

MONTH: _____ CLINIC: _____ STAFF MEMBER: _____

Partners in Recovery Individual Clinical Supervision Log

Instructions: Case Managers and Clinical Coordinators (BHTs and BHPPs) are required to receive a minimum of one hour/month of individualized, case specific supervision. This shall be in the form of a consultation with a physician, nurse, or clinical director around a BHR specific clinical issue. Document this activity on this Individual supervision log. You MUST include a comprehensive narrative description of topics discussed during each clinical supervision session. Please check any and all topics you covered in supervision. Document all required signatures and record date and duration of session. You may submit as many logs as needed.

- | | | |
|--|--|---|
| <input type="checkbox"/> Assessment or Referral Skills
<input type="checkbox"/> Treatment Effectiveness
<input type="checkbox"/> Unique Tx Needs-Older Adults
<input type="checkbox"/> Unique Tx Needs- SMI
<input type="checkbox"/> Promoting Ct Dignity/Respect
<input type="checkbox"/> Ethics | <input type="checkbox"/> Clinical Skill Enhancement
<input type="checkbox"/> Client Behavioral Health Issues
<input type="checkbox"/> Unique Tx Needs-Co-Occurring
<input type="checkbox"/> Treatment Planning Skills | <input type="checkbox"/> Appropriateness of Treatment Intervention
<input type="checkbox"/> Records/Documentation
<input type="checkbox"/> Unique Tx Needs-substance abusers
<input type="checkbox"/> General Skills/Knowledge Enhancement
<input type="checkbox"/> Other _____ |
|--|--|---|

Direct Observation: Yes No

Issue formulation/resolution: _____

Date: _____ Duration (specify in 15 minute increments, not to exceed 30): _____

Staff Member's Signature, Title and Credentials

Name of Licensed Staff Member Facilitating Supervision

Signature, Job Title and Credentials of Supervision Facilitator

- | | | |
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