

Candidate Final Consultation Evaluation

This evaluation is designed to provide the Candidate with constructive feedback regarding:

1. His/her clinical knowledge and skills in the treatment of sex addiction using the assessments, tasks and performables outlined in the task methodology,
2. His/her professional development by identifying growth areas such as transference/countertransference issues, or personal issues that might impede his/her ability to provide effective services,
3. His/her level of counseling skills

A minimum of 30 hours of supervision must be obtained by each Candidate:

- **Session Type Requirements: A minimum of 5 hours must be face to face (individual or group, in person or webcam)**
- **Session Format Requirements: A minimum of 10 hours must be individual**

Candidate Name: _____ Date: _____

Supervisor Name: _____

Session Type			
Session Format	Telephone	In Person	Webcam
Individual			
Group			
Total			
Total Hours to Date			

Please complete Sections A–D using the scale below:

1	2	3	N/A
<i>Candidate functions at a high level and displays extremely strong skills.</i>	<i>Candidate functions at an average and appropriate level and displays good skills.</i>	<i>Candidate functions at a minimum basic level. I would like to see him/her continue to work on this area.</i>	<i>Unable to rate this activity. Please explain why.</i>

A. Counseling

	Demonstrates ability to apply the task-centered approach to the treatment of sexual addiction using the assessments, tasks and performables outlined in the task methodology.
	Demonstrates ability to identify other addictive behaviors, including Addiction Interaction Disorder
	Demonstrates ability to break through client denial.
	Demonstrates ability to engage partners in the therapeutic process.
	Demonstrates ability to identify dual diagnosis issues.
	Demonstrates ability to facilitate client shame reduction.
	Demonstrates ability to identify sexual offender issues and work within parameters of Candidate's scope of practice.
	Demonstrates an interest in and acceptance of the client and his/her problems and issues.
	Demonstrates ability to establish mutually agreed upon goals with clients.
	Demonstrates ability to evaluate client's progress in counseling.
	Demonstrates ability to engage in appropriate confrontation with clients.
	Demonstrates knowledge of current literature with regard to treatment for specific problems.

Candidate Final Consultation Evaluation

Please complete Sections A–D using the scale below:

1	2	3	N/A
<i>Candidate functions at a high level and displays extremely strong skills.</i>	<i>Candidate functions at an average and appropriate level and displays good skills.</i>	<i>Candidate functions at a minimum basic level. I would like to see him/her continue to work on this area.</i>	<i>Unable to rate this activity. Please explain why.</i>

	Develops and implements treatment plan with respect to short-term goals, follow-through of plan and modification of plan when evaluation suggests it.
	Demonstrates sensitivity to individual and ethnic/cultural differences (e.g., age, disability, gender, race, religion, sexual orientation, social class).
	Demonstrates awareness of personal biases and transference/countertransference issues and their effects on therapy.

B. Assessment

	Demonstrates competency in using the initial interview to assess client needs and status.
	Demonstrates competency in using ongoing sessions to assess client needs and status.
	Demonstrates ability to assess suicide lethality and danger to others.
	Demonstrates ability to deal with crisis management (i.e., consults with Supervisor, refers client, etc.)
	Demonstrates the ability to administer and interpret (check all that apply):
	<input type="checkbox"/> Sexual Dependency Inventory 4.0 (SDI 4.0)
	<input type="checkbox"/> Post-Traumatic Stress Disorder Index (PTSI)
	<input type="checkbox"/> Post-Traumatic Stress Disorder Index – Revised (PTSI-R)
	<input type="checkbox"/> Money and Work Adaptive Styles Index (MAWASI)
	<input type="checkbox"/> Partner Sexuality Survey (PSS)
	<input type="checkbox"/> Other (identify):

C. Consultation

	Was on time for meetings with Supervisor.
	Was non-defensive during consultation and was able to incorporate suggestions and use feedback effectively.
	Demonstrated awareness of how personal issues influenced the counseling process and was willing to address these issues with Supervisor(s).
	Acknowledged lack of experience with certain problems/clients and showed a willingness to remedy this under consultation.
	Was open to self-examination during consultation.
	Participated actively and willingly in consultation sessions.
	Was able to discern and discuss legal and ethical concerns as a part of consultation.

D. Professional Behavior

	Behaved in a professional manner with colleagues.
	Was able to communicate in writing in clear and concise manner initial, ongoing, and summary case notes.
	Was on time for their appointments for Supervision sessions.
	Demonstrated ability to deal with conflict.
	Demonstrated effective time management.
	Demonstrated knowledge of ASAT®, CSAT®, and PSAP® legal and ethical standards.

Candidate Final Consultation Evaluation

	Behaved in an ethical manner.
	Informed first interview clients of the limitations of confidentiality.
	Informed clients of their level of training (e.g., ASAT®, CSAT®, or PSAP® Candidate).
	Demonstrated knowledge of crisis intervention procedures.
Additional Comments:	

E. Qualitative Evaluation

1. Candidate's strengths and unique competencies:

2. Areas in which the candidate has made progress during the period being evaluated:

3. Areas of deficiency or concern requiring further attention:

4. Recommendations to candidate about areas of deficiency or concern:

Additional training or education:

Additional consultation hours:

Candidate Final Consultation Evaluation

Personal Therapy *(If this recommendation is made, it is optimal for the Supervisor to contact the Candidate in order to present the issues of concern):*

Other:

5. **Additional Comments:**

6. **Recommendation to IITAP for ASAT®, CSAT®, or PSAP® certification:**

Supervisor's Printed Name

Supervisor's Signature

Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
-------------------	---	-----------	-------