

College of Mental Health Counselling

Counselling Supervision Review

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(Note to Supervisor: This report is to be completed at the mid and end point of the one-year period of supervision. Please give a copy of the completed review to the counsellor and email a second copy to the College at: collegemhc@gmail.com Thank you for your valuable support of this counsellor.)

Section A: Identification and Summary

Counsellor Name: _____ Supervisor Name: _____

Organization Name: _____ Review Date: _____

Approximate number of client sessions during the period of review: _____ Supervision hours: _____

Summarize areas of counselling, such as client issues seen by the Intern Counsellor:

Overall evaluation of the counsellor's proficiency: poor good excellent

Section B: Evaluation of Counselling Knowledge and Skills

Evaluation Scale: Rate the level of proficiency in each of the following areas using a scale of 0 to 10, with 10 as the highest level of knowledge and skills.

Counselling Knowledge Demonstrated:

1. Clinical/Psycho-Social Assessment, Crisis Intervention, and Suicide Prevention _____
2. Counselling Process and Therapeutic Interventions _____
3. Loss and Grief Counselling _____
4. Communication and Conflict Resolution _____
5. Initiating and Maintaining the Counselling Relationship _____
6. Assessment of Client Progress and Therapeutic Closure _____

- 7. Professional Ethics and Legal Liability _____
- 8. Maintaining Professional Boundaries _____
- 9. Referral Procedures _____

Evaluation of Counselling Skills:

- 1. Maintains the client files _____
- 2. Possesses counsellor qualities: empathy, genuineness, unconditional positive regard _____
- 3. Utilizes and works with resistance and defences _____
- 4. Demonstrates empathic reflective listening _____
- 5. Able to use validating statements _____
- 6. Reaching for, drawing out, and supporting emotions _____
- 7. Generating client insight into life patterns connecting present and past _____
- 8. Recognizing and utilizing transference _____
- 9. Recognizing counter-transference _____
- 10. Self-awareness of the counsellor _____
- 11. Helping the client engage and withdraw from difficult content _____
- 12. Crisis intervention, problem –solving, instilling hope _____
- 13. Helping the client create new choices and ways of relating and coping _____
- 14. Identifying goals _____
- 15. Assessing achievement of goals _____
- 16. Opening, deepening, and closing the counselling session _____
- 17. Opening and closing the counselling relationship _____
- 18. Working with painful emotions:
fear, anger, guilt, shame, sadness, emptiness, low self-worth, despair _____
- 19. Stating professional boundaries _____
- 20. Use of couple and family interviews _____

Additional comments on counselling knowledge and skills observed:

Overall Client Feedback on Benefit: poor good excellent

Section C: Professional Development

Recommended Professional Development:

Professional Development received during this review period (list training topics):

Do you recommend the counsellor to continue or terminate supervision? Give reasons:

I, _____ (name), affirm that the above review is accurate to the best of my knowledge and in my professional opinion.

My email for confirmation: _____ Date: _____

My Work phone number for confirmation: _____