**Survey of Supervision**

In the year prior to the recent training provided by the ACTS project, did you receive training on Secondary Traumatic Stress (STS)?

* Yes
* No

Not including the recent training provided by the ACTS project, have you received training on Secondary Traumatic Stress (STS) within the last 3 years?

* Yes
* No

I have a verbal or written contract with my supervisee that I refer back to.

* Yes
* No
* Not applicable

The following questions are about your experiences with providing supervision. For each item, please indicate the response that best describes your practices in the **past 6 months**.

|  |  |  |
| --- | --- | --- |
|  | Record # in the box below | Not applicable (Circle below)  |
| How many individuals do you supervise?  |  | N/A |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | One-On-One Supervision Only | Group Supervision Only | Both One-On-One and Group Supervision | Not Applicable – Do Not Provide Supervision |
| What type(s) of supervision do you provide?  | 1 | 2 | 3 | N/A |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How often do you provide the following types of supervision? Circle all that apply.  | Weekly | Every Two Weeks | Monthly | As Needed Check-In | Other- Describe | Not Applicable – Do Not Provide This Type of Supervision |
| One-on-one supervision | 1 | 2 | 3 | 4 |  | N/A |
| Group Supervision | 1 | 2 | 3 | 4 |  | N/A |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate your level of agreement with the following statements:  | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
| I have the skills I need to support my supervisee in managing the difficult emotions of the work we do | 1 | 2 | 3 | 4 | 5 |
| I consistently use reflective supervision skills in my supervision  | 1 | 2 | 3 | 4 | 5 |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I have a verbal or written contract with my supervisee that I refer back to  | 1 | 2 |