Supervision of the Prevention Specialist

Participant Workbook



Presented by

Julie Stevens, MPS, ACPS, ICPS

**Prevention Training Services**

**Preventiontrainingservices.com**

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 Learning Objectives

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* To familiarize the prevention supervisor with the IC&RC core standards for prevention specialists;
* To identify prevention supervision roles, tasks, and outcomes;
* To increase the ability of the supervisor to guide, monitor and evaluate performance of the prevention specialist;
* To identify the prevention supervisors’ responsibilities to foster an ethical workplace through personal compliance and setting the ethical tone; and
* To increase the supervisors’ ability to model and foster cultural competence in the prevention specialists that they supervise.

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Definitions

What is a profession?

***“A profession is an occupation, vocation or career where specialized knowledge of a subject, field, or science is applied. It is usually applied to occupations that involve academic training and a formal qualification. Professions are usually regulated by professional bodies that may set examinations of competence, act as an licensing authority for practitioners, and enforce adherence to an ethical code of practice”***

**What is competency?**

***“A competency is a measurable human capability that is required for effective performance. It is comprised of knowledge, a single skill or ability, or personal characteristics – or cluster of these building blocks of work performance. Successful completion of most tasks requires the simultaneous or sequenced demonstration of multiple competencies.” (United States Accounting Office)***

Activity:

One word for “Supervision” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record other responses:

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Activity:

One word for “Why Supervision? “ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record other responses:

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Activity: In your group, take 10 minutes to develop a definition of Supervision. Write your definition here:

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**Small Group Discussion:**

What are the most common barriers and challenges you may face in being an effective administrative supervisor?

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What are the most common barriers and challenges you may face in being an effective program supervisor?

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**Prevention Supervisor as Coach**

Coaching is defined as *intentionally helping another person to improve his competence by using development opportunities at work.*

Good Coaching Practice Check List

*Instructions:* Listed below are some coaching characteristics generally considered to be significant. However, you may not agree that all the items are appropriate. Consider each statement and if you decide to delete it, draw a line through it. Since the list is incomplete, you may want to add statements of coaching characteristics that you find helpful. Write these items in the space provide at the end of the list.

1. The coach adopts a friendly attitude toward the coaching participant.
2. The coaching discussion is confidential.
3. Steps are taken by the coach to prevent interruptions of the coaching session.
4. The discussion begins by checking out what both people are seeking to achieve.
5. The coach spends a good proportion of the available discussion time in active listening.
6. The coach frequently summarizes and checks back.
7. Relevant information is fully discussed.
8. Feelings can be openly expressed.
9. Problems are jointly analyzed and assessed.
10. Options are identified and their benefits explicitly evaluated.
11. There is a strong emphasis on action and plans are made.
12. Opportunities for personal development are intentionally sought.
13. A date is established to follow up on the session.
14. The meeting is reviewed so that both people can learn from the experience.
15. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your Supervision Style**

# Activity

What is your supervision style? Rarely does someone’s style reflect a “true” type as listed below, and may depend on the type of people you are supervising. However, it is helpful to know what style you use frequently, and to understand ways in which your style both helps and impedes your ability to be an effective leader.

1. **Authoritarian supervision** is based on the belief that supervisees require continuous attention because they are often undependable or immature—basically, because people will attempt to work as little as possible unless someone monitors them carefully. Because supervisees cannot be trusted to fulfill their tasks, the supervisor must check on them frequently. The supervisor is ultimately responsible for supervisees’ performance. Consequently, close observation is an essential part of the supervisor’s responsibilities.
2. **Laissez Faire supervision** is based on the desire to allow supervisees the freedom to use their talents and skills in accomplishing job responsibilities. This philosophy of practice is often articulated as, “Hire good people and then get out of their way.” As a result, supervisees view supervision as an admission to failure; that is, as something to submit to when they encounter a situation they are unable to handle on their own.
3. **Companionable supervision** is based principally on a friendship-like relationship. Above all else, supervisors seek to be liked and to create harmonious relationships among supervisees; they concentrate on being buddies with the staff they supervise and avoid confronting supervisees about poor job performance or mistakes in judgment as long as possible.
4. **Synergistic supervision** is a cooperative effort between the supervisor and supervisees that allows to effect of the joint effort to be greater than the sum of their individual contributions. Supervision in this approach has a dual focus: accomplishment of the organization’s goal and support of the staff in the accomplishment of their personal and professional development goals. This approach to supervision emphasizes the identification of potential problems early; the supervisor and member then jointly develop strategies to prevent or ameliorate problem situations. Supervision is dedicated to assisting all members to enhance their knowledge and skills, which can lead to advancement within the organization and profession.

Read the following barriers to good supervision listed below and address how you, as an organization leader, will overcome these barriers. Then read the following tips on being a good supervisor. With practice and patience, you will be able to fine tune your leadership and supervision skills and be an even more effective leader of your organization!

|  |  |
| --- | --- |
| **Possible Barriers to Good Supervision** | **How I Will Overcome These Barriers** |
| 1. Lack of communication | 1. |
| 2. Difficulties in confrontation | 2. |
| 3. Lack of trust | 3. |
| 4. Can’t give/take criticism | 4. |
| 5. Close minded | 5. |
| 6. Inconsistent | 6. |
| 7. The need to be liked | 7. |
| 8. Being too critical | 8. |
| 9. Other | 9. |

# A Good Supervisor:

* Balances high productivity and morale

As a supervisor, it is difficult to confront job performance at the risk of damaging the rapport and relationship established, but consistency will gain the respect of your staff. Take an interest in each supervisee. Be supportive and sensitive to the whole picture and what is going on in that supervisee’s life.

* Is consistent with modeling expectations

Set a strong example for your supervisees to follow (i.e.; be on time, actions and statements are consistent with your organization’s mission and philosophy).

* Clearly communicates his or her leadership and supervision style

Also ask members what they need in a leader and supervisor.

* Establishes clear goals for the supervisees

Review the goals frequently to assess and implement changes.

* Insists on frequent communication

Your organization is a team, so when problems and disagreements come up, talk to the individual and talk about how it affects the group.

* Manages positively

Praise in public, criticize in private. Support your supervisees in their learning curve, but do not do it all for them! Delegate (include a link to delegating tips here) and communicate (include a link to communication tips here)—this provides ownership by your supervisees of the tasks at hand.

* Insists on accountability

No one is perfect, the job is a learning process, hold your supervisees accountable and review their progress so that they can set and meet goals for improvement.

**SAMPLE SUPERVISED PRACTICUM LOG**

(To Be Completed By Candidate)

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List All Practicum Sessions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | # of Hours Supervised | Topics Discussed/Prevention Activities | Comments | Domains Covered |
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Please note, Workshop hours cannot count toward supervision.

Total Hours \_\_\_\_\_\_\_\_

I hereby verify that the above hours are to the best of my knowledge, true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Supervisor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Signature

Source: Arkansas Prevention Certification Board

# INSTRUCTIONS FOR COMPLETION OF THE SUPERVISION LOG

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | ***Insert Candidate’s name*** into the header | **2.** | ***Remember to save regularly*** & keep a hard copy |
| **3.** | ***Date:***Eg. 6/1/23 | **4.** | ***Hours Duration:***Duration of actual supervision time |
| **5.** | ***Type of Supervision:***At Prevention Resource Center, Phone Call, training discussion, etc. | **6.** | **Domain (s):**E.g. #1 Program Planning and Evaluation |
| **7.** | ***Prevention Development Activity:***Description of prevention clinical activity contributing to the development of professional skills, eg. “Portfolio Assessment” | **8.** | ***\*\*\*Supervisor Comments:*** |

**SUPERVISED PRACTICUM LOG**

Candidate’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Hours Supervised** | **Domains Covered** | **Type of Supervision** | **Prevention Development Activity** | **Supervisor’s Comments** |
| Ex:10/1/22 | 2 Hours | 1 | Phone Call | Reflection on Prevention Generalist Training | Discussed PGT. Talked about the Strategic Prevention Framework and how important this is to prevention practices. |
| Ex: 10/10/22 | 3 Hours | 4 | Written Report or Phone Call | Assigned reading from the Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda | John Doe wrote a report or reported orally about chapter seven: The Media and Prevention. |
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**Practicum Verification**

**Supervisor’s Declaration:** I declare that in my professional opinion (Prevention Certification Candidate) has met the standards required to be certified outlined in the submitted supervision agreement.

Supervisor Name:

Supervisor Email:

Agency Name:

Agency Address:

Telephone:

Fax:

Certification Level: (circle one) CPS ACPS Certification Number:

Supervisor’s Signature: Date: / /

Supervisor’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTATION OF THE SUPERVISED PRACTICUM**

(To Be Completed by Practicum Supervisor)

Please complete this form indicating Candidate’s supervised practical experience in performing prevention functions.

Candidate Name: Supervisor Name: Agency Name: Length of time you provided direct supervision to this Candidate: to

Below indicate each task the Candidate has experience in by checking next to the corresponding task description. Candidates must document 120 hours with at least ten (10) hours in each of the six (6) prevention Domains.

Domain 1: Planning and Evaluation **# Hours \_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| A. Conduct a community-level needs assessment |
|  | 1. Community characteristics |
|  | 2. Problem identification |
|  | 3. Community readiness assessment |
|  | 4. Community resources and resource gaps |
|  | 5. Basic terms in epidemiology |
| B. Determine priorities based on comprehensive community assessment. |
|  | 1. Focus population |
|  | 2. Problem prioritization strategies |
|  | 3. Shared risk and protective factors among physical health, substance use/misuse/misuse, and other behavioral health disorders |
| C. Conduct information gathering and data review/interpretation |
|  | 1. Information gathering techniques |
|  | 2. Data literacy |
| D. Utilize prevention theory |
|  | 1. Health disparities |
|  | 2. Social determinants of health and mental health |
|  | 3. Continuum of care |
|  | 4. Risk and Protective Factors Theory |
|  | 5. Public health approach |
|  | 6. Theory of Change |
|  | 7. Human developmental theories |
| E. Develop a comprehensive prevention plan |
|  | 1. Logic models as a planning and evaluation tool |
|  | 2. Evidence-based prevention interventions |
|  | 3. Work plans |
|  | 4. Sustainability strategies |
| F. Identify prevention program evaluation strategies. |
|  | 1. Evaluation instruments/models |
|  | 2. Validity and reliability of evaluation instruments/models |
|  | 3. Interpretation and application |
| G. Conduct evaluation activities and identify opportunities to improve outcomes. |
|  | 1. Program fidelity assessment |
|  | 2. Adaptation evaluation |
|  | 3. Process and outcomes |
| H. Utilize strategies to enhance sustainability of prevention program outcomes. |
|  | 1. Community capacity building |
|  | 2. Grant research and writing |
|  | 3. Data reporting |
|  | 4. Community ownership |
|  | 5. Resource assessment and development |

Domain 2: Prevention Education and Service Delivery **# Hours \_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| A. Coordinate prevention activities |
|  | 1. Group processes |
|  | 2. Training techniques |
|  | 3. Interagency dynamics/power relationships/reciprocity |
|  | 4. Sustainable relationships and alliances |
|  | 5. Engagement strategies |
|  | 6. Existing community structures and norms |
|  | 7. Involvement of diverse populations |
|  | 8. Equitable access |
| B. Implement prevention education and skill development activities |
|  | 1. Learning styles, instructional strategies, and presentation methods |
|  | 2. Curriculum training |
| C. Utilize strategies for maintaining program fidelity |
|  | 1. Principles of and guidelines for fidelity and adaptation |
|  | 2. Instructional materials modification |
|  | 3. Core component maintenance |

Domain 3: Communication **# Hours \_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| A. Demonstrate methods for promoting the science of prevention |
|  | 1. Interactions and strategies with the media and public |
|  | 2. Media literacy, media advocacy, and social marketing |
| B. Utilize marketing techniques for prevention programs |  |
|  | 1. Effective marketing strategies and impact |  |
|  | 2. Communication models |  |  |  |
| C. Apply principles of effective listening |  |
|  | 1. Active listening |  |  |  |  |
|  | 2. Interviewing techniques |  |  |  |
| D. Apply principles of public speaking |  |  |
|  | 1. Logical presentation, organization, and key points |  |
|  | 2. Storytelling, use of examples, and building rapport |  |
|  | 3. Strategies to promote discussion |  |  |
|  | 4. Visual aids and other presentation resources |  |
| E. Employ effective facilitation skills. |  |
|  | 1. Audience characteristics |  |  |  |
|  | 2. Meeting agenda and action items |  |  |
|  | 3. Professional behaviors and communication skills |  |
|  | 4. Safe/inclusive spaces and conflict management |  |
|  | 5. Time management |  |  |  |
| F. Demonstrate interpersonal communication competency. |  |
|  | 1. Written and interpersonal communication skills |  |
|  | 2. Networking and community outreach |  |  |
|  |  |  |  |  |

Domain 4: Community Organization **# Hours \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. Identify community demographics and norms |  |  |  |  |  |
| B. Utilize strategies to recruit and engage a diverse group of stakeholders |  |  |  |  |
|  | 1. Community sector representation and perspectives |  |  |  |  |  |
|  | 2. Current and emerging community leaders/influencers |  |  |  |  |
| C. Utilize strategies to build community ownership and provide technical assistance |  |  |
|  | 1. Community engagement strategies |  |  |  |  |  |  |
|  | 2. Capacity-building strategies |  |  |  |  |  |  |  |
|  | 3. Roles in community ownership |  |  |  |  |  |  |
|  | 4. Shared leadership |  |  |  |  |  |  |  |  |
|  | 5. Patterns of group and organizational communication |  |  |  |  |
|  | 6. strategies for empowering community members |  |  |  |  |  |
|  | 7. Advocacy strategies |  |  |  |  |  |  |  |
|  | 8. Training and mentoring community members |  |  |  |  |  |
|  | 9. Coalition development and sustainability |  |  |  |  |  |
|  | 10. Strategic planning activities |  |  |  |  |  |  |  |
|  | 11. Education resources for community members |  |  |  |  |  |
| D. Utilize negotiation and collaboration strategies to build and sustain alliances with other service providers |
|  | 1. Formal agreements |  |  |  |  |  |  |  |
|  | 2. Referrals |  |  |  |  |  |  |  |  |
| E. Integrate prevention strategies into physical and behavioral health planning and activities |  |
|  | 1. Global behavioral health systems and their strategic goals |  |  |  |  |
|  | 2. Prevention participation in related health initiatives |  |  |  |  |  |
|  | 3. Behavioral health epidemiology |  |  |  |  |  |  |
|  | 4. Spectrum of behavioral health services |  |  |  |  |  |  |

Domain 5: Public Policy and Environmental Change **# Hours \_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| A. Utilize strategies and resources to promote environmental change |
|  | 1. Evidence-based environmental strategies and policies |
|  | 2. Education of decision makers |
| B. Demonstrate advocacy skills in public health promotion and prevention |
|  | 1. Political processes |
|  | 2. Difference between lobbying and advocacy |
|  | 3. Public policy development and advocacy for healthy and safe communities |
|  | 4. Change agents and policy makers |
|  | 5. Negotiations |
|  | 6. Social justice |

Domain 6: Professional Growth and Responsibility **# Hours \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. Demonstrate adherence to legal, professional, and ethical principles |  |  |  |  |
|  | 1. Prevention Code of Ethics |  |  |  |  |  |  |  |
|  | 2. Ethical use of funds |  |  |  |  |  |  |  |
|  | 3. Conflicts of interest |  |  |  |  |  |  |  |
|  | 4. Confidentiality |  |  |  |  |  |  |  |  |
|  | 5. Mandated abuse and neglect reporting |  |  |  |  |  |  |
|  | 6. Recipient rights and informed consent |  |  |  |  |  |  |
|  | 7. Copyright laws and reference procedures |  |  |  |  |  |
|  | 8. Strategies to ensure the safety of program participants |  |  |  |  |
|  | 9. Prevention professional scope of practice |  |  |  |  |  |
|  | 10. Ethical fundraising |  |  |  |  |  |  |  |
|  | 11. Ethical use of social media and technology |  |  |  |  |  |
| B. Incorporate cultural responsiveness and health equity into prevention processes |  |  |
|  | 1. Culturally responsive organizational structures |  |  |  |  |  |
|  | 2. Focus population inclusion |  |  |  |  |  |  |  |
| C. Demonstrate healthy behaviors and self-care |  |
|  | 1. Community resources that support health and well-being |  |  |  |  |
|  | 2. Healthy living strategies and wellness promotion |  |  |  |  |  |
|  | 3. Conflict resolution and stress management strategies |  |  |  |  |
|  | 4. Seeking and utilizing support from peers |  |  |  |  |  |  |
|  | 5. Recognition of personal limitations |  |  |  |  |  |  |
| D. Recognize importance of participation in professional associations |  |  |
|  | 1. Professional associations and organizations related to behavioral health |  |  |  |
|  | 2. Networking and relationship building |  |  |  |  |  |  |
| E. Demonstrate knowledge of the science of substance use/misuse disorders |  |  |
|  | 1. Biases, beliefs, and cultural assumptions related to substance use/misuse |  |  |  |
|  | 2. Signs, symptoms, and progressive stages of substance use/misuse disorders |  |  |
|  | 3. Family dynamics |  |  |  |  |  |  |  |  |
|  | 4. Effects of drugs on the brain and the body |  |  |  |  |  |
|  | 5. Prevention within a recovery-oriented system of care |  |  |  |  |
|  | 6. Co-occurring disorders |  |  |  |  |  |  |  |
|  | 7. Brief intervention and referral |  |  |  |  |  |  |
|  | 8. Harm reduction |  |  |  |  |  |  |  |  |
| F. Demonstrate knowledge of mental, emotional, and behavioral health issues |  |  |
|  | 1. Effects of mental, emotional, and behavioral health on the family |  |  |  |
|  | 2. Biases, beliefs, and cultural assumptions related to mental health |  |  |  |
|  | 3. Signs and symptoms of behavioral health conditions/disorders |  |  |  |  |
|  | 4. Trauma-informed lens |  |  |  |  |  |  |  |
| G. Prepare and maintain reports, records, and documents |
|  | 1. Fiscal responsibility |  |  |  |  |  |  |  |
|  | 2. Grant compliance |  |  |  |  |  |  |  |  |
|  | 3. Best practices in documentation |  |  |  |  |  |  |

### Comments:

I hereby attest that this evaluation truthfully reflects my knowledge of the Candidate, and I confirm the Candidate has received the indicated hours of Supervision in the above prevention tasks in each of the domains as outlined above.

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Practicum Supervisor Signature Date

## SUPERVISOR EVALUATION FORM

(To Be Completed By Practicum Supervisor)

Dear Supervisor:

The Candidate listed below is applying to the Prevention Certification Board for certification as a Certified Prevention Specialist or Certified Prevention Consultant. The information requested is an essential part of the evaluation of the competence of the Candidate.

Your evaluation, plus information received from other references and the data furnished by the Candidate, will be used in determining eligibility for certification. Upon completion of the supervision period, please return the completed evaluation directly to the Board office. The Board reserves the right to request further information from you regarding the Candidate. Your cooperation is very much appreciated.

Candidate: \_\_\_\_Certification Number:

Supervisor:

Position/Title:

Agency:

Address:

Work Phone:

Length of time you have supervised the candidate:

### IMPORTANT: Please circle the appropriate ratings below.

**PROFESSIONAL SKILLS WEAK ADEQUATE SUPERIOR**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Knowledge of Prevention | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Acting as a Resource | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Utilization of Time | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Goal Orientation | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Planning Ability | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Coordinating | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Implementation | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Evaluation | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| General Professionalism | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Enthusiasm | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Cooperativeness | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Initiative | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Organization | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communication | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Dependability | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Punctuality | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| General Attitude | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Follows Directions | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Works well with Others | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Team Member | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Public Relationships | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Presentation Skills | 1 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Signed Position Date

Source: Arkansas Prevention Certification Board

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| --- |
| **PROFESSIONAL DEVELOPMENT ASSESSMENT** |
| **Domain 1: Planning and Evaluation**  | **1 = Novice in this area of competency** | **2 = some knowledge and skill** | **3 = proficient** | **4 = Extensive knowledge and skill**  |
| A. Conduct a community-level needs assessment |   |   |   |   |
|   | 1. Community characteristics |   |   |   |   |
|   | 2. Problem identification |   |   |   |   |
|   | 3. Community readiness assessment |   |   |   |   |
|   | 4. Community resources and resource gaps |   |   |   |   |
|   | 5. Basic terms in epidemiology |   |   |   |   |
| B. Determine priorities based on comprehensive community assessment. |   |   |   |
|   | 1. Focus population |   |   |   |   |
|   | 2. Problem prioritization strategies |   |   |   |   |
|   | 3. Shared risk and protective factors among physical health, substance use/misuse/misuse, and other behavioral health disorders |   |   |   |   |
| C. Conduct information gathering and data review/interpretation |   |   |   |
|   | 1. Information gathering techniques |   |   |   |   |
|   | 2. Data literacy |   |   |   |   |
| D. Utilize prevention theory |   |   |   |
|   | 1. Health disparities |   |   |   |   |
|   | 2. Social determinants of health and mental health |   |   |   |   |
|   | 3. Continuum of care |   |   |   |   |
|   | 4. Risk and Protective Factors Theory |   |   |   |   |
|   | 5. Public health approach |   |   |   |   |
|   | 6. Theory of Change |   |   |   |   |
|   | 7. Human developmental theories |   |   |   |   |
| E. Develop a comprehensive prevention plan |   |   |   |
|   | 1. Logic models as a planning and evaluation tool |   |   |   |   |
|   | 2. Evidence-based prevention interventions |   |   |   |   |
|   | 3. Work plans |   |   |   |   |
|   | 4. Sustainability strategies |   |   |   |   |
| F. Identify prevention program evaluation strategies. |   |   |   |
|   | 1. Evaluation instruments/models |   |   |   |   |
|   | 2. Validity and reliability of evaluation instruments/models |   |   |   |   |
|   | 3. Interpretation and application |   |   |   |   |
| G. Conduct evaluation activities and identify opportunities to improve outcomes. |   |   |   |
|   | 1. Program fidelity assessment |   |   |   |   |
|   | 2. Adaptation evaluation |   |   |   |   |
|   | 3. Process and outcomes |   |   |   |   |
| H. Utilize strategies to enhance sustainability of prevention program outcomes. |   |   |   |
|   | 1. Community capacity building |   |   |   |   |
|   | 2. Grant research and writing |   |   |   |   |
|   | 3. Data reporting |   |   |   |   |
|   | 4. Community ownership |   |   |   |   |
|   | 5. Resource assessment and development |   |   |   |   |
| **Domain 2: Prevention Education and Service Delivery** | **1 = Novice in this area of competency** | **2 = some knowledge and skill** | **3 = proficient** | **4 = Extensive knowledge and skill**  |
| A. Coordinate prevention activities |   |   |   |   |
|   | 1. Group processes |   |   |   |   |
|   | 2. Training techniques |   |   |   |   |
|   | 3. Interagency dynamics/power relationships/reciprocity |   |   |   |   |
|   | 4. Sustainable relationships and alliances |   |   |   |   |
|   | 5. Engagement strategies |   |   |   |   |
|   | 6. Existing community structures and norms |   |   |   |   |
|   | 7. Involvement of diverse populations |   |   |   |   |
|   | 8. Equitable access |   |   |   |   |
| B. Implement prevention education and skill development activities |   |   |   |   |
|   | 1. Learning styles, instructional strategies, and presentation methods |   |   |   |   |
|   | 2. Curriculum training |   |   |   |   |
| C. Utilize strategies for maintaining program fidelity |   |   |   |   |
|   | 1. Principles of and guidelines for fidelity and adaptation |   |   |   |   |
|   | 2. Instructional materials modification |   |   |   |   |
|   | 3. Core component maintenance |   |   |   |   |
| **Domain 3: Communication** | **1 = Novice in this area of competency** | **2 = some knowledge and skill** | **3 = proficient** | **4 = Extensive knowledge and skill**  |
| A. Demonstrate methods for promoting the science of prevention |   |   |   |   |
|   | 1. Interactions and strategies with the media and public |   |   |   |   |
|   | 2. Media literacy, media advocacy, and social marketing |   |   |   |   |
| B. Utilize marketing techniques for prevention programs |   |   |   |   |
|   | 1. Effective marketing strategies and impact |   |   |   |   |
|   | 2. Communication models |   |   |   |   |
| C. Apply principles of effective listening |   |   |   |   |
|   | 1. Active listening |   |   |   |   |
|   | 2. Interviewing techniques |   |   |   |   |
| D. Apply principles of public speaking |   |   |   |   |
|   | 1. Logical presentation, organization, and key points |   |   |   |   |
|   | 2. Storytelling, use of examples, and building rapport |   |   |   |   |
|   | 3. Strategies to promote discussion |   |   |   |   |
|   | 4. Visual aids and other presentation resources |   |   |   |   |
| E. Employ effective facilitation skills. |   |   |   |   |
|   | 1. Audience characteristics |   |   |   |   |
|   | 2. Meeting agenda and action items |   |   |   |   |
|   | 3. Professional behaviors and communication skills |   |   |   |   |
|   | 4. Safe/inclusive spaces and conflict management |   |   |   |   |
|   | 5. Time management |   |   |   |   |
| F. Demonstrate interpersonal communication competency. |   |   |   |   |
|   | 1. Written and interpersonal communication skills |   |   |   |   |
|   | 2. Networking and community outreach |   |   |   |   |
| **Domain 4: Community Organization** | **1 = Novice in this area of competency** | **2 = some knowledge and skill** | **3 = proficient** | **4 = Extensive knowledge and skill**  |
| A. Identify community demographics and norms |   |   |   |   |
| B. Utilize strategies to recruit and engage a diverse group of stakeholders |   |   |   |   |
|   | 1. Community sector representation and perspectives |   |   |   |   |
|   | 2. Current and emerging community leaders/influencers |   |   |   |   |
| C. Utilize strategies to build community ownership and provide technical assistance |   |   |   |   |
|   | 1. Community engagement strategies |   |   |   |   |
|   | 2. Capacity-building strategies |   |   |   |   |
|   | 3. Roles in community ownership |   |   |   |   |
|   | 4. Shared leadership |   |   |   |   |
|   | 5. Patterns of group and organizational communication |   |   |   |   |
|   | 6. strategies for empowering community members |   |   |   |   |
|   | 7. Advocacy strategies |   |   |   |   |
|   | 8. Training and mentoring community members |   |   |   |   |
|   | 9. Coalition development and sustainability |   |   |   |   |
|   | 10. Strategic planning activities |   |   |   |   |
|   | 11. Education resources for community members |   |   |   |   |
| D. Utilize negotiation and collaboration strategies to build and sustain alliances with other service providers |   |   |   |   |
|   | 1. Formal agreements |   |   |   |   |
|   | 2. Referrals |   |   |   |   |
| E. Integrate prevention strategies into physical and behavioral health planning and activities |   |   |   |   |
|   | 1. Global behavioral health systems and their strategic goals |   |   |   |   |
|   | 2. Prevention participation in related health initiatives |   |   |   |   |
|   | 3. Behavioral health epidemiology |   |   |   |   |
|   | 4. Spectrum of behavioral health services |   |   |   |   |
| **Domain 5: Public Policy and Environmental Change** | **1 = Novice in this area of competency** | **2 = some knowledge and skill** | **3 = proficient** | **4 = Extensive knowledge and skill**  |
| A. Utilize strategies and resources to promote environmental change |   |   |   |   |
|   | 1. Evidence-based environmental strategies and policies |   |   |   |   |
|   | 2. Education of decision makers |   |   |   |   |
| B. Demonstrate advocacy skills in public health promotion and prevention |   |   |   |   |
|   | 1. Political processes |   |   |   |   |
|   | 2. Difference between lobbying and advocacy |   |   |   |   |
|   | 3. Public policy development and advocacy for healthy and safe communities |   |   |   |   |
|   | 4. Change agents and policy makers |   |   |   |   |
|   | 5. Negotiations |   |   |   |   |
|   | 6. Social justice |   |   |   |   |
| **Domain 6: Professional Growth and Responsibility** | **1 = Novice in this area of competency** | **2 = some knowledge and skill** | **3 = proficient** | **4 = Extensive knowledge and skill**  |
| A. Demonstrate adherence to legal, professional, and ethical principles |   |   |   |   |
|   | 1. Prevention Code of Ethics |   |   |   |   |
|   | 2. Ethical use of funds |   |   |   |   |
|   | 3. Conflicts of interest |   |   |   |   |
|   | 4. Confidentiality |   |   |   |   |
|   | 5. Mandated abuse and neglect reporting |   |   |   |   |
|   | 6. Recipient rights and informed consent |   |   |   |   |
|   | 7. Copyright laws and reference procedures |   |   |   |   |
|   | 8. Strategies to ensure the safety of program participants |   |   |   |   |
|   | 9. Prevention professional scope of practice |   |   |   |   |
|   | 10. Ethical fundraising |   |   |   |   |
|   | 11. Ethical use of social media and technology |   |   |   |   |
| B. Incorporate cultural responsiveness and health equity into prevention processes |   |   |   |   |
|   | 1. Culturally responsive organizational structures |   |   |   |   |
|   | 2. Focus population inclusion |   |   |   |   |
| C. Demonstrate healthy behaviors and self-care |   |   |   |   |
|   | 1. Community resources that support health and well-being |   |   |   |   |
|   | 2. Healthy living strategies and wellness promotion |   |   |   |   |
|   | 3. Conflict resolution and stress management strategies |   |   |   |   |
|   | 4. Seeking and utilizing support from peers |   |   |   |   |
|   | 5. Recognition of personal limitations |   |   |   |   |
| D. Recognize importance of participation in professional associations |   |   |   |   |
|   | 1. Professional associations and organizations related to behavioral health |   |   |   |   |
|   | 2. Networking and relationship building |   |   |   |   |
| E. Demonstrate knowledge of the science of substance use/misuse disorders |   |   |   |   |
|   | 1. Biases, beliefs, and cultural assumptions related to substance use/misuse |   |   |   |   |
|   | 2. Signs, symptoms, and progressive stages of substance use/misuse disorders |   |   |   |   |
|   | 3. Family dynamics |   |   |   |   |
|   | 4. Effects of drugs on the brain and the body |   |   |   |   |
|   | 5. Prevention within a recovery-oriented system of care |   |   |   |   |
|   | 6. Co-occurring disorders |   |   |   |   |
|   | 7. Brief intervention and referral |   |   |   |   |
|   | 8. Harm reduction |   |   |   |   |
| F. Demonstrate knowledge of mental, emotional, and behavioral health issues |   |   |   |   |
|   | 1. Effects of mental, emotional, and behavioral health on the family |   |   |   |   |
|   | 2. Biases, beliefs, and cultural assumptions related to mental health |   |   |   |   |
|   | 3. Signs and symptoms of behavioral health conditions/disorders |   |   |   |   |
|   | 4. Trauma-informed lens |   |   |   |   |
| G. Prepare and maintain reports, records, and documents |   |   |   |   |
|   | 1. Fiscal responsibility |   |   |   |   |
|   | 2. Grant compliance |   |   |   |   |
|   | 3. Best practices in documentation |   |   |   |   |

**Supervision of the Prevention Specialist References**

Addiction Technology Transfer Center (2011). Clinical Supervisions Foundations Participant Workbook. Retrieved from https://attchub.org/CSF/CSParticipantWorkbook.pdf.

Anderson, Jean (1988). *The Supervisory Process in Speech-Language Pathology and Audiology.* College Hill Pr.

Arkansas Prevention Certification Board – Supervisor forms

Department of Defense Standards of Conduct Office (2007). *Ethics for Supervisors 2007 Ethics Counselor Deskbook,. https://dodsoco.ogc.osd.mil/Ethics-Program-Resources/DoD-Ethics-Guidance/SOCO-Advisories/2007-SOCO-Advisories/Advisory-07-06-June-4-2007/*

Covey, S. (2009). Eight Characteristics of Principle-centered leaders. Retrieved from

 http://lipscombwbbthoughts.blogspot.com/2009/10/stephen-covey-8-characteristics-of.html

Falender, C. (2005). Developing and Enhancing Supervisory Skills: A Competency-

Based Approach. Paper Presented at the 113th Annual Convention of the American Psychological Association, August, 2005, Washington, D.C. As part of a *Symposium on Ethics of Clinical Supervision: Minimizing Risks, Enhancing Benefits.*

Hoge, M.A., Tondora, J., & Marrelli, A.F. (2005). The fundamentals of workforce

competency: Implications for behavioral health. *Administration and Policy in Mental Health*, 32, 5, 509-531.

International Certification and Reciprocity Consortium (2022)). *Candidate Guide for the*

*IC&RC Prevention Specialist Examination.*  Retrieved from <https://internationalcredentialing.org/resources/Candidate%20Guides/Prevention_Candidate_Guide_Final.pdf>

International Certification and Reciprocity Consortium. Prevention Specialist Code of Ethics. <https://internationalcredentialing.wildapricot.org/resources/Code%20of%20Ethics/IC_RC%20CPS%20Code%20of%20Ethics.pdf>

Management Library (2022). Carter McNamara, PhD. *What is Supervision? How do I Supervise?* Retrieved from <https://managementhelp.org/supervision/index.htm>

Mowrer, S.H. & Strader, T.N. (1992). National association addresses tough prevention

 issues. *The Journal of Primary Prevention*, 13:1, 73-77. Retrieved from <http://www.metapress.com.ezproxy.lib.ou.edu/content/r317405j0v052662/fulltext.pdf>.

Powell DJ, Brodsky A. (2004). *Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods*. San Francisco: Jossey-Bass. (Rev ed)

Prevention Think Tank (2004). *Supervision of Prevention Professionals, Volunteers and*

*Projects. Participant Handbook.*

The Judge Advocate General’s Legal Center and School (2015). Ethics for

Supervisors, *Ethics Counselor Coursebook.*  <http://www.loc.gov/rr/frd/Military_Law/pdf/12th-Ethics-Counselor-Course-Deskbook.pdf>

Turton, L. (Ed.) Proceedings of a\_ Workshop on Supervision in Speech Pathology. Ann Arbor, Michigan: University of Michigan, Institute for the Study of Mental Retardation and Related Disabilities, Continuing and Adult Education Unit (1973).

US Dept. of Health and Human Services, Substance Abuse and Mental Health Services

Administration (2007). *Competencies for Substance Abuse Treatment Clinical Supervisors*. Retrieved from <https://store.samhsa.gov/shin/content/SMA12-4243/SMA12-4243.pdf>

Wikipedia. *Profession*. <https://en.wikipedia.org/wiki/Profession>