<i>Utilizes consistently in case conceptualization & Tx</i>		

36. Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers. Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present (1.3.8; 3.3.7).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Hesitantly/sporadically interacts with involved others</i>		<i>Consistently/ effectively interacts with all others involved</i>		

37. Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case) (4.5.1).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Acknowledges and listens to others; might be dismissive and/ or timid asserting own perspective.</i>	<i>perspective</i>	<i>Respectful of others' perspectives while able to assert own</i>		

Comments:

CONTEXTUAL & DEVELOPMENTAL

38. Understand principles of human development across the life span; provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, adults and elders within culturally and contextually situated perspectives (2.1.1; 2.3.2).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Discuss when prompted & can consider how services might be tailored to context & development</i>		<i>Tailors services to fit with current developmental level and contextual variables.</i>		

39. Understand and apply principles of family and couple life cycle development from culturally and contextually situated perspectives (2.1.1).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Able to discuss family/couple development May not consistently integrate in Tx</i>		<i>Consistently aware of developmental process and is actively includes in Tx</i>		

40. Demonstrate knowledge of gender and gender identity development, and approaches to supporting gender equity. Demonstrate knowledge of human sexuality and ability to work with clients of all sexual orientations and identities, supporting social equity and inclusion (2.1.1; 4.3.2).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Aware of impacts though awkward in discussing issues of sexuality in Tx</i>		<i>Comfortable discussing issues of a sexual nature & engages clients re sexuality when appropriate</i>		

41. Demonstrate awareness, knowledge and skill for working cross-culturally and trans-nationally, recognizing larger systemic forces that promote and maintain social inequalities related to group memberships (1.2.1). Recognize contextual and systemic dynamics relative to:

A) race and racial inequalities, including own racial privilege and/or oppression.

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

B) own and clients' social class and how these influence therapy, problems and solving problems.

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

C) nation of origin and language (immigration, refugee, cross-national relations, etc) and how these influence therapy, problems and solving problems.

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

D) spirituality and religion. Able to integrate and draw from clients' spirituality in therapy; access spiritual/religious leaders involved in clients' lives when necessary.

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

E) clients' physical and psychological abilities issues and appropriately serve persons with special needs; recognize issues of power and privilege related to abilities.

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

Comments:

MANAGING CONFLICT & RISK

42. Defuse intense and chaotic situations to enhance the ability to effectively engage in therapy and ensure the safety of all participants (4.3.7).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Hesitant in intense situations, tendency to internalize stress of situation</i>			<i>Engages intense situations while staying balanced; stress of situation is not internalized.</i>	

43. Evaluate level of risks; manage risks, crises, and emergencies (3.4.3; 3.3.6).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Aware of agency policies/procedures with high risk situations; tentative in assessing risk.</i>			<i>Confident assessing level of risk and following agency policies in high risk/crisis situations.</i>	

44. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, potential self-harm/suicide, abuse or violence. Report information to appropriate authorities as required by law (2.3.5; 5.3.4; 5.3.6).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Assess issues generally, awkward assessing specific issues makes reports though hesitant</i>			<i>Assess issues with clarity, confidently makes necessary reports</i>	

45. Participate in case-related forensic and legal processes (e.g., responding to attorney requests/subpoenas; going to court) (3.5.2).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Requires extra supervision when proceeding.</i>			<i>Proceeds well in forensic/legal situations.</i>	

Comments:

KNOWLEDGE & USE OF RESEARCH

46. Use current MFT and other research (using knowledge/ability to critique qualitative and quantitative research) to inform clinical practice (6.3.2).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Uses research encountered well tends to accept most research</i>			<i>Seeks out research relevant to situation; tends to use research more critically</i>	

47. Recognize informal research processes involved in therapy, own biases relative to research, as well as opportunities for therapists and clients to participate in clinical research when appropriate (6.2.1).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Limited awareness of personal bias; awkward in presenting available research opportunities</i>			<i>Aware of personal bias; confident presenting research opportunities in Tx</i>	

Comments:

SELF OF THE THERAPIST

48. Aware of own cultural heritage, life experiences, affiliations and identities, and worldview, and how these influence definitions of normality-abnormality and the process of treatment .

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Ability to identify some personal influences and how they might impact treatment provided.</i>			<i>Identifies with clarity personal influences and impact on services provided.</i>		

49. Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct. Monitor personal reactions to clients and treatment process (3.4.5; 4.4.6).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Tendency to allow personal issues to impact services provided; self care tends to be overlooked</i>			<i>Self care is a priority; personal issues tend to have little impact on services provided.</i>		

50. Demonstrate awareness and sensitivity to issues of power and privilege as they relate to therapist and client intersecting identities and social roles; maintain humility; use privilege to promote social equity.

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Tendency to overlook issues of power and privilege in Tx</i>			<i>Aware of power dynamics in Tx, identifies ways to use privilege to promote social equity</i>		

Comments:

LEGAL& ETHICAL

51. Know and follow the AAMFT Code of Ethics, standards of practice, and State Laws and regulations for the practice of marriage/couple and family therapy (5.1.1; 5.1.2). Understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations (e.g., minors) (1.5.1).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Familiarity of ethical codes/ practice standards, difficulty applying it to specific situations.</i>			<i>Working knowledge of ethical codes/standards; ability to apply to specific situations.</i>		

52. Recognize ethical dilemmas in practice setting - situations in which ethics, laws, professional liability, and standards of practice apply; monitor issues related to ethics, laws, regulations, and professional standards. Understand and use appropriate processes for making ethical decisions; seek guidance from supervisors; recognize when legal consultation is necessary; take appropriate action when ethical and legal dilemmas emerge (5.4.1).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Uneasy in situations where dilemmas emerge; uncertain in seeking supervision</i>			<i>Actively seeks supervision/consultation when dilemmas emerge</i>		

53. Evaluate case for appropriateness for treatment within professional scope of practice and competence; recognize issues that might suggest referral for specialized evaluation, assessment, or care and refers appropriately when necessary; practice within defined scope of practice and competence (1.2.3; 1.4.1).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Uneasy referring when appropriate</i>			<i>Actively refers when appropriate.</i>		

Comments:

PROFESSIONAL

54. Know policies and procedures of the practice setting; assess session process for compliance with policies and procedures of practice setting (3.4.4).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
General familiarity of policies procedures			Working knowledge of policies and procedures		

55. Recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work (5.4.2).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Hesitant in seeking supervision			Actively seeks supervision when needed		

56. Utilize supervision effectively; integrate supervisor/team communications into treatment (2.5.1; 4.3.12).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Can be unprepared and/or unclear how to integrate suggestions into Tx			Consistently prepares for supervision; able to adjust & apply suggestions in Tx		

57. Set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships (3.5.4; 4.5.2).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Hesitant in setting boundaries, tendency to downplay role in working relationships			Actively sets boundaries; enters professional relationships with confidence.		

58. Write plans and complete other case documentation in a timely and complete manner in accordance with practice setting policies, professional standards, and state/provincial laws (1.5.2; 3.5.3).

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Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Tendency to need extra supervision around documentation, policies specific to practice setting.			Completes documentation on time, working knowledge of professional standards, policies, laws		

Comments:

OVERALL ASSESSMENT

|-----|-----|-----|-----|-----|
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Note any disagreement between supervisor and supervisee about this evaluation:

Goals (list at least 3):

- 1.
- 2.
- 3.
- 4.
- 5.

Supervisor Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____