**Form 6.1: Self-Assessment of Counseling Performance Skills**

**Purposes:** To provide the trainee with an opportunity to review levels of competency in the performance skill areas of basic helping skills and professional procedural skills.

To provide the trainee with a basis for identifying areas of focus for supervision.

**Directions:** Circle a number next to each item to indicate your perceived level of competence.

<table>
<thead>
<tr>
<th>Basic and Advanced Helping Skills</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to demonstrate active attending behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Ability to listen to and understand nonverbal behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Ability to listen to what client says verbally, noticing mix of experiences, behaviors, and feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4. Ability to understand accurately the client’s point of view</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Ability to identify themes in client’s story</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. Ability to identify inconsistencies between client’s story and reality</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Ability to respond with accurate empathy</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8. Ability to ask open-ended questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Ability to help clients clarify and focus</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>10. Ability to balance empathic response, clarification, and probing</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>11. Ability to assess accurately severity of client’s problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>12. Ability to establish a collaborative working relationship with client</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>13. Ability to assess and activate client’s strengths and resources in problem solving</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>14. Ability to identify and challenge unhealthy or distorted thinking or behaving</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Ability to use advanced empathy to deepen client’s understanding of problems and solutions</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>16. Ability to explore the counselor–client relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Ability to share constructively some of own experiences, behaviors, and feelings with client</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Ability to summarize</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Ability to share information appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>20. Ability to understand and facilitate decision making</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>21. Ability to help clients set goals and move toward action in problem solving</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>22. Ability to recognize and manage client reluctance and resistance</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>23. Ability to help clients explore consequences of the goals they set</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>24. Ability to help clients sustain actions in direction of goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>25. Ability to help clients review and revise or recommit to goals based on new experiences</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Procedural and Professional Skills</td>
<td>Poor</td>
<td>Average</td>
<td>Good</td>
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<tr>
<td>26. Ability to open the session smoothly</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>27. Ability to collaborate with client to identify important concerns for the session</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>28. Ability to establish continuity from session to session</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Knowledge of policy and procedures of educational or agency setting regarding harm to self and others, substance abuse, and child abuse</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Ability to keep appropriate records related to counseling process</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. Ability to end the session smoothly</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>32. Ability to recognize and address ethical issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. Ability to integrate privacy practices and informed consent into initial session</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Trainee's signature

Supervisor's signature

Date
Form 6.2: Self-Awareness/Multicultural Awareness Rating Scale

KEY  1 = low—lack competence in this practice
      2 = low average—some competence in this practice but need to improve
      3 = average—adequate competence in this practice
      4 = high average—competence level is more than adequate in this practice
      5 = high—perform extremely well in this practice

Directions: Read each of the statements below and indicate the extent to which this applies to your counseling practice using the 1 through 5 key above.

___  1. I explore how my personal attitudes can impact my clients.
___  2. I understand how my family background impacts my activities and relationships.
___  3. I understand how my early family experiences may trigger a reaction to my client’s concerns.
___  4. I am aware of and can avoid imposing my own needs on clients.
___  5. I reflect on my own dynamics following a counseling session, particularly when I have strong emotional reactions or am uncomfortable with my client’s emotional reactions.
___  6. I reflect on my own dynamics following a counseling session, particularly when I have a strong negative judgment about my client’s thoughts, feelings, and behaviors.
___  7. I understand countertransference and am aware of how my unresolved personal issues and conflicts can be projected onto my clients.
___  8. I am aware of my own biases and prejudices. This includes issues of gender, sexual orientation, poverty, privilege, and authority relationships.
___  9. I pay attention to the worldview of my client and how it may be different from mine.
___10. I understand and am aware of how my own culture may impact my counseling relationships.
___11. I understand how my religious values, political values, and family values impact my counseling relationships.
___12. I can broach cultural issues with my client and discuss issues of diversity.
___13. I am involved with cultures of people different from me.
___14. I help clients make decisions that are congruent with their own worldview.
___15. I help clients define goals that are consistent with their life experiences and cultural values.

Review your ratings on the above items. Pay particular attention to items rated 1 or 2 as they may indicate areas of focus needed in this skill area.
Form 6.3: Directed Reflection Exercise on Supervision

Respond to the following questions or directives using one or two sentences.

1. Describe your anxiety level about being supervised.
2. What are your concerns about being evaluated?
3. What is your internal dialogue about your counseling practice (i.e., I’m really bad at this; I need a lot of back-up; I’ll never be good enough; I’m very self-conscious)?
4. Describe your current level of confidence as a counselor.
5. What kind of structure and support do you hope for in supervision (a great deal, a moderate amount, a back-up)?
6. Describe the extent to which you feel dependent on your supervisor.
7. Describe what you need from your supervisor in the teacher role? The counselor role? The consultant role?
8. What areas of your counseling practice may need the most focus initially?
9. What is your comfort level for self-disclosing personal history as it relates to your work with clients?
10. How difficult would it be for you to give feedback to your supervisor about the supervisor—supervisee relationship?

Review your answers to the question and directives. You may want to discuss some of these questions with your peers in group supervision. Perhaps your peers could add additional questions to the list? Reviewing your answers can help you clarify your goals related to your developmental level in the supervision process.
Form 6.4: Supervisee Goal Statement

Directions: The student should complete this and provide a copy for your individual and/or group supervisor at the beginning of supervision. This will assist you in forming the supervision contract with your supervisor. The goal statements can be updated as appropriate when current goals are met and your contract is revised.

Student name ________________________________
Supervisor name _____________________________
Date submitted ______________________________

Counseling Performance Skills
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Cognitive Counseling Skills
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Self-Awareness/Multicultural Awareness
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Developmental Level
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Form 6.5: Tape Critique Form

Student counselor's name ______________________________________

Client ID __________ No. of session __________

Brief summary of session content:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Intended goals:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Comment on positive counseling behaviors:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Comments on areas of counseling practice needing improvement:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Concerns, observations, or comments regarding client dynamics:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Plans for further counseling with this client:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Tape submitted to ___________________________

Date ___________________________
Form 6.6: Peer Rating Form

Purposes

1. To provide the trainee with additional sources of feedback regarding skill development.
2. To provide the rater with the opportunity to increase knowledge and recognition of positive skill behavior.

Directions

1. The trainee submits this sheet to be completed by peers who review the trainee’s tapes in the group supervision class. The particular skills the counselor is working on are identified by the counselor trainee. All ethical guidelines regarding confidentiality must be followed for this tape review process, and the tape should be erased after the supervision session.
2. The peer writes remarks on all tapes reviewed, rating performance on the targeted skill behavior.
3. The information is cumulative to aid in review of progress.

Counselor’s name _________________________________________________________________________
Targeted skills (to be identified by counselor) ________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Remarks (based on all tapes reviewed during the week) _______________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Signature of rater _________________________________________________
Date _____________________________________________________________
Form 6.7: Interviewer Rating Form

Rating of a Counseling Session Conducted by a Student Counselor*

Client’s identification ______________________________________________________________________

Student counselor’s name __________________________________________________________________

Check one:
___ Audiotape ___ Videotape ___ Observation ___ Other (specify) ______________________________

Signature of supervisor or observer __________________________________________________________

Date of interview ______________

Directions: Supervisor or peer of the student counselor circles a rating for each item and as much
as possible provides remarks that will help the student counselor in his/her development.

<table>
<thead>
<tr>
<th>Specific Criteria</th>
<th>Rating (best to least)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remarks</td>
<td></td>
</tr>
<tr>
<td>1. Opening: Was opening unstructured, friendly, and pleasant? Any role definition needed? Any introduction necessary?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>2. Rapport: Did student counselor establish good rapport with client? Was the stage set for a productive interview?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>3. Interview responsibility: If not assumed by the client, did student counselor assume appropriate level of responsibility for interview conduct? Did student counselor or client take initiative?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>4. Interaction: Were the client and student counselor really communicating in a meaningful manner?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>5. Acceptance/permissiveness: Was the student counselor accepting and permissive of client’s emotions, feelings, and expressed thoughts?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>6. Reflections of feelings: Did student counselor reflect and react to feelings, or did interview remain on an intellectual level?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>7. Student counselor responses: Were student counselor responses appropriate in view of what the client was expressing, or were responses concerned with trivia and minutia? Meaningful questions?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>8. Value management: How did the student counselor cope with values? Were attempts made to impose counselor values during the interview?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>9. Counseling relationship: Were student counselor–client relationships conducive to productive counseling? Was a counseling relationship established?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>10. Closing: Was closing initiated by student counselor or client? Was it abrupt or brusque? Any follow-up or further interview scheduling accomplished?</td>
<td>5  4  3  2  1</td>
</tr>
<tr>
<td>11. General techniques: How well did the student counselor conduct the mechanics of the interview?</td>
<td>5  4  3  2  1</td>
</tr>
</tbody>
</table>
A. Duration of interview: Was the interview too long or too short? Should interview have been terminated sooner or later?
B. Vocabulary level: Was student counselor vocabulary appropriate for the client?
C. Mannerisms: Did the student counselor display any mannerisms that might have adversely affected the interview or portions thereof?
D. Verbosity: Did the student counselor dominate the interview, interrupt, override, or become too wordy?
E. Silences: Were silences broken to meet student counselor needs, or were they dealt with in an effectual manner?

Comments for student counselor assistance: Additional comments that might assist the student counselor in areas not covered by the preceding suggestions.