

The CASE Model for Supervision: Helping a therapist to be <u>Competent</u>, <u>Aware</u>, <u>Service-minded and <u>Effectual</u> / **Date:**_____</u>

Clinical Foundations:

- 1. <u>Diagnostic Skills and Assessment</u>: A therapist will be competent at diagnosis, case development, and documentation.
- 2. Clinical Paradigm of Problem Origins: A therapist will be able to describe the basis for problems in the world and client.
- 3. Standards of Care Awareness: A therapist will align oneself with the recommended standards/boundaries for services.
- 4. Consultation with Others: A therapist will be open to feedback and use it in ways to address strengths and weaknesses.

Therapeutic Interventions:

- 1. Primary Theory Default(s): A therapist will be able to describe his or her favorite theoretical orientation and why.
- 2. <u>Preferred Populations to Serve</u>: A therapist will strive to determine the population that resonates with his or her vision.
- 3. Ongoing Training Focus: A therapist will look for areas of skill development that will aid one's private practice evolution.
- 4. <u>Timeliness with Proper Recommendations</u>: A therapist will be patient with interventions in order to not cause setbacks.

Personal Wellness:

- 1. Viable Support Network: A therapist will have an active and diverse support network that encourages good self-care.
- 2. Accountability for Integrity: A therapist will model recommendations made in treatment to care for his or her own life.
- 3. Emotional Awareness for Stability: A therapist will address any areas of life that become obstacles to effective service.
- 4. Balance Between Work and Home Life: A therapist will seek to establish a caseload/schedule for equilibrium in life.

Business Acumen:

- 1. External Professional Advice: A therapist will involve outside professionals to help him or her with business decisions.
- 2. Explicit Purpose and Mission to Serve: A therapist will be able to describe the reasons and foundation to serve others.
- 3. Structure for Task Discipline: A therapist will have a daily work routine that aids with the demands of private practice.
- **4.** <u>Dedication to Details</u>: A therapist remains attentive to the aspects of insurance billing that dominate behavioral health.

Therapist Growth Goals Identified (Likert Scale Evaluation: 1 = weak / 5 = strong):

Overall Assessment of the Four Cornerstones:

1.	Clinical Foundations:	1	2	3	4	5	Goal to Improve:			
2.	Therapeutic Interventions:	1	2	3	4	5	Goal to Improve:			
3.	Personal Wellness:	1	2	3	4	5	Goal to Improve:			
4.	Business Acumen:	1	2	3	4	5	Goal to Improve:			
	The Building Blocks for Clinical Foundations:									
1.	Diagnostic Skills and Asses	sment	:	1	2	3	4	5	Goal to Improve:	
2.	Clinical Paradigm of Problem Origins:			1	2	3	4	5	Goal to Improve:	
3.	Standards of Care Awarene	ess:		1	2	3	4	5	Goal to Improve:	
4.	Consultation with Others:			1	2	3	4	5	Goal to Improve:	
	The Building Blocks for Therapeutic Interventions:									
1.	Primary Theory Default(s):			1	2	3	4	5	Goal to Improve:	
2.	Preferred Populations to Se	erve:		1	2	3	4	5	Goal to Improve:	
3.	Ongoing Training Focus:			1	2	3	4	5	Goal to Improve:	
4.	Timeliness with Proper Rec	omme	nd.:	1	2	3	4	5	Goal to Improve:	
	The Building Blocks for Personal Wellness:									
1.	Viable Support Network:			1	2	3	4	5	Goal to Improve:	
2.	Accountability for Integrity:			1	2	3	4	5	Goal to Improve:	
3.	Emotional Awareness for S	tability		1	2	3	4	5	Goal to Improve:	
4.	Balance Between Work and	d Home	Life:	1	2	3	4	5	Goal to Improve:	

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The Building Blocks for Business Acumen:

1.	External Professional Advice:	1	2	3	4	5	Goal to Improve:
2.	Explicit Purpose and Mission to Serve:	1	2	3	4	5	Goal to Improve:
3.	Structure for Task Discipline:	1	2	3	4	5	Goal to Improve:
4.	Dedication to Details:	1	2	3	4	5	Goal to Improve:

Collaborative Steps to Ensure Growth:

- 1. At, or near the start of supervision, the initial scoring of this model will act as a pre-test and the last one, a post-test.
- 2. Review the Likert Scale scores each quarter of the year seeking tangible improvement in designated areas.
- 3. Goals cannot be repeated but can echo similar ones from the past in order to assure growth is targeted.
- 4. Both the Supervisee and the Supervisor will complete this model each time and sign off on its conclusions.
- 5. One supervision time each month will be an observation time of the supervisee scheduled during supervision.
- 6. A supervisee will obtain informed consent from a client for audio and/or video recording of a session each quarter.
- 7. A supervisee's schedule will strive for balance in his or her private practice in order to develop these model items.
- 8. Regular ongoing training and reading, external to APS, is highly encouraged in order to supplement this CASE model.
- **9.** The goals listed on each self-assessment will be a set of guidelines for ongoing skill and personal development.
- **10.** The accumulated results of this model's self-assessments will be a factor used in the final signing off on licensure.

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Notes For/From Review:								
-								
We have reviewed the model results as described above and commit to ongoing growth for the supervisee.								
	_							
Supervisee Name:	Supervisee Signature:	Date:						
Supervisor Name:	Supervisor Signature:	Date:						