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The Empowerment Model of Clinical Supervision and its Application to Standardization of Financial Therapy Supervision

Khara Croswaite Brindle, MA, LPC, ACS, CFT-I

Financial therapy creates a meaningful bridge between mental health and money, which indicates a complex framework in support of clients and financial therapists alike. Recognizing the newness of financial therapy as a profession, adopting a supervision style for financial therapists that can support the integrity and ethics of the profession, as well as define the growth opportunities of financial therapists called to do this meaningful work, is of utmost importance. The Empowerment Model of Clinical Supervision, with its focus on self of the therapist and empowerment of supervisees, can serve as a template for the standardization of financial therapy supervision.

Keywords: self of financial therapist; financial therapy supervision; financial therapy supervisor

Financial therapy explores people's thoughts, feelings, and behaviors with money. It leans into complex emotions with clients and supports their healing journey with finances. When exploring the psychology of money, there's plenty of rich material to unpack. Therefore it's paramount that financial therapy as a profession, adopt a supervision style for financial therapists can support the integrity and ethics of the profession, as well as define the growth opportunities of financial therapists called to do this meaningful work. *The Empowerment Model of Clinical Supervision*, with its focus on self of the therapist and empowerment of therapists-in-training, can serve as a template for the standardization of financial therapy supervision.

Types of Supervision

There is an absence of work highlighting supervision of financial therapists to date, therefore we intend to provide a brief overview of supervision modalities found in mental health for comparison. Since financial therapy is currently made up of home disciplines that include financial professionals and mental health professionals, exploring mental health clinical supervision frameworks makes sense for possible application to financial therapy supervision. Although by no means an exhaustive list, popular modalities for clinical supervision include reflective supervision, person-centered supervision, and psychodynamic supervision.

Reflective Supervision

Reflective supervision involves a supervisory relationship that focuses on the influence that one relationship may have upon another as well as the potential impact of parallel processes (Hornby Zeller Associates, 2014). It also places emphasis on empowering a supervisee to identify solutions or make decisions by actively using strategies that are learned during the supervision process. The key elements of reflective supervision include regularly scheduled meetings between the supervisee and supervisor, which aim at encouraging reflection on counseling behavior and the application of improved skills during subsequent sessions. This structured modality helps promote an open line of communication that is intended to establish strong supervisory rapport, increase retention, and provide opportunities for supervisees to experience enhanced levels of self-reflection that boost competence and confidence in their role as a helping professional (Stinchfield, et al., 2007).

Person-Centered Supervision

Similar to reflective supervision, person-centered supervision supports the perspective that individuals have the capacity to direct their own lives and resolve their own problems (Haynes, et al., 2003). In particular, person-centered supervision focuses on establishing a working relationship in which a supervisee is encouraged to use his or her resources (e.g., previous knowledge and experience) to promote professional and personal growth. It is also based on building a warm, trusting, safe, and empathetic supervisory relationship. However, in contrast to reflective supervision which entails scaffolded instruction that can lessen and be removed when mastery is achieved (Feldman, 2016), the person-centered approach supports ongoing collaboration that encourages supervisees to think critically and conceptualize their cases. The supervisee directs meetings and presents topics that need to be discussed, while the supervisor provides opinions that enhance a supervisee's ability to assess how optimized services can be offered to their clients. In doing so, the supervisor plays a larger role in facilitating development than being a gatekeeper or evaluator. This particular form of training gives supervisees a significant level of autonomy, but it is structured in a manner that facilitates openness which should indicate when a supervisee needs to make adjustments to his or her counseling practices.

Psychodynamic Supervision

Psychodynamic supervision is a third modality of clinical supervision that explores client-counselor experiences within the mental health field such as defense mechanisms, affective reactions, transference, and countertransference. The supervisor plays an important role in this process in order to help supervisees understand and properly address their clients' needs. The supervisor is a consultant who is not directly involved in the counseling sessions but offers skills and knowledge that assist the supervisee. The psychodynamic modality ensures that supervision incorporates the theoretical orientation of the field with the application of therapeutic skills and it also aims at furthering the development and maintenance of skills that are specifically associated with psychodynamic therapy (Bomba, 2011).

As supervision represents a professional relationship that is ever-evolving, each model we've explored thus far illustrates potential while also presenting unique challenges to the supervisor-supervisee relationship. Newer models of supervision promote the advancement of the mental health field and afford supervisors, supervisees, and clients with optimal learning and interventions. *The Empowerment Model of Clinical Supervision* is one of these newer models worth exploring in its application to financial therapy.

What is *The Empowerment Model of Clinical Supervision*?

The Empowerment Model of Clinical Supervision (see Figure 1), as a newer model of supervision, is built from asking what it takes to show up as an effective supervisor who can empower and support others (Croswaite Brindle & Murphy, 2019). An exploration of redefined roles within the supervisor and supervisee relationship is a valuable place to start when attempting to answer this question. *The Empowerment Model* names and defines the roles of:

- Self
- Leader
- Researcher
- Teacher
- Consultant
- Colleague

Figure 1

The Empowerment Model of Clinical Supervision.



An important aspect to notice is the absence of the counselor role from previous supervision models. It is intentionally omitted for several reasons, including efforts to respect professional boundaries between supervisor and supervisee and to avoid dual roles within the supervisory relationship.

How is this Model Different?

Beyond *The Empowerment Model* reflecting modern roles within a fluid model as opposed to a traditional stair-step model, our initial research findings also indicated that mental health supervisees who were engaged in *The Empowerment Model* by their supervisors showed statistically significant improvement in categories of The Administrative Counseling Process and The Clinical Counseling Process compared to the control group (see Tables 1 and 2). Supervisors and supervisees were asked to complete the Supervision Evaluation (see Appendix A), which consists of 39 items to explore supervisee competency, ranked on a Likert scale of 1-needs intervention to 5- exceeds expectations.

The Empowerment Model Research Findings

In an effort to further explore the implications of *The Empowerment Model of Clinical Supervision*, a research study was completed from October 2018 to April 2019 within Griffith Centers for Children, a community mental health agency serving at-risk youth and families in the state of Colorado. Study participants included four (4) clinical supervisors and thirty-three (33) supervisees in offices located in Denver, Grand Junction, and Greeley, Colorado. Study participants completed a consent form to engage in this study that outlined expectations, study purpose, and how the data would be used, as well as participation being voluntary. Supervisees ranged in age from 23 to 67 years of age and 29 out of 33 supervisees held a master's degree at the time of employment at Griffith. Supervisees were randomly assigned to the control group (Group A) or the experimental group (Group B), taking into account their office location to allow for the exploration of trends based on environmental differences. Group A participants were asked to complete a pretest, post-test, and one supervision evaluation at the start of the study and one supervision evaluation at the end of the study. Each supervision evaluation included one evaluation completed by the supervisee and one evaluation completed by their supervisor which was an evaluation of their skills and competencies. Group B participants were asked to complete a pre-test, post-test, and supervision evaluations monthly, resulting in data from the supervisee's evaluation of their own performance as well as the assigned supervisor's evaluation of their skills. Supervisors were asked to engage with research investigators in order to introduce the model followed by meetings on a one-to-one basis (weekly to monthly) to explore their awareness of engaging supervisees within roles of teacher, researcher, leader, consultant, and colleague. Evaluations of supervisor consistency and engagement within each role were recorded for performance within this model.

As the study began, one supervisor was omitted from the study due to seeking new employment, preventing data and participation in the Denver office for the purpose of this study, which included six identified participants. Several supervisees were also omitted from this study due to seeking new employment, resulting in 21 participants remaining from the 27 supervisees available for participation over the course of six months. Of the 21 participants, 10 were assigned to Group A, and 11 were assigned to Group B. The analysis involved the Wilcoxon Rank Sum Test, a non-parametric test, due to our data reflecting non-linear points of growth based on self-reports and supervisor reports. The findings (Tables 1 and 2) showed supervisee growth and improvement of their skills and clinical development

over six months. Supervisor evaluations reflected more significant growth related to their supervisees' skills, most often reflecting elements within the category of The Clinical Counseling Process. Two participants showed a decline in skills indicated over the course of six months. It is hypothesized that this decline reflects organizational changes including a paperwork change and implementation after a formal audit, as well as a decline in performance as these supervisees moved towards leaving the agency. Their exit was recorded shortly thereafter as part of their identified next steps in wrapping up goals within their supervisory relationship.

Table 1

P-values Supervisor Evaluation of Supervisees.

	General Supervision	The Administrative Counseling Process	The Clinical Counseling Process	The Conceptualization Process	Professional Communication
Experimental Group	0.210462	0.013077	0.011231	0.292603	0.109961
Control Group	0.235294	0.411765	0.370588	0.168067	0.272059

Table 2

P-values Self-Report by Supervisee.

	General Supervision	The Administrative Counseling Process	The Clinical Counseling Process	The Conceptualization Process	Professional Communication
Experimental Group	0.551256	0.057907	0.400381	0.864569	0.787406
Control Group	0.041667	0.314815	-0.02222	-0.11111	-0.15278

In contrast to the growth trends from the participants themselves, when evaluating the supervisors' evaluations of their supervisees, significant improvement was found for elements within the categories of The Administrative Counseling Process and The Clinical Counseling Process. There were no significant improvements that were identified in terms of Professional Communication, which could indicate the ongoing difficulty of navigating complex treatment teams and case management needs related to communication, or the limited communication needs of a standard outpatient model of therapeutic care.

Standardization of Financial Therapy Supervision

One challenge that was not originally anticipated in our study involved the steady reports of supervisees ranking themselves with average scores over the course of the study, indicating that they believed their skills remained within mid-performance levels throughout the six months. This implies that there was no significant difference between Group A and Group B participants when evaluating the progression of supervision and the development of clinical skills per self-report. In exploring these results with the supervisors who engaged their supervisees monthly, we learned that the supervisors also saw trends of modest reporting from supervisees in skill development, most likely from a perspective of continual improvement and some lack of predictability in client care that would prevent supervisee assumptions of mastery. Research findings also reflected individual self-reporting numbers between the designated scales of the Supervision Evaluation, which resulted in coding as the lower numeral (e.g., 2.5 became 2) which could account for some lack of significance recorded. In response to this user error, we would edit instructions on the Supervision Evaluation form to encourage commitment to the standardized numerical system that was utilized. Supervisor performance for the duration of this study reflected frequent roles of the teacher evolving into the researcher and consultant. This was most reflected in the category of The Clinical Counseling Process as supervisees became more comfortable or confident in their skill sets, including engagement of clients in direct service work. Roles of the leader and colleague were found most frequently in supervisor modeling of communication within community contact or treatment team collaboration, of which supervisees were generally more likely to indicate average performance for themselves in these areas. Supervisors who participated in this study also reflected on the process of implementing *The Empowerment Model of Clinical Supervision* with their team members, reporting that they had experience in leadership roles including current positions as supervisors at Griffith Centers for Children prior to the study. This could account for the personality characteristics and rapport recorded within the study, as supervisors had already established their roles and fostered collaboration with team members prior to the study. In other words, the difficulty or ease of adopting *The Empowerment Model of Clinical Supervision* could vary for supervisors recently promoted into this role or those who have joined a team in a leadership role for the first time.

Furthermore, research would require a larger sample size as well as the evaluation of counselor trends in underestimating skill set and potential growth in self-reports. Another consideration would involve implementing an in-depth training with supervisors prior to selecting this model for successful adoption into an agency or community mental health setting. Lastly, taking into consideration the training differences between the various disciplines of mental health providers (e.g., LPC, LCSW, LMFT) could warrant further discussion about the strengths of skill sets prior to the start of the supervisory relationship between a supervisor and supervisee.

Training in The Empowerment Model of Clinical Supervision

Mental health professionals who adopt *The Empowerment Model* into their clinical supervision practice select this model because of the autonomy it gives supervisees while supporting a leadership style that is fluid, compassionate, and collaborative. Mental health professionals who seek training in this model complete an in-person training or live or

recorded webinar on the model origins and framework, followed by accessing materials available for free download at empowermentmodelsupervision.com. These materials include (a) The Empowerment Model Pre-Test, (b) The Empowerment Model Post-Test, (c) An Empowerment Model Supervision Performance Evaluation, and (d) The Supervision Evaluation included under Appendix A. The materials provided in support of *The Empowerment Model of Clinical Supervision* are easy to implement and support exploration of positive growth in supervisees' competencies, including but not limited to administrative, clinical, and conceptualization processes. These materials will remain accessible at no cost to anyone who seeks to contribute to a positive shift in quality supervision dynamics in the mental health field. Additionally, there is an intention to make Financial Therapy Supervision materials equally accessible, in alignment with the shared mission of quality supervision and leadership within the discipline of Financial Therapy.

How Does *The Empowerment Model* Apply to Financial Therapy?

The Empowerment Model has a foundation forged in empowered leadership (Bernard & Goodyear, 2009), which can apply to various disciplines, including financial therapy. As a profession, encouraging financial therapists to do their own work around money is essential, and could require the cultivation of a safe space similar to client work—one of zero judgment and abundant compassion. We surmise this can be done through the same principles of empowerment and supervisor roles of leader, teacher, researcher, consultant, and colleague. Additionally, the following competencies are proposed to replace the Professional Communication section of the current Supervision Evaluation, creating the Financial Therapy Supervision Evaluation (see Appendix B) in order to emphasize twelve fundamentals of financial therapy in practice:

1. Provides psychoeducation of money healing and money strategies as appropriate.
2. Engages client in the psychology of money work from emotional, relational, behavioral, and cognitive lenses.
3. Incorporates therapeutic and somatic coping skills into money work as appropriate.
4. Engages client with empathy, curiosity, and compassion.
5. Identifies client money beliefs and money scripts for deeper processing.
6. Remains aware of personal biases and beliefs around money and engages in own financial work as appropriate.
7. Screens for indicators of financial manipulation including financial enabling, financial control, and financial abuse.
8. Explores client financial flashpoints and financial traumas as appropriate.
9. Supports therapeutic goal-setting in alignment with client values.
10. Demonstrates a clear understanding of the client's financial circumstances.
11. Follows a fiduciary standard of care regarding Financial Needs Analysis, Financial Advice, and client advocacy.
12. Embodies the scope of the relationship between professional and client and has disclosed this scope to the client.

Why can we consider these items the fundamentals of financial therapy? Although there are countless ways to go about engaging a client in financial therapy work, supervisors have a duty to introduce and support the development of financial therapy skills in supervisees as

the profession evolves. This means providing them with key interventions and approaches that support quality client work while reducing the risk of harm. From *The Empowerment Model*, this indicates that the supervisor will embody the roles of teacher, researcher, and leader. Additionally, in efforts to formalize Financial Therapy Supervision, adopting ways to measure a financial-therapist-in-training's growth and areas of competency are strongly recommended.

Financial Therapy Competencies

Financial therapy supervision serves to support the development of foundational skills in client work as a financial-therapist-in-training. Being able to assess a supervisee's competency is one aspect of standardizing financial therapy supervision. Let's take a closer look at each of the proposed twelve items of the Financial Therapy Supervision Evaluation (see Appendix B), within the section titled Fundamentals of Financial Therapy.

- 1) *Provides psychoeducation of money healing and money strategies as appropriate.* This item indicates a therapist-client relationship built on transparency. By providing additional education on money healing and money strategies as part of financial therapy, clients can consent to the work and ask questions that may alleviate anxiety and support client engagement in the process.
- 2) *Engages client in the psychology of money work from emotional, relational, behavioral, and cognitive lenses.* A significant emphasis is placed on the importance of clients understanding the psychology of money, including the impact on their thoughts, feelings, beliefs, and behaviors. By exploring this further with clients, a financial-therapist-in-training can develop a more accurate conceptualization of the client, which supports the identification of goals for financial therapy and the development of a treatment plan in alignment with these goals.
- 3) *Incorporates therapeutic and somatic coping skills into money work as appropriate.* In honoring the emotions of money, it's important to support clients in going below the surface of their money stuff, which can be done through somatic experiencing and well-timed therapeutic interventions.
- 4) *Engages client with empathy, curiosity, and compassion.* A crucial aspect of any therapeutic relationship, approaching clients from a place of empathy, curiosity, and compassion supports their therapeutic work, including any anxiety, guilt, or shame in their money story.
- 5) *Identifies client money beliefs and money scripts for deeper processing.* In true therapy fashion, deeper processing can come from thought-provoking questions and therapeutic interventions delivered by the financial therapist, who invites the client into a trusting, safe space to engage fully. Money beliefs and money scripts are two tools that support this type of work.
- 6) *Remains aware of personal biases and beliefs around money and engages in own financial work as appropriate.* Supporting self-of-therapist development, a financial therapist's ability to recognize their own growth edges and biases in money work is vital to them showing up neutrally and effectively in the room with clients of diverse backgrounds. By doing their own work, a financial-therapist-in-training reduces the possibility of inflicting their biases onto their clients.

- 7) *Screens for indicators of financial manipulation including financial enabling, financial control, and financial abuse.* In support of physical and psychological safety, screening for financial manipulation is an important skill to develop in financial-therapists-in-training as it dictates the appropriateness of various interventions and tools within client work, as well as any needs for referral, consultation, or supervision.
- 8) *Explores client financial flashpoints and financial traumas as appropriate.* Depending on the client's goals for financial therapy, exploring flashpoints and traumas can inform the course of treatment.
- 9) *Supports therapeutic goal-setting in alignment with client values.* Of utmost importance, client collaboration on financial therapy goals is best practice due to it supporting client agency and voluntary engagement in services.
- 10) *Demonstrates a clear understanding of the client's financial circumstances.* Having a clear sense of a client's current financials informs goal formation and appropriate interventions in financial therapy.
- 11) *Follows a fiduciary standard of care regarding Financial Needs Analysis, Financial Advice, and client advocacy.* In alignment with the respected standard of Certified Financial Planners (CFP) and their guide titled *Financial Planning Competency Framework (CFP Board, 2021)*, these three aspects of financial planning may be interwoven into financial therapy work with clients under clear standards of practice that support client objectives.
- 12) *Embodies the scope of the relationship between professional and client and has disclosed this scope to the client.* Similar to supporting client agency to engage fully and voluntarily in financial therapy, outlining the professional scope of practice and what a client can expect when engaging a professional in this capacity is both ethical and expected.

Utilizing the Financial Therapy Supervision Evaluation

Administering a supervision evaluation tool for financial therapy is one aspect of providing quality supervision to financial-therapists-in-training. The proposed evaluation found in Appendix B can be utilized in several ways, 1) it can be administered in regular financial therapy supervision meetings between supervisor and supervisee for immediate processing and discussion of a supervisee's skills and areas for growth, 2) it can be completed by a financial therapy supervisor for feedback and charting of a supervisee's professional development, or 3) both supervisor and supervisee can complete the evaluation independently followed by review in a supervision session to explore the differences in their perceptions of the supervisee's current skills. This third option is the preferred choice in allowing introspection for the supervisee when evaluating skills for themselves independently followed by a rich discussion on their skills in supervision that can inform goals for financial therapy supervision going forward.

Additionally, the color coding of the Financial Therapy Supervision Evaluation serves to suggest the roles a financial therapy supervisor may embody in support of professional growth and development within their supervisee. The color coding matches *The Empowerment Model of Clinical Supervision* (Croswaite Brindle & Murphy, 2019) which represents supervisor roles of leader, teacher, researcher, consultant, and colleague.

Standardization of Financial Therapy Supervision

Within the Financial Therapy Supervision Evaluation, ranking a supervisee as a 1-*intervention required* or 2-*needs improvement* on the Likert scale often indicates a teacher or researcher role would be helpful for a supervisee to learn new skills. A ranking of 3-*meets expectations* often indicates a consultant role by the financial therapy supervisor due to the supervisee having adequate knowledge that informs their choices within their financial therapy work with clients. A ranking of 4-*above expectations* and 5-*exceeds expectations* indicates consistency in a supervisee's skills where the financial therapy supervisor holds the role of colleague and support person should a supervisee need it.

Each category within the Financial Therapy Supervision Evaluation has color-coding to indicate helpful supervisor roles when providing supportive scaffolding for a supervisee's professional development as a financial therapist. Completing training in *The Empowerment Model* is encouraged to fill in any gaps in understanding the fluidity and purpose of each role within financial therapy supervision. Lastly, a black and white copy of the Financial Therapy Supervision Evaluation is also available should that feel like a better fit for financial therapy supervisors in their work with supervisees.

The Empowerment Model of Financial Therapy Supervision

By adopting the above, proposed competencies found within the Financial Therapy Supervision Evaluation and *The Empowerment Model of Clinical Supervision*, financial therapy professionals are embracing a modern model that encourages quality leadership by supervisors and meaningful, empowered professional growth in supervisees. Financial therapy supervisors and leaders are also choosing to adopt a level of transparency when implementing the evaluation tool, as it serves as a visual checkmark on the road to measurable goal progression and development of new financial therapists within the field. As financial therapy is still a relatively young discipline, it is in the best interest of leadership to adopt a model of supervision that is respected and established, especially when it comes from one of the common home disciplines of existing *Certified Financial Therapists-Level I*, in this case, mental health professionals. By taking a model already outlined and vetted, financial therapy can set the bar high for quality supervision that embodies compassionate leadership as well as ethical and empowered growth in the professionals called to do this rewarding work.

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Standardization of Financial Therapy Supervision

Appendix A

Page 1 of Supervision Evaluation.

SUPERVISION EVALUATION

Supervisee Name _____ Date of Evaluation _____

Completed by _____ Title _____

CIRCLE THE NUMBER THAT IS THE MOST APPLICABLE		REQUIRES INTERVENTION	NEEDS IMPROVEMENT	MEETS EXPECTATIONS	ABOVE EXPECTATIONS	EXCEEDS EXPECTATIONS
GENERAL SUPERVISION						
1	Demonstrates a personal commitment in developing professional competencies.	1	2	3	4	5
2	Invests time and energy in becoming a proficient therapist.	1	2	3	4	5
3	Accepts and uses feedback to enhance self-development and counseling skills.	1	2	3	4	5
4	Engages in open, comfortable, and clear communication with supervisor.	1	2	3	4	5
5	Recognizes own competencies and skills and shares these with supervisor.	1	2	3	4	5
6	Completes case reports and records punctually and conscientiously.	1	2	3	4	5
7	Actively seeks feedback and consultation from supervisor.	1	2	3	4	5
8	Recognizes own deficiencies and actively works to overcome them with peers and supervisor.	1	2	3	4	5

THE ADMINISTRATIVE COUNSELING PROCESS						
9	Researches the referral prior to intake.	1	2	3	4	5
10	Keeps appointments on time, minimal cancels/reschedules.	1	2	3	4	5
11	Schedules intake promptly.	1	2	3	4	5
12	Explains the nature and objective of services when necessary.	1	2	3	4	5
13	Communicates interest in and acceptance of clients.	1	2	3	4	5
14	Refers to clients in a strength-based manner.	1	2	3	4	5

THE CLINICAL COUNSELING PROCESS						
15	Facilitates clients' expressions of concerns and feelings.	1	2	3	4	5
16	Focuses on the contents of the client's problems.	1	2	3	4	5
17	Recognizes clients' manipulation and handles it appropriately.	1	2	3	4	5
18	Is aware of own feelings during sessions.	1	2	3	4	5
19	Communicates own feelings to client when appropriate (immediacy).	1	2	3	4	5
20	Uses self-disclosure appropriately.	1	2	3	4	5
21	Facilitates realistic goals with clients.	1	2	3	4	5
22	Completes realistic treatment plans, within a timely manner.	1	2	3	4	5
23	Indicates periodic evaluation of goals and processes during services.	1	2	3	4	5
24	Terminates clients appropriately.	1	2	3	4	5

Page 2 of Supervision Evaluation.

CIRCLE THE NUMBER THAT IS THE MOST APPLICABLE		REQUIRES INTERVENTION	NEEDS IMPROVEMENT	MEETS EXPECTATIONS	ABOVE EXPECTATIONS	EXCEEDS EXPECTATIONS
THE CONCEPTUALIZATION PROCESS						
25	Focuses on specific behaviors and their consequences.	1	2	3	4	5
26	Recognizes and pursues descriptions and meaning of inconsistent information.	1	2	3	4	5
27	Uses relevant case data in planning both immediate and long-range goals.	1	2	3	4	5
28	Uses relevant case data in considering various strategies and their implications.	1	2	3	4	5
29	Discusses case data with supervisor when developing goals.	1	2	3	4	5
30	Recognizes personal bias and addresses as needed.	1	2	3	4	5
31	Demonstrates understanding of ethical standards with cases.	1	2	3	4	5

PROFESSIONAL COMMUNICATION						
32	Communicates with professional team to move a case forward.	1	2	3	4	5
33	Emails monthly reports/updates on time to professional team.	1	2	3	4	5
34	Notifies professional team of referral assignment in a timely manner.	1	2	3	4	5
35	Emails professional team as needed to communicate concerns.	1	2	3	4	5
36	Formulates goals to professional team goals for client/family.	1	2	3	4	5
37	Checks in with supervisor on a consistent basis.	1	2	3	4	5
38	Checks professional email several times a day.	1	2	3	4	5
39	Addresses concerns immediately.	1	2	3	4	5

Additional Feedback _____

Supervisor Signature _____ Date _____

By signing this form, I am indicating that I have read this report and have discussed its content with my supervisor.

Supervisee Signature _____ Date _____

Standardization of Financial Therapy Supervision

Appendix B

Page 1 of Financial Therapy Supervision Evaluation.

FINANCIAL THERAPY SUPERVISION EVALUATION

Supervisee Name _____ Date of Evaluation _____

Completed by _____ Title _____

CIRCLE THE NUMBER THAT IS THE MOST APPLICABLE		REQUIRES INTERVENTION	NEEDS IMPROVEMENT	MEETS EXPECTATIONS	ABOVE EXPECTATIONS	EXCEEDS EXPECTATIONS
GENERAL SUPERVISION						
1	Demonstrates a personal commitment in developing professional competencies.	1	2	3	4	5
2	Invests time and energy in becoming a proficient therapist.	1	2	3	4	5
3	Accepts and uses feedback to enhance self-development and counseling skills.	1	2	3	4	5
4	Engages in open, comfortable, and clear communication with supervisor.	1	2	3	4	5
5	Recognizes own competencies and skills and shares these with supervisor.	1	2	3	4	5
6	Completes case reports and records punctually and conscientiously.	1	2	3	4	5
7	Actively seeks feedback and consultation from supervisor.	1	2	3	4	5
8	Recognizes own deficiencies and actively works to overcome them with peers and supervisor.	1	2	3	4	5

THE ADMINISTRATIVE COUNSELING PROCESS						
9	Researches the referral prior to intake.	1	2	3	4	5
10	Keeps appointments on time, minimal cancels/reschedules.	1	2	3	4	5
11	Schedules intake promptly.	1	2	3	4	5
12	Explains the nature and objective of services when necessary.	1	2	3	4	5
13	Communicates interest in and acceptance of clients.	1	2	3	4	5
14	Refers to clients in a strength-based manner.	1	2	3	4	5

THE COUNSELING PROCESS						
15	Facilitates clients' expressions of concerns and feelings.	1	2	3	4	5
16	Focuses on the contents of the client's problems.	1	2	3	4	5
17	Recognizes clients' manipulation and handles it appropriately.	1	2	3	4	5
18	Is aware of own feelings during sessions.	1	2	3	4	5
19	Communicates own feelings to client when appropriate (immediacy).	1	2	3	4	5
20	Uses self-disclosure appropriately.	1	2	3	4	5
21	Facilitates realistic goals with clients.	1	2	3	4	5
22	Completes realistic treatment plans, within a timely manner.	1	2	3	4	5
23	Indicates periodic evaluation of goals and processes during services.	1	2	3	4	5
24	Terminates clients appropriately.	1	2	3	4	5

Page 2 of Financial Therapy Supervision Evaluation.

CIRCLE THE NUMBER THAT IS THE MOST APPLICABLE		REQUIRES INTERVENTION	NEEDS IMPROVEMENT	MEETS EXPECTATIONS	ABOVE EXPECTATIONS	EXCEEDS EXPECTATIONS
THE CONCEPTUALIZATION PROCESS						
25	Focuses on specific behaviors and their consequences.	1	2	3	4	5
26	Recognizes and pursues descriptions and meaning of inconsistent information.	1	2	3	4	5
27	Uses relevant case data in planning both immediate and long-range goals.	1	2	3	4	5
28	Uses relevant case data in considering various strategies and their implications.	1	2	3	4	5
29	Discusses case data with supervisor when developing goals.	1	2	3	4	5
30	Recognizes personal bias and addresses as needed.	1	2	3	4	5
31	Demonstrates understanding of ethical standards with cases.	1	2	3	4	5

FUNDAMENTALS OF FINANCIAL THERAPY						
32	Provides psychoeducation of money healing and money strategies as appropriate.	1	2	3	4	5
33	Engages client in psychology of money from emotional, relational, behavioral and cognitive lenses.	1	2	3	4	5
34	Incorporates therapeutic and somatic coping skills into money work as appropriate.	1	2	3	4	5
35	Engages client with empathy, curiosity, and compassion.	1	2	3	4	5
36	Identifies client money beliefs and money scripts for deeper processing.	1	2	3	4	5
37	Remains aware of personal biases and beliefs around money and engages in own financial work as appropriate.	1	2	3	4	5
38	Screens for indicators of financial manipulation including financial enabling, financial control, and financial abuse.	1	2	3	4	5
39	Explores client financial flashpoints and financial traumas as appropriate.	1	2	3	4	5
40	Supports therapeutic goal-setting in alignment with client values.	1	2	3	4	5
41	Demonstrates a clear understanding of a client's financial circumstances.	1	2	3	4	5
42	Follows a fiduciary standard of care regarding Financial Needs Analysis, Financial Advice, and client advocacy.	1	2	3	4	5
43	Embodies the scope of the relationship between professional and client and has disclosed this scope to the client.	1	2	3	4	5

Additional Feedback _____

Supervisor Signature _____ Date _____

By signing this form, I am indicating that I have read this report and have discussed its content with my supervisor.

Supervisee Signature _____ Date _____