



Clinical Supervision to Support Evidence-Based Treatments

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Who am I?

- Associate Professor in the School Psychology Program in the Department of Educational Psychology
- Clinical child psychologist focused on the implementation of effective mental health practices for youth and families in publicly-funded settings
- Provide supervision and consultation for a number of evidence-based treatments in both community and research settings (MATCH, PCIT, FIRST)



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Overview

1. Defining clinical supervision
2. Supervision in treatment research
3. Supervision in typical care settings
4. The supervision evidence base
5. Making the most of supervision



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Clinical Supervision

- Required for training of behavioral health service providers
 - In graduate school
 - Pre-licensure
- Commonplace practice in many settings where mental health services are provided
- May account for 16% of variance in client outcomes (Callahan, Almstrom, Swift, Borja, & Heath, 2009).
- Guidelines and “best practices” have been published by APA and other accrediting bodies (e.g., CACREP, NASW)



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Clinical Supervision

What is it? What's it for?



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What is the purpose of supervision?

" Protecting the public " " providing a framework for the trainee to learn EBPs and those non-specific therapist skills! " " increase competency; have support; "

" supportive space to be able to gain advice and insight on clinical work " " use EBP and its implementation " " checking my reactions to patients " " emotional support "

" Career guidance " " consultation " " Secure positive patient outcomes " " To provide a supportive environment to increase learning and skills " " protect clients "

" Didactic training " " help with problem-solving " " Supporting evidence based clinical practice " " reflecting on our own bias in client patient relationship " " Consultation "

" Professional development and clinical skills " " Develop trainee competency; protect public " " learning strategies/models " " Clinical formulations "

" It depends - support students or peers in building strategies and in their own feelings about the therapeutic process " " Professional and personal development "

" Provide structured modeling, didactic training in EBPs, professional dev " " Promoting and adapting EBPs "

" promote trainee professional development " " Provide a safe and supportive environment to learn evidence-based practices. "

" Coaching "

Total Results: 35



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Function of Supervision



- Normative
 - Oversight of quality control and client safety issues
- Formative:
 - Facilitating supervisee skill development
- Restorative
 - Fostering emotional support and processing



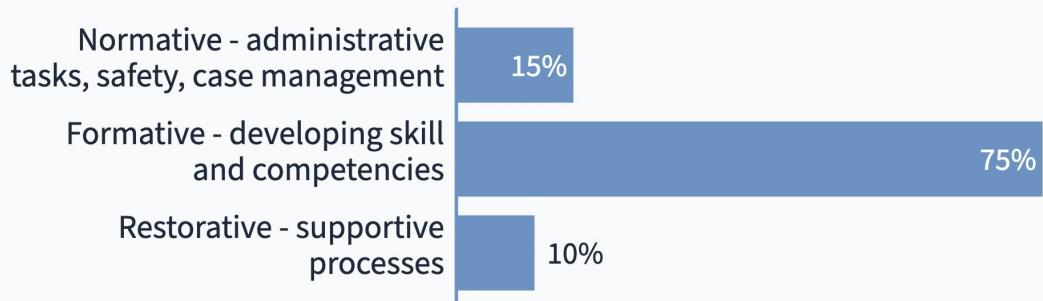
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In your training clinic or clinical activities for research, where is the bulk of time spent?



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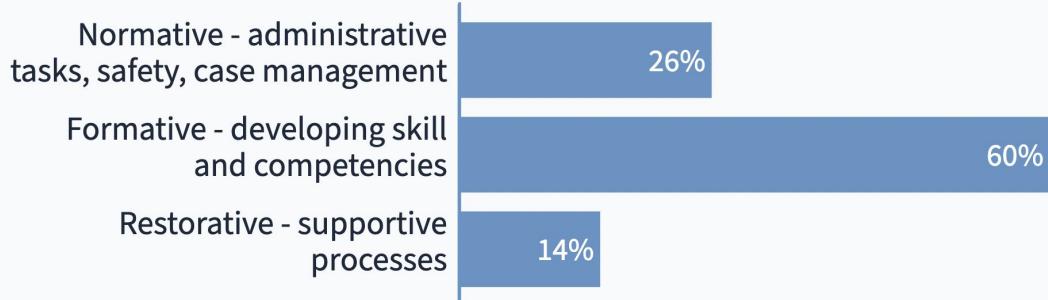




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In your experience with supervision in community settings, where is the bulk of time spent?



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Supervision in Treatment Research

- What is supervision like in RCTs?



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Supervision in Treatment Research



- Roth, Pilling & Turner, 2010
- Regular “model-specific” supervision for all but one study
 - Supervision delivered by an expert in the practice being tested
 - Many recorded sessions, monitored adherence and provided feedback
 - Many details about supervision were not recorded
 - frequency
 - format
 - content



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Supervision in Treatment Research



- What about in effectiveness trials?
 - Focus on EBT strategies/ “Model Specific” supervision predicted better therapist adherence and client outcomes (Schoenwald et al., 2009)
 - Corrective feedback following session review predicted better client outcomes (Stice et al., 2013)
 - Experiential learning (modeling and role-play) predicted therapist implementation adherence (Bearman et al., 2013)



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Discussion of Evidence-Based Elements

- “Model specific”
- Conversation or didactics about what practices have happened or will happen in the session



Modeling in Supervision

- When the supervisor takes on the role of the therapist and enacts a skill or process





Role play in supervision

- When the supervisee enacts the skill or process, taking the part of the therapist



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What we know so far



1. Defining clinical supervision
 - Normative, Formative, Restorative functions
2. Supervision in treatment research
 - Weekly, with expert, use of specific micro-skills
3. Supervision in typical care settings
4. The supervision evidence base
5. Making the most of supervision



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Workplace based supervision

- Accurso et al. (2011): self-report of 12 supervisor/ee dyads treating youth with disruptive behavior
- Dorsey et al., (2017): self-report of 56 supervisors and 207 supervisees trained in TF-CBT as part of a state-wide initiative
 - Majority surveyed in both studies reported weekly supervision of ~ 1 hour
 - In both studies, discussion of interventions and case conceptualization were the primary functions
- Studies using observational coding have added additional understanding (Bailin et al., 2017; Bailin & Bearman, 2021; Dorsey et al., 2018; Schriger et al., 2021)



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 Routledge
Taylor & Francis Group



Coverage of EBT practices in routine clinical supervision for youth: how much overlap with the evidence base?

By Abby Bailin* and Sarah Kate Bearman¹

From Department of Educational Psychology, The University of Texas at Austin, Austin, Texas, USA

ABSTRACT

Clinical supervision is a common practice in youth mental health services; however, research that characterizes the extent to which routine supervision aligns with gold standard supervision described in research trials is largely unknown. Community supervisors and supervisees reported on 100 supervision sessions; a subset ($n = 57$) were analyzed using observational coding. Results indicated that coverage of evidence-based practice elements was brief and some elements were rarely discussed (e.g., exposure for anxiety). Participants also reported discussion of practice elements outside of research-supported protocols (e.g., therapeutic alliance). Findings highlight differences between supervision in controlled research and supervision in routine settings.

KEYWORDS

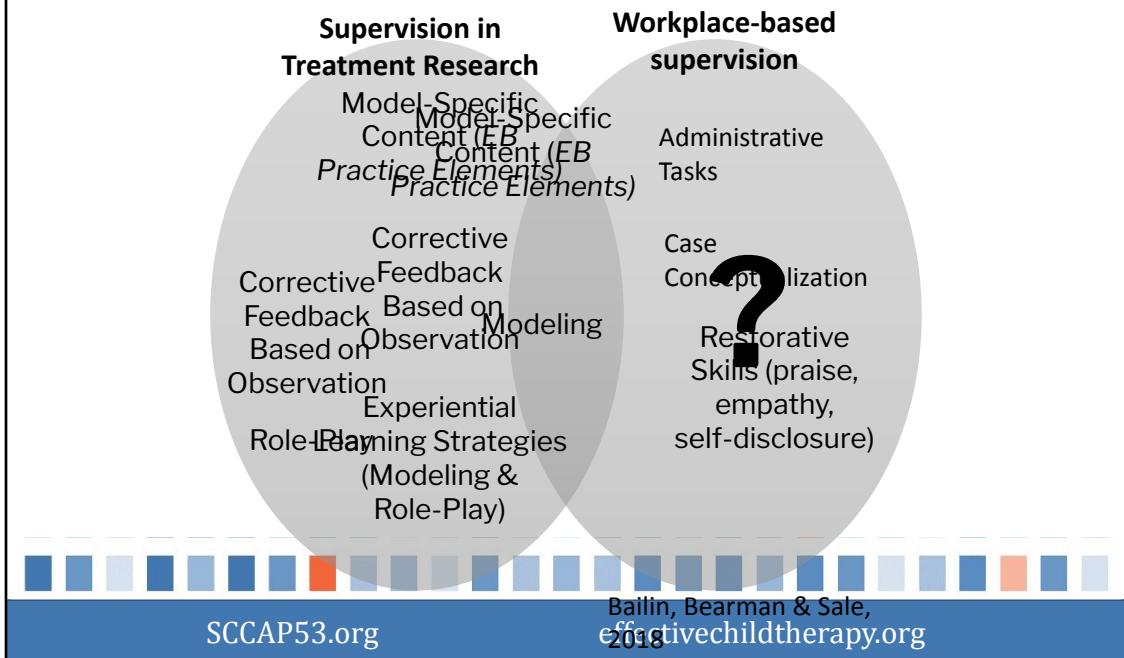
Clinical supervision; child mental health services; evidence-based practice

on; however, there routine supervision. mpleted observa- supervisee com- potential missed tine care settings.

Clinical supervision is a common practice in routine, community-based mental health settings (termed “routine care”) for children, with 90% of clinic directors reporting its weekly use for therapists in a large national survey (Schoenwald et al., 2008). Given the ubiquity of supervision in routine care, implementation scientists have pointed to its potential to support the delivery of evidence-based practices without added cost or burden to under-resourced settings (Hoge et al.,



So how do they compare?



What we know so far



1. Defining clinical supervision
2. Supervision in treatment research
3. Supervision in typical care settings
 - Some overlap with research settings, but less intensity & some EB practices missing
 - Less use of experiential learning and feedback
 - Includes administrative tasks, restorative practices
4. The supervision evidence base
5. Making the most of supervision



Evidence-based Supervision

- Small but growing!
- Bradley & Becker (2021)
 - Studies from 1981 - 2018
 - Most studies correlational
 - Methodological rigor was 1.91 (1-4 scale)



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Supervision practices related to Formative and Restorative Outcomes

- Practices related to formative outcomes (n = 11)
 - Corrective feedback
 - Discussing practices
 - Role Play
 - Case conceptualization
 - Agenda setting
 - Modeling
 - Empathy
- Practices related to restorative outcomes (n = 2)
 - Praise and empathy were the practices present in the “winning” study



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Supervision practices related to Formative and Restorative Outcomes



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Therapist Skill Development

(Bennett-Levy, 2006)



- **Declarative system**
 - Intellectual understanding of therapy and theory (e.g., knowledge of CBT model of depression)
- **Procedural system**
 - Storehouse of skills, attitudes, and behaviors in action (e.g., practical competence in therapy)
- **Reflective system**
 - “Engine” of ongoing therapist skill development, meta-competence (e.g., “when-then” rules if problems arise in clinical practice)



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How does procedural knowledge develop?



- Vicarious learning
 - Modeling
- Rehearsal and experience
 - Practicing it under optimal conditions (role play)
 - Doing it in IRL
- Corrective feedback
 - Lots of praise (and a little constructive criticism)
 - Scaffolding
 - Shaping



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Adm Policy Ment Health (2017) 44:293–307
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ORIGINAL ARTICLE



Building an Evidence Base for Effective Supervision Practices: An Analogue Experiment of Supervision to Increase EBT Fidelity

Sarah Kate Bearman¹ · Robyn L. Schneiderman² · Emma Zoloth²

Published online: 11 February 2016
© Springer Science+Business Media New York 2016

Abstract Treatments that are efficacious in research trials perform less well under routine conditions; differences in supervision may be one contributing factor. This study compared the effect of supervision using active learning techniques (e.g. role play, corrective feedback) versus “supervision as usual” on therapist cognitive restructuring fidelity, overall CBT competence, and CBT expertise. Forty therapist trainees attended a training workshop and were randomized to supervision condition. Outcomes were assessed using behavioral rehearsals pre- and immediately post-training, and after three supervision meetings. EBT knowledge, attitudes, and fidelity improved for all participants post-training, but only the SUP+ group demonstrated improvement following supervision.

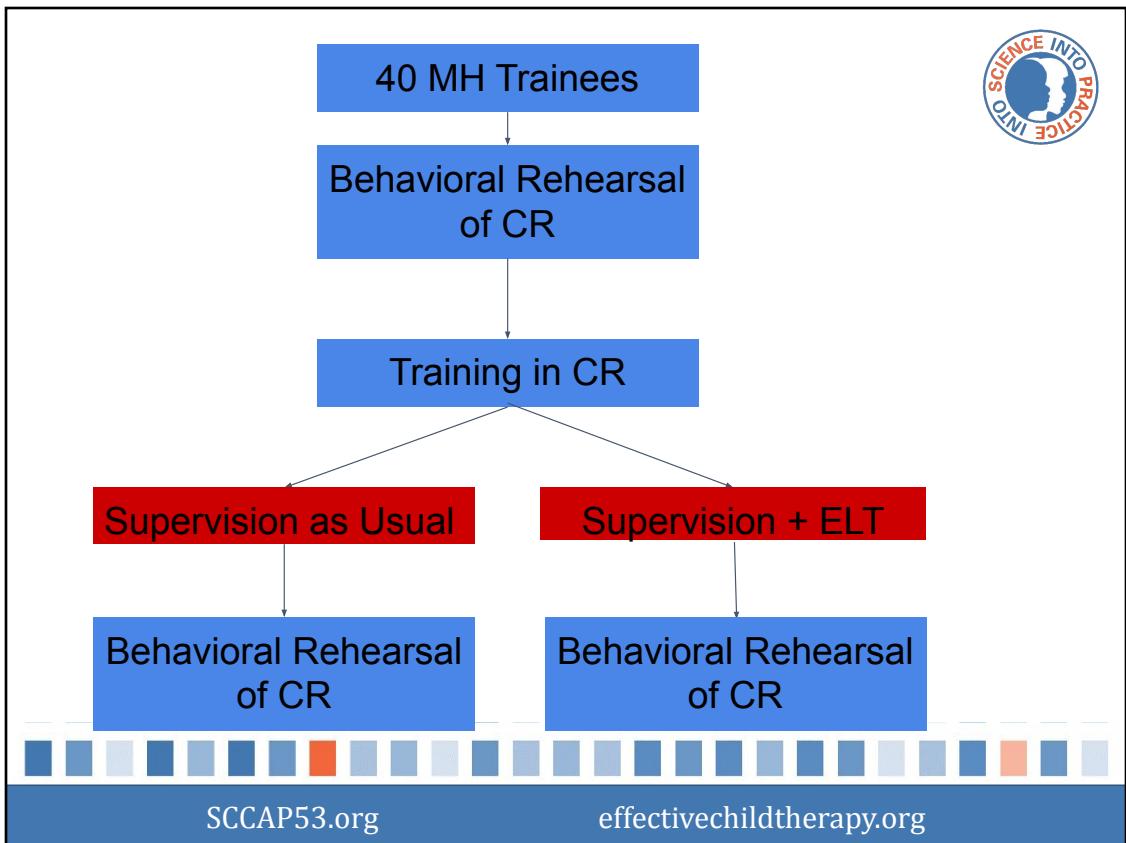
Introduction

Decades of development and testing have produced a large and growing evidence base for mental health treatments for youths and families (Chorpita et al. 2011; NREPP 2014; Silverman and Hinshaw 2008). Despite the large effects demonstrated in randomized clinical efficacy trials, these effects are tempered when the same treatments are delivered under conditions that more accurately represent typical care. Specifically, as the clients, clinicians, and settings become more characteristic of community mental health services, the benefit of evidence-based treatments (EBTs) over usual care is diminished (Spielmanns et al. 2010; Weisz et al. 2013). This “implementation cliff” (Weisz et al.



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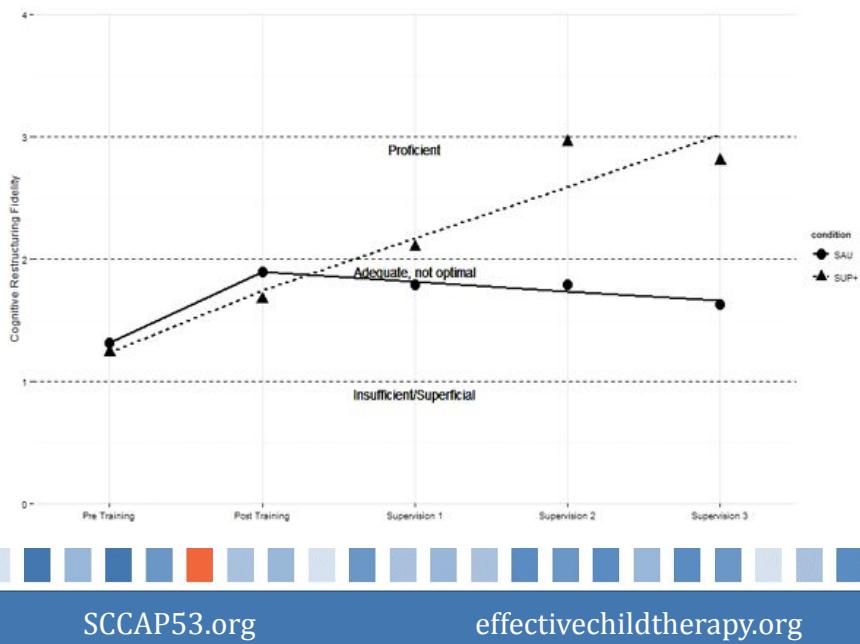


Results

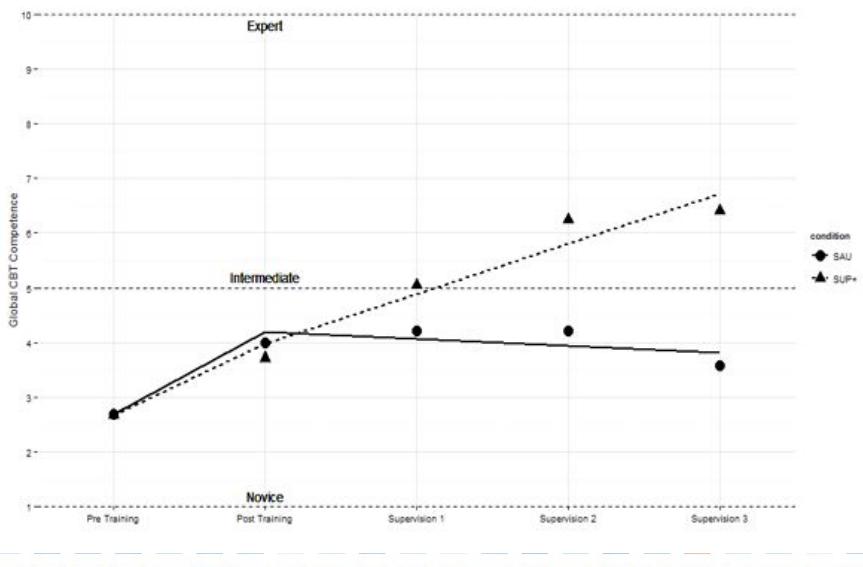


- Everyone improved a little bit pre-post training
- Only the SUP+ group improved thereafter

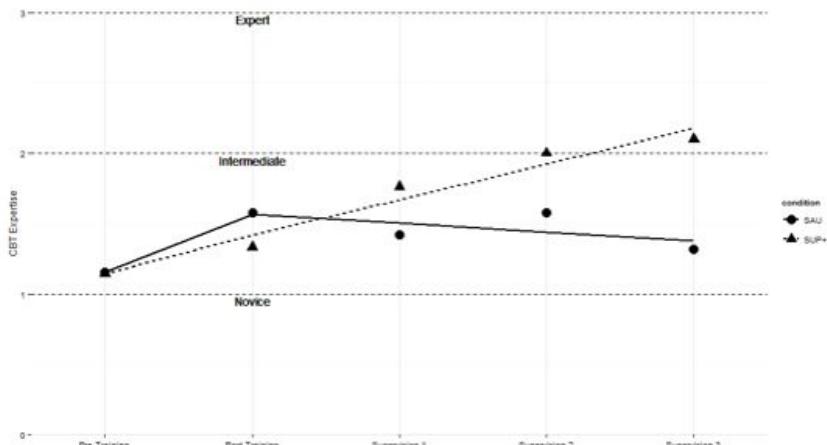
Cognitive Restructuring Fidelity



CBT Expertise



Global CBT Competence



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What we know so far



1. Defining clinical supervision
2. Supervision in treatment research
3. Supervision in typical care settings
4. The supervision evidence base
 - Limited rigorous studies in supervision practices and formative, restorative outcomes
 - Support from experimental study for experiential learning strategies
 - Role play
 - Modeling
 - Corrective feedback following observation
5. Making the most of supervision



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Structuring effective supervision



- Therapy and supervision: parallel processes
- What do you do during sessions of an effective course of therapy?



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Structuring effective supervision



- Both across and within sessions. . .
 - Active and focused
 - Transparent
 - Collaborative
 - Rooted in scientific method



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Typical supervision structure

- Review agenda/add items
- Identify supervision question(s)
- Brief check in on most recent session(s)
- Assess competencies/skill building
- Discuss common themes/problem solve barriers
- Assign HW
- Feedback & Check-Out



How do you know what skills to build?

- May be related to supervisee or supervisor goals
- May be related to novel or complex skills
- May be client- or protocol-specific
- May be suggested by observed difficulties in session





Listening to Sessions

- Effective supervisors are listening for. . .
 - “Common factor” clinical skills
 - Establishing rapport, reflective listening, building alliance, empathy and warmth
 - “CBT” basics
 - Agenda setting, giving rationale for session content, assigning/reviewing homework, being Socratic
 - Adherence
 - How much did the session follow the plan?
 - How much is the treatment overall adherent to the model?



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Feedback

- What went well?
 - Encourage supervisee self-assessment
- Where is there room for improvement?
 - What might be a way to practice, in the moment?
 - Model the interaction, with supervisee as client
 - Switch roles and role play!



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How much do you love to do role plays?



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The Dreaded Role Play

- Not everyone loves to role play!
- But, role play with feedback in supervision predicts implementation
- Ways to make role plays happen
 - Model first
 - Give advance warning (in an agenda or discussed the prior week)
 - Use humor
 - Sneak it in



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Let's hear it!

- Therapist is using MATCH to treat 11 year old for depression



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What we know so far

1. Defining clinical supervision
2. Supervision in treatment research
3. Supervision in typical care settings
4. The supervision evidence base
5. Making the most of supervision
 - Structured like a therapy session
 - Role play (and model) in supervision



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Areas in need of future research



- Almost everything in supervision! But especially...
 - How to train effective supervisors
 - Practices related to normative outcomes
 - Addressing race and culture in supervision
 - Within the therapist-client dyad and the supervisor-supervisee dyad
- Read more about this topic...
 - Special Issue of *The Clinical Supervisor*: Clinical Supervision in Implementation Science, 40 (1).



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Thank You!



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