

Guideline Manual for Evaluation Scoring

The following guidelines are provided so that all ArBOEC supervisors will be more uniform in how they report to the ArBOEC. These ratings apply to all modalities of counseling/therapy (i.e., different theoretical approaches; individual, group, or conjoint sessions; type of identified client; specialized approaches such as play therapy or sex therapy, etc.). Rather than giving a definition of the worst and best of each range, examples in the middle of each skill level (Foundational, Effective, and Mastery) are given. However, a supervisee's score could fall anywhere on the one to ten scale. Rating categories can generally be thought of as:

N.E.	1	2	3	4	5	6	7	8	9	10
no experience	Foundational therapy (expected of beginners)			Effective therapy (expected of intermediate level)			Mastery-level therapy (advanced, highly skilled therapists)			

Guidelines for levels of each item:

Basic Professional Skills

- 1) Application of ethical/legal principles.
 - 2: Awareness of ethical guidelines and relevant legal principles, but sometime needs help to make connections to current cases/sessions/decisions.
 - 5: Applies ethical guidelines/principles to professional practice.
 - 9: Performs professionally even in ambiguous ethical/legal situations.

- 2) Establishes therapeutic relationship with client (joining).
 - 2: Becomes discouraged, anxious, or angry when there is difficulty in establishing a therapeutic relationship with the client—needs much supervisory support to continue effort in joining with client.
 - 5: Builds solid, useful relationships with most clients, but sometimes takes some time to recognize that there is a problem in the therapeutic relationship.
 - 9: Clients who have trouble forming relationships can do so with this therapist. Uses relationship as a potent tool for effecting and supporting client change.

- 3) Exploring client feelings and defenses to feelings.
 - 2: Only aware of client's specifically stated or clearly manifested feelings and emotional responses.
 - 5: Usually aware of and explores clients' feelings and emotions; sometimes slowly, but eventually picks up denied or concealed emotions. Ability to recognize defense mechanisms; articulates, conceptualizes, and determines appropriate responses.
 - 9: Grasps and explores complex feelings and emotions; easily helps client work through defenses to tap underlying responses; knows when client has activated defense mechanisms.

- 4) Exploring realistic, unrealistic, and systemic goals.
 - 2: Little or no exploration of goals beyond acceptance of client's understanding of the presenting problem.
 - 5: Collaborates with client/others to clarify and evaluate usefulness of goals.
 - 9: Understands unrealistic goals, hidden agendas, and dysfunctional/unhealthy goals as a linked system, accurately predicts system/contextual changes over time, treatment, and environmental/systemic changes.

- 5) Open and responsive to client's feedback.
 - 2: Sometimes aware of but inconsistently responsive to client feedback.
 - 5: Uses client feedback constructively and incorporates that feedback into treatment process.
 - 9: Consistently aware of client verbal and non-verbal cues as feedback and uses it therapeutically.

- 6) Open and responsive to supervisor's authority and feedback.
- 2: Therapist responds to feedback fairly well but sometimes responds with defensiveness or needs excessive reassurance.
 - 5: Can incorporate new ideas and behaviors easily when they are fairly congruent with the therapist's usual approach. Has more difficulty if they are not, but consistently self-aware and improving.
 - 9: Seeks and accurately hears feedback, even on personally threatening cases, open to both positive and negative feedback. Readily sees how it relates to clients and can find appropriate places to use a specific technique.
- 7) Ability to handle anxiety with self and others (between self and the client(s), other professionals, client's significant others/caregivers, peers, etc).
- 2: Professional functioning may occasionally be affected by accumulated stresses and/or anxieties.
 - 5: When under major stress may show physical or behavioral symptoms that temporarily lower but do not disrupt the efficiency of professional functioning.
 - 9: Stress reactions occur, but has developed suitable ways of handling stress so there is little or no interference with professional functioning; knows when to cancel/refer due to own diminished abilities to serve client.
- 8) Handles new therapy challenges confidently.
- 2: Confidence ebbs and flows depending on therapist's most recent encounter with client or supervisor.
 - 5: Is generally confident of abilities, but occasionally shows hesitancy about approaching situations that would stretch the limits of already practiced skills.
 - 9: Secure and confident in handling both routine situations and crises, accepts challenges.
- 9) Maintains professional, timely, appropriate documentation, and case management.
- 2: Able to write appropriate documentation.
 - 5: Documentation is current and appropriate, and tracks the progress through evaluation and termination.
 - 9: Uses documentation as an effective tool and seeks consultation as appropriate.
- 10) Demonstrates empathy while maintaining boundaries.
- 2: Over identifies with particular clients; has difficulties maintaining appropriate boundaries.
 - 5: Usually empathetic and recognizes that there is a need for discernment in setting boundaries.
 - 9: Maintains clear boundaries and separate identity while capable of deep concern and empathy. Knows when client advocacy is/is not therapeutic.
- 11) Theoretical knowledge and integration.
- 2: Reasonable knowledge of at least one theoretical model; however, is not consistently guided by application/ownership of theory.
 - 5: Therapy is consistently guided by theory in treatment planning and therapeutic process.
 - 9: Has a well-articulated, integrated theory that unifies multiple constructs that provides underlying therapeutic consistency, and a rationale for trying approaches that might appear inconsistent. Is aware of a variety of different theories.
- 12) Responsiveness to non-verbal behaviors.
- 2: When asked during supervision can remember and interpret client's non-verbal behaviors, but tends to not respond to non-verbals during session with client.
 - 5: Accurately perceives the meaning of most non-verbal behavior and explores contradictions.
 - 9: Links both subtle and obvious non-verbal cues to the content and process of the interview—from this derives hypotheses that would not otherwise be apparent.

13) Knowledgeable and comfortable with client's sexual content.

2: Able to see when sexual issues are important, but fairly often will hesitate or avoid dealing with them.

5: Picks up cues and initiates dealing with sexual issues, generally able to handle a range of sexual behaviors and fantasies appropriately.

9: Has specialized knowledge and is highly skilled when dealing with sexual material; completely comfortable with all aspects and all types of problems.

Professional Identity Skills

14) Effectively negotiates own issues regarding power and authority.

2: Sometimes misinterprets actions of authorities, professional peers, or clients; may get upset or resist but eventually works through own reactions and responds appropriately.

5: Understands hierarchical nature of relationships and can relate effectively with authority figures, other professional peers, or subordinates.

9: Supports and works collaboratively with authority figures and other professional peers or subordinates.

15) Self-direction and active learning.

2: Wants to learn therapy skills, but is hesitant to take on any new tasks that might be challenging, threatening, or lead to possible failure. Does only the bare minimum to 'get by.'

5: Enjoys the learning process, is developing skills in a variety of required and not-required areas that tend to center around a common theme or a particular job.

9: Always seeking to expand knowledge and skills within and outside of therapy; thinks of the future in terms of learning opportunities.

16) Effectively addresses own and clients' sex-role attitudes.

2: Has minimal awareness of own or client's stereotypical sex-role attitudes.

5: Generally aware of sex-role issues and values, but more sensitive to issues related to own gender.

9: Is consistently aware of and sensitive to stereotypical sex-roles as they influence professional and personal, and client's behavior. Has understanding and awareness of personal sex-role attitudes and has developed appropriate skills in helping both male and female clients.

17) Sensitive to cultural issues [race, religion, gender, age, socioeconomic status, etc.].

2: Is aware of the need to be sensitive to cultural differences, but sometimes does not see how own beliefs and behaviors show cultural insensitivity.

5: Recognizes own subtle racist attitudes, cultural limitations, and prevents their influence on the therapy. Is self-aware but understanding of own limitations and trying to improve.

9: Capable of working across cultures. Therapy methods are selected to be consistent with client's cultural beliefs about (for example) illness and accepted folk practices.

18) Handling client's dependence/encouraging healthy autonomy.

2: Sometimes allows client to rely on therapist's opinions, advice, or emotional sanction beyond the point when the client should be moving toward self-sufficiency, or nurtures dysfunctional independency.

5: Therapist effectively handles client's dependency in stages—for example, may allow early dependency when therapeutic, but later shifts to client autonomy as a key agenda.

9: Throughout treatment, therapist is sensitive and responsive to dependency needs while continuously strengthening the client's capacity to be autonomous.

19) Knowledge and application of current DSM.

- 2: Can define common diagnostic terms and accurately use broad categories, but likely to be vague or unclear on fine details or on new terms.
- 5: Knows and uses first two axes of DSM with considerable insight, may not use other axes.
- 9: Accurate, detailed knowledge of categories, terms, and organization of DSM; can use all axes when appropriate and is able to apply DSM to treatment goals.

20) Realistic self-evaluation of strengths and weaknesses.

- 2: Poorly appraises skills or what has been learned from experience.
- 5: Recognizes a personal tendency to sometimes overestimate abilities and underestimate limitations (or the reverse) yet maintains consultation to prevent problems.
- 9: Knows abilities, limitations, and limits of capacities to adjust and learn in new situations. Has thoughtfully considered ways to maximize potentials and minimize limitations.

21) Awareness of personal and emotional issues (i.e., counter transference, therapist's emotional reaction to client's material).

- 2: Personal reactions interfere with therapy at times, but supervisee is responsive when supervisor points it out.
- 5: Has accurate knowledge of where and when personal problems or reactions might interfere and has developed a list of reasonable and effective actions to avoid or reduce problems.
- 9: Supervisee's problems or feelings are not denied or covered up but never interfere with treatment. They emerge in a way that facilitates therapy.

Advanced Professional Skills

22) Makes good use of formal and informal psychological assessments.

- 2: Needs much help when giving, scoring, or interpreting formal measurements, assessments, and/or diagnoses accurately within scope of practice. Needs help forming informal, ongoing psychological assessments.
- 5: Identifies general patterns in results, links with client's personal history; interpretations are accurate and relate to diagnostic questions but sometimes tend toward 'cookbook' flavor.
- 9: Integrates tests results with a broad base of other data; derives unified, clear, clinical profile that explains, predicts, and defines further exploration.

23) Forming long-term and short-term treatment plans.

- 2: Clients are classified into categories and nearly every client in a category is given the same treatment plan even when it is not responsive to client's changes.
- 5: Establishes specific treatment plans related to client needs; long-term goals and short-term objectives may be implicit or somewhat vague, but as the case continues reasonably good treatment plans do emerge.
- 9: Establishes plans related to client needs and capabilities; sees client as changing and has flexible long-term goals and short-term objectives related to those goals.

24) Timing and pacing of interventions in session.

- 2: Timing of interventions often seems to poorly match the client's pace, and occasionally this leads to client discomfort.
- 5: In an overall interview, the timing is acceptable, but on occasions in an interview, the client seems to be pushed or held back inappropriately. Overall disruption is minimal.

9: Timing of questions, comments, etc. reflects an accurate assessment of the client's ability to understand or make use of the intervention. Flow feels logical and smooth.

25) Matching process and interventions to stages of treatment.

2: Accurately lists the content and associated feelings that client has covered but needs help applying it to variation in interventions used in different treatment stages.

5: Describes client processes reasonably accurately and can anticipate interventions appropriately.

9: Readily extracts the major themes and problems of therapy, illustrates with examples, has a good general sense of future direction of treatment.

26) Appropriate approach to client vs. supervisee value conflicts.

2: Has difficulty recognizing when problems in therapy stem from value differences.

5: Even with strongly held personal beliefs that clash with client's values, has worked out ways to continue being therapeutically effective. Generally tolerant, but finds it challenging to accept client's beliefs or decisions when it disagrees with some of own strongly held personal values, religious, ethical, or social/political beliefs.

9: Knows how own personal values interact with client values. Consistently respects the client's values even when recognizing them as a potential source of problems.

27) Awareness of differences in clients' functioning in different contexts, settings, or with different people, etc.

2: Explores the client's behavior in a few of client's typical environments, but, does not draw any conclusions about differences or similarities in those behavior patterns on his or her own.

5: Is aware that the client responds differently in various environments, and therapist tends to deal with each one separately, but generally sees the important connections.

9: Aware of and can specify consistencies and inconsistencies in how the client responds to important different environmental/systemic influences.

28) Recognizes client's and/or own sexual feelings or attractions.

2: Little or no awareness or ability to recognize and deal with sexual issues that may impact therapy whether from the client or own feeling for a client.

5: Sometimes hesitant in addressing client/therapist sexual feelings, but sensitive and competent once topic is broached. Appropriately addresses own feelings with supervisor and/or colleagues, not the client.

9: Client/therapist sexual feelings are acknowledged with care and sensitivity to provide unique opportunities for treatment that invariably benefit the client.

29) Works effectively with ambiguity.

2: Gets anxious if a method for resolving a problem is not immediately apparent.

5: Usually confident, but may need help in dealing with an ambiguous situation when a crucial personal/professional evaluation is involved.

9: Is comfortable dealing with complex problems assertively. Is attentive to client's readiness to address these problems. Is comfortable allowing a problem to remain unresolved for therapeutic purposes.

30) Writing useful reports/case notes/treatment plans in regard to their intended purpose.

2: Much of the material is too general and lacking in cohesiveness, or overly detailed and too lengthy.

5: Report is clear and thorough and seems to follow a standard outline. The summary wraps up the pieces accurately.

9: Evidence is organized in a meaningful sequence to build a logically consistent picture of the person—well written in objective, descriptive terms based on supportive evidence. Reports are understandable and useful to the receiver.