

Coaching Feedback Form

Listening Session Information		
Manager:		Date:
Advocate on Call:		Time:
Description of Call:(Caller situation)		
Advocate Responses: (specific validating phrases)		
Consistent Use of Guiding Principles & Crisis Intervention Model throughout entire call (Select all that apply to this call.)		
<u>Build Trust & Develop Rapport</u> <input checked="" type="checkbox"/> Use Friendly & Helpful tone <input checked="" type="checkbox"/> Treat w/dignity & Respect <input type="checkbox"/> Reassure caller of confidentiality <input type="checkbox"/> Other:	<u>Listen Actively & Empathetically</u> <input checked="" type="checkbox"/> Present for Caller <input type="checkbox"/> Reflected Feelings <input checked="" type="checkbox"/> Validated Caller's Needs <input checked="" type="checkbox"/> Validated Caller's Experience <input type="checkbox"/> Validated Caller's Emotions <input checked="" type="checkbox"/> Empathic Statements <input checked="" type="checkbox"/> Asked Open-ended Questions <input type="checkbox"/> Other:	<u>Crisis Intervention Model:</u> <input checked="" type="checkbox"/> Welcome the Caller <input checked="" type="checkbox"/> Focus on the Caller's Needs, Emotions, & Experiences <input checked="" type="checkbox"/> Explore Resources, Possibilities, & Options <input checked="" type="checkbox"/> Develop a Plan of Action with the Caller <input checked="" type="checkbox"/> Summarize the Call & Plan of Action <input checked="" type="checkbox"/> End the Call (Offer Direct Connect & Tell Caller We're Available 24 Hours)
<u>Make the Caller's Safety a Priority</u> <input checked="" type="checkbox"/> Assessed Safety <input type="checkbox"/> Safety planning for all types of abuse (adapted to meet caller's individual needs) <input type="checkbox"/> Develop Plan of Action <input type="checkbox"/> Direct Connect <input type="checkbox"/> Other: <input type="checkbox"/> N/A for this Call	<u>Promote Caller's Self Determination</u> <input checked="" type="checkbox"/> Patient & Non-Judgmental <input checked="" type="checkbox"/> Help Caller Identify Needs & options <input checked="" type="checkbox"/> Support Caller's Decisions <input checked="" type="checkbox"/> Aware of caller's process of change <input checked="" type="checkbox"/> Validate strengths & Progress <input type="checkbox"/> Provide info on Dynamics of DV <input type="checkbox"/> Other: <input type="checkbox"/> N/A for this Call	<u>Advocate Wellness:</u> <input type="checkbox"/> Advocate balanced own needs with the needs of caller <input type="checkbox"/> Advocate self disclosed appropriately
		<u>Statistics:</u> <input type="checkbox"/> Asked for stats appropriately <input type="checkbox"/> Accurate documentation

Call Discussion

Tell me about your call. What worked well and what would you like to be able to do differently?

What do you think the caller's primary needs and feeling were?

How did you validate or respond to those?

How did you assess the caller's safety and make a plan to increase safety with the caller?

If appropriate for call, were Steps for Disengagement utilized and followed?

- *Clearly/Directly State Will Be Getting Off the Phone*
- *Encouragement for Plan of Action*
- *Acknowledge Steps Made*
- *Summarize Key Points with Caller*
- *Remind Them We're Always Available*

Advocate's Strengths:

Areas for Growth:

Advocate's Response to Strengths and Growth Areas:

Advocate Signature:

Manager Signature: