Assessing Supervisees with the Basic Skills Evaluation Device*

Thorana S. Nelson and Lee N. Johnson

The featured instrument, the BSED, has become a popular and widely used method of assessing systemic therapy competencies since its development in 1999. It is particularly used in supervision of beginning systemic therapists in couple, marriage, and family therapy educational and training programs. (See Chapter 5 in the accompanying book.) We included the BSED with the intent of increasing supervisor access to it, particularly for those working with beginning systemic therapists outside of formal systemic therapy educational and training programs. Many supervisors are searching for ways to assess systemic competencies, and the BSED can be easily incorporated into supervision. (See Chapter 14 in the accompanying book for examples of its use to assess supervisees’ competencies and what the evidence tells us as supervisors.)

—Editors’ introduction

The Basic Therapy Skills Evaluation Device (BSED) was developed using empirical data from the Basic Family Therapy Skills Project, conducted by Charles Figley and Thorana Nelson. The items and descriptions were developed from information gathered from nearly 500 experienced marriage and family therapy trainers and supervisors.

The device serves several purposes, including that of evaluating therapist trainees in their first 500 hr of training. The scale is used at the experience level of


Edited by Thomas C. Todd and Cheryl L. Storm.
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the trainee. That is, “meets expectation” means in your experience compared with other trainees with this level of experience and training, which may differ from supervisor to supervisor. Included are descriptions for each training dimension based on data from the Basic Family Therapy Skills Project. Please use these descriptions when evaluating your trainees.

Included in the device is a nongeneric theory section that you may want to use filling in the blank for the theory that the trainee is currently working with.

Evaluate each trainee using your best judgment from the descriptions given plus your subjective ideas about each item.

**General Guidelines Regarding Developmental Levels**

**Beginner**
First 50–75 hr of experience, less, perhaps, if under intensive live supervision. The beginner will need more direction and structure, clearer session plans, and more freedom to go in a direction that may seem less productive but which follows the trainee’s plan for the session and the supervisor’s plan for what the trainee is currently working on. For example, the supervisor may see an opportunity for a paradoxical or solution-oriented approach, but the trainee may be working on structuring the session with parents and children. The trainee can discuss case material based on one theoretical perspective but may get confused if trying to use more than one. The trainee is eager for supervision and may feel confused or anxious in new situations.

**Intermediate**
Between 50 or 75 hr of experience and 350 or 400 hr. The trainee is comfortable joining with clients, can structure sessions and execute session plans, and is able to provide hypotheses or direction for therapy based on theoretical concepts. The trainee can be flexible during a session, changing the session plan easily and with little confusion. The trainee can discuss cases from multiple theoretical viewpoints and evaluate both treatment and self-astherapist progress based on clear goals. The trainee may be uneven in evaluations of therapy and self. The trainee benefits from supervision but may appear at times to not want supervision, wanting instead to be allowed to work on one’s own unless asking for help.

**Advanced**
Between 350 or 400 hr of experience and 500 hr. The trainee is comfortable with most therapy situations, managing most case situations smoothly and professionally. Supervision focuses on microskills and finer, abstract points of therapy and theory. The supervisor and trainee may engage in debate regarding theoretical perspectives and interventions. The trainee is able to evaluate both therapy...
and self. The trainee may appear eager for supervision and may express concern that he or she is inadequate as a therapist, unable to evaluate progress in therapy or supervision.

**Conceptual Skills**

**Knowledge base**

The trainee has a basic understanding of family systems theory. The trainee is able to articulate principles of human developmental, family developmental, and family life cycle issues pertaining to the case. The trainee communicates an understanding of human interaction and normal family processes. The trainee can articulate how gender, culture, and class have an impact on the client and on therapeutic issues (including interaction with one’s own gender, culture/ethnicity, and class). The trainee is able to determine and work within the clients’ worldview. The trainee has an understanding of human sexuality. The trainee has knowledge of assessment strategies (e.g., interviewing skills, various assessment devices, DSM).

**Systems perspective**

The trainee understands and can articulate basic systems concepts. When talking about client problems, the trainee employs systemic concepts and perspectives, thus showing that he or she is thinking in systemic and contextual terms. Formed hypotheses are systemic. The trainee can articulate the difference between content issues and process issues. The trainee can recognize hierarchy problems.

**Familiarity with therapy models**

The trainee has a basic knowledge of family therapy theories. The trainee’s goals, hypotheses, session plans, interventions, and evaluation strategies for terminating therapy are all linked to a specific employed and articulated therapeutic model (which may be an integrated model). The trainee also recognizes his or her own perceptions, client resources, and links between problems and attempted solutions.

**Self as therapist**

The trainee can articulate his or her own preferred model of therapy. The trainee is also aware of how his or her communication style impacts therapy and is curious in learning about himself or herself. The trainee is aware of and able to manage his or her own anxiety in therapy. In talking about cases, the trainee is able to reframe or positively connote issues from cases for herself or himself. The trainee has an understanding of how to use a sense of humor in therapy. The trainee recognizes her or his ability to be flexible and curious and to think critically and
analytically, expressing authenticity and accepting feedback. The trainee is able to recognize how her or his own developmental or other issues interact in therapy.

**Perceptual Skills**

**Recognition skills**
The trainee shows the ability to recognize hierarchies, boundaries, dynamics of triangling, family interaction, and family behavioral patterns. The trainee can also recognize gender, ethnic, cultural, and class issues in client dynamics and in therapy. The trainee is able to recognize clients’ coping skills and strengths and can understand dynamics and patterns in presenting problems. The trainee recognizes how patterns associated with presenting problems may be similar to other patterns of interaction in clients’ lives. The trainee recognizes and can articulate her or his impact as part of the client/therapy system.

**Hypothesizing**
The trainee can formulate a systemic hypothesis and can generate general hypotheses as well as theory (or model)-specific hypotheses. The trainee can formulate long- and short-term treatment plans based on hypotheses. The trainee is able to distinguish process from content at an appropriate level and include process issues in hypotheses. The trainee reframes patterns and problems appropriately.

**Integration of theory and practice**
The family therapy trainee is able to articulate theory as it is applied in practice, utilizing concepts appropriately and describing interventions that fit with the theory and hypotheses. If using an integrated theory, the trainee is able to differentiate concepts and provide rationale for choices of hypotheses and/or interventions. The trainee is able to evaluate the appropriateness (positives and negatives) for a theory or integrated theory using concrete data from therapy cases.

**Executive Skills**

**Joining**
A trainee skilled in the technique of joining is able to engage each family member in a therapeutic alliance and relationship by establishing rapport through clear communication that conveys a sense of competency, authority, and trustworthiness while at the same time demonstrating empathy, warmth, caring, and respect. The trainee is capable of gathering information without making the client feel interrogated, laying down the ground rules for therapy, and setting up a workable
treatment contract by exploring the client’s expectations, point of view, and preparedness to make changes. These goals are accomplished in conjunction with setting appropriate boundaries and avoiding triangulation.

Assessment
The family therapy trainee demonstrates the ability to assess clients through use of genograms, family histories, suicide/depression interviews or inventories, and discussion of SES, employment, school, and developmental stages. The trainee is familiar and skilled in basic interviewing techniques and strategies. Assessment is formulated and appropriate to an articulated theory of change. The trainee is able to clarify the presenting problem, explore previous solutions to the problem, gather information regarding sequences and patterns in the family, and determine the strengths and resources that the family brings to therapy. Assessment strategies are sensitive to gender, race, and cultural issues.

Hypothesizing
The trainee exhibits the ability to formulate multiple hypotheses about a case based on articulated principles of a theory of change. She or he can develop treatment plans which include a rationale for intervention based on hypotheses; set clear, reachable goals in consultation with the family; focus the treatment toward a therapeutic goal; and modify the existing case plan when appropriate.

Interventions
The trainee demonstrates an understanding of intervention techniques by structuring interventions that defuse violent or chaotic situations, deflect scapegoating and blaming, and interrupt negative patterns and destructive communication cycles. The ability to intervene also includes appropriately challenging clients on their position, explicitly structuring or directing interactions among family members, and helping families establish boundaries. The trainee is able to elicit family/client strengths and utilize them in both session discussions and homework assignments.

Other interventions that illustrate skill include normalizing the problem when appropriate, helping clients develop their own solutions to problems, giving credit for positive changes, reframing, and appropriately using self-disclosure. The trainee uses theory-specific interventions appropriately and is able to articulate a rationale for these interventions.

Communication skills
Communication skills are demonstrated by active listening and reflecting; the use of open-ended questions; and short, specific, and clear oral forms of communication. The trainee’s body language should convey a relaxed state and match the
tone of the conversation. The trainee is also able to coach clients in learning communication skills rather than merely “lecturing” and instructing.

**Personal skills**

Personal skills that are important for a successful therapy trainee to possess include a desire to be a family therapist, intelligence, curiosity, common sense, self-direction, commitment, patience, empathy, sensitivity, flexibility, the ability to manage his or her anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also exhibit warmth, a sense of humor, a nondefensive attitude, congruency, the ability to take responsibility for his or her mistakes, the ability to apply his or her own personal mode of therapy, and possess no debilitating personal pathology. The trainee demonstrates emotional maturity and the ability to be self-reflexive. The trainee demonstrates an appropriate attitude of expertness toward clients, congruent with her or his theory of change.

**Session management**

The trainee is able to manage the therapy process by effectively introducing clients to the therapy room; explaining equipment and setting, if necessary; and explaining the policies and procedures of the agency/clinic. The trainee is able to engage the family in therapeutic conversation, controlling the flow of communication as per her or his therapy plan. The trainee is able to manage intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times. The trainee is able to manage time, finishing sessions as scheduled, and is able to schedule further appointments, consultations, and referrals smoothly and effectively. The trainee is able to collect fees in an appropriate manner.

**Professional Skills**

**Supervision**

The trainee attends supervision meetings as scheduled and is prepared to discuss cases with colleagues, to formally present her or his own case, and to present audio or video material as requested. The trainee is respectful and positive about other trainees’ cases and presentations and is helpful and not demeaning about a fellow trainee’s skills. The trainee makes use of supervision by accepting and utilizing supervisory feedback.

**Recognition of ethical issues**

A marriage and family therapy trainee knows and observes the code of ethics of AAMFT and is familiar with the laws of the state regarding privileged communication, mandatory reporting, and duty-to-warn issues. The trainee follows the
The trainee appropriately uses supervision and consultation regarding ethical issues. The trainee avoids potentially exploitative relationships with clients and other trainees. The trainee deals appropriately with his or her own issues as they affect therapy and is willing to take responsibility for her or his own actions.

**Paperwork**

The trainee maintains case files appropriately and follows clinic procedures for paperwork in a timely manner.

**Professional image**

The trainee dresses appropriately according to the standards of the setting. The trainee is able to present an aura of confidence without arrogance and presents herself or himself to other professionals in an appropriate manner. The trainee is on time for sessions and supervision and treats staff with respect.

**Professional conduct**

The trainee has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The trainee does not publicly denigrate or criticize colleagues. The trainee consults with professionals and others involved with cases appropriately, with appropriate signed releases, and in a professional manner, always keeping the client’s welfare foremost. The trainee shows the ability to handle unexpected and crisis situations with poise and skill, using consultation when appropriate.

The trainee is punctual with therapy sessions and other professional meetings. The trainee follows clinic policies in setting and collecting fees.

**Evaluation Skills**

**Therapy**

A trainee skilled in evaluating therapy is able to verbalize the thoroughness of assessment; the link between theory, assessment, and hypotheses/interventions; the effectiveness of interventions; and how well the objectives of the therapy have been met in terms of both the clients’ goals and the therapist’s perspective and analysis. The trainee can articulate aspects of the clients’ feedback in relation to assessment and intervention. The trainee is able to articulate links between conceptual, perceptual, interventive, and outcome data.
Self

The trainee therapist is skilled in evaluating himself or herself in terms of skills: conceptual, perceptual, executive, professional, and evaluative. The trainee is able to recognize signs in himself or herself that contribute to the ongoing understanding of the analysis of the case and is able to articulate personal issues that may be interacting in therapy. The trainee is not unduly defensive about feedback, but is able to integrate multiple perspectives and incorporate them into a plan for enhancing his or her development as a family therapist. The trainee works with the supervisor in an ongoing evaluation of therapy skills and strives to improve areas that require it and, at the same time, clearly articulate strengths in behavioral terms.

Theory of choice

The previous skills areas were generic; that is, they apply across theoretical models of intervention. This section is for the trainee therapist and supervisor to use to evaluate the trainee’s growing knowledge and expertise in a model or theory that is identified by the supervisor and trainee together. The trainee is able to identify assumptions and concepts of the theory, the primary techniques used in the theory, the role of the therapist, and evaluation strategies. The trainee is able to use the concepts and interventions in practice, identifying data to the supervisor that illustrate the concepts. The trainee is able to recognize and identify the strengths and weaknesses of the theory as used in practice.

Reference

Basic Skills Evaluation Device©

Therapist ________________________________  Date ________________________________
Supervisor ______________________________  Experience Level ____________________

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<th>Conceptual skills</th>
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