

## Seeking Safety Supervision Format

### 1. Supervision Format:

- a. Check-in: Have each clinician take up to 5 minutes to state:
  1. Any current issues or updates (e.g., topics for the supervision call, updates on clients, questions, challenges).
  2. Update on commitment (e.g., updates on new learning – e.g., parts of book those were read/other materials, etc. – whatever was agreed on at end of last supervision).
  3. Supervisor sets an agenda, writing down each item identified.
  4. Supervisor redirects supervisees if check-in goes too long.
- b. Check-out: Have each clinician respond to:
  1. Name one thing you got out of call.
  2. Any problems w/ the call?
  3. What is your new commitment?

### 2. Content:

- a. Supervisor gave clear and specific feedback re: structure, content, and process of session reviewed (using SS Adherence Scale).
- b. Focused on how to help improve the clinician's skills in using SS, in treating PTSD/SUD, and in general CBT. Emphasis on: role-plays in which the handouts are used as part of the demonstration (and typically, have supervisor play the client rather than play the clinician); going to pages in the SS manual that may benefit the clinician, having the clinician read/scan the relevant sections and comment on it; asking Socratic questions (i.e., having the clinician learn at a deep level by trying to respond to questions, rather than giving the clinician the answers); brainstorming some of the "tough cases" from SS; and having the clinician follow-up with outside learning (which may include readings, listening to other clinicians' tapes of SS, going to [www.seekingsafety.org](http://www.seekingsafety.org) or [www.ncptsd.org](http://www.ncptsd.org) or other sites, rereading parts of the SS manual, writing "cue card" reminders to take into sessions to remember key aspects to focus on, filling out the SS Adherence Scale Score Sheet on one's own session).

### 3. Process:

- a. Supervisor gave a balance of positive feedback (i.e., praise) and constructive feedback for each section of supervisee's clinical tape (i.e., structure, content, process).
- b. Supervisor used a balance of support and accountability throughout supervision session (e.g., holds supervisee accountable for doing a commitment; offers praise).
- c. If conducting a supervision group, supervisor balances the time so that all urgent clinical needs are attended to and all agenda items are covered as much as possible.
- d. Supervisor is aware of her own counter transference issues towards both supervisee and client.
- e. Use 80/20 rule to extent can (i.e. focus on drawing out the clinician, asking challenging questions, rather than "lecturing" or providing lengthy answers).

Citation: Najavits, LM (2004). Supervision checklist for Seeking Safety. McLean Hospital, Belmont, MA, unpublished document.