13th Annual Arizona Summer Institute
Balancing Provider Focus and Consumer Focus in Clinical Supervision

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Evidence-Based Programs Director
Objectives

1. Classify current supervision practices as primarily consumer-focused or provider-focused
2. List core competencies that have been established by the national professional associations
3. Identify two methods for increasing focus in supervision on provider development
4. Create an individualized plan for tracking clinical supervision goals and outcomes
State requirements

- One hour of supervision for every 40 hours worked.

Office of Behavioral Health Licensing

- 100 hours of clinical supervision (200 for MFTs) required for Independent Licensure.

Arizona Board of Behavioral Health Examiners
Supervisors are important

Multisystemic Therapy has been researched on the factors that make dissemination successful. (45 sites/2,000 families/450 therapists/80 supervisors)

Key findings at 2.3 year follow-up:

* High therapist adherence can reduce youth criminal charges by 36%
* High supervisor adherence can reduce youth criminal charges by 53%

Agency supervision is vital to success with clients.

“There appears to be a gap between what trainees are able to do upon completion of their training programs & what supervisors would like them to do.

In addition, supervisors may not be keeping pace with training needs in the current health care environment and may need to be prepared to help trainees develop skills that may not have been as important as before”

Nelson & Graves (2011)
Who’s working with consumers in Arizona?

2011 Az Council of Human Service Providers Compensation Survey

- Of 50 responding organizations, 17% of Direct Care Staff were Master’s trained Clinicians providing counseling & assessment
- 74% of Direct Care Staff were Bachelor’s Level or below
- Of Supervisors & Program Managers, 31% were licensed by AzBBHE
Role Play

Typical Supervision Scenario
Quality Chasm

- The Committee on the Quality of Healthcare labeled a “quality chasm” in our current system.

- “Narrowing the quality chasm will make it possible to bring the benefits of medical science and technology to all Americans in every community, and this in turn will mean less pain and suffering, less disability, greater longevity, and a more productive workforce”
Health care moving faster than training, supervisors

The behavioral health field responded to this call for actions with a “core competencies” movement, to define the skills needed to provide better-quality services.
Core Competencies

APA core competency benchmarks
- 6 Benchmark clusters (professionalism, relational, science, application, education & systems) with 15 competencies

AAMFT
- 128 Core competencies, divided into 6 domains, breaking down knowledge & skills required for each domain

ACA
- Competence discussed throughout the Code of Ethics; interventions must be grounded in theory or science. CACREP highlights areas of competence in graduate training programs

NASW
- 12 Standards for Clinical Social Work Practice, adopted in 2005

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Common Core Competencies

- Awareness of laws/regulations and professional ethical standards
- Cultural sensitivity
- Responsibility to maintain client safety
- Ability to assess/diagnose
- Knowledge of how to connect assessment with treatment planning
- Knowledge of what assessment and treatment practices are effective
- Evaluating treatment outcomes
- Utilizing supervision effectively
- Ability to collaborate with other professionals and respect various perspectives
How core competencies relate to supervisee developmental levels

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Novice</th>
<th>Intermediate</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>Therapeutic relationship</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>Perceptual</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>Conceptual</td>
<td>L</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>Structuring</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>Intervention</td>
<td>L</td>
<td>H</td>
<td>L</td>
</tr>
<tr>
<td>Professional Development</td>
<td>L</td>
<td>M</td>
<td>H</td>
</tr>
</tbody>
</table>

H = High emphasis, M = Moderate Emphasis, L = Low Emphasis

Reproduced from Storm & Todd, 2002
Agency Mission Statements

The mission of TERROS is to promote healthy psychological development and functioning of children, adolescents, adults and families, as well as schools, neighborhoods, organizations, and businesses throughout Maricopa County and other communities we serve through the provision of community based behavioral health, prevention, education, and treatment services.
Jewish Family & Children’s Services: We are a non-profit, non-sectarian organization that strengthens the community by providing quality behavioral health and social services to children, families and adults of all ages and faiths throughout Maricopa County, in accordance with a Jewish value system that cares about all humanity.
Agency Mission Statements

CODAC provides tools, support and services to individuals, families, and communities so they may live with dignity, free from the harmful effects of mental illness, substance use disorders and trauma.
Agency Mission Statements

Southwest Behavioral Health: We inspire people to feel better and reach their potential. Through helping people discover their strengths, we improve our communities.

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STRATEGIES TO DEVELOP PROVIDER-FOCUS IN SUPERVISION

July 17, 2012
Sedona, AZ
Multiple Perspectives in Supervision

Why?

- Paperwork review; progress notes, treatment plans, assessments & discharge summaries
- Audiotapes/videotapes of sessions
- Session observation
- Role plays (with supervisor and with peers)
- Peers all trained in the same model; able to shadow each other and provide feedback
- Data on outcomes (successfully vs. unsuccessfully closed cases?)
- Client Survey
Strategies to Increase Effectiveness in Individual & Group Supervision

- Supervisor & Supervisee comes prepared for supervision (reviewing case notes, prioritizing cases most likely to close unsuccessfully or not meeting treatment goals)
- Limit story-telling, develop guidelines around “how to present a case”
- Have an ongoing supervisee development document—like a treatment plan, with goals, objectives, and interventions.
- Focus on increasing skills; use individual supervision to target particular skill sets the supervisee wants to focus on. Role play in supervision with peers who have the skill a therapist wants to focus on.
- Structure the time; limit “administrative” tasks to specific time frames, plan for getting through a specific number of cases each week & gain agreement from the group to manage time to meet the goal.
Parallel Process

- Use the “Socratic Method”, ask questions rather than giving answers
- Use the same skills in supervision that you are expecting your providers to use with clients, especially when working with youth and families (being strengths-based, problem solving, skill building, communication, relationship-building skills are good examples).
Supervision Feedback Diagram

Environment of Ownership & Accountability

- Verbal Report
- Observations (tape, live, role play)
- Paperwork
- Data about outcomes
- Client Feedback

- Identify Strengths

- Recognize Need or Opportunity
- Prepare Feedback
- Make Action Plan
- Give Feedback
Role Play # 2

Provider-Focused Supervision
### Sample Supervisory Tools

**Postgraduate Competency Document**

**Instructions**

This evaluation is designed to assess development in seven competency areas with a number of specific abilities comprising each competency. A rating at "Expected Competency" signifies achievement of an acceptable level of ability for a postgraduate therapist. A rating below this expected competency level signifies additional ability is required in order to obtain a competency rating. A rating above indicates the therapist's ability exceeds competency expectations and is at the advanced level.

**Key**

- S = Supervisor evaluation
- T = Therapist evaluation

**General Case Management Competencies**

General case management competencies are the abilities to fulfill agency responsibilities and coordinate care.

1. Therapist Completes all Paperwork requirements adequately.
   - Unacceptable
   - Below
   - Expected
   - Above
   - Advanced

   Completes with basic paperwork requirements on time

   Paperwork is thorough, complete & on time

   - Unacceptable
   - Below
   - Expected
   - Above
   - Advanced

   Adequately familiar, generally follows policies & procedures

   Very familiar, & assertively participates in setting policies & procedures

3. Therapist Uses DSM IVR appropriately.
   - Unacceptable
   - Below
   - Expected
   - Above
   - Advanced

   Consistently uses, with a solid integrational basis for diagnosis

   Bridges with diagnosis & assists others in doing so

**Comments**

**Therapeutic Relationship Competencies**

Therapeutic relationship competencies are the abilities to establish and maintain a therapeutic relationship.

1. Therapist Conveys Respect (understanding, acceptance, and warmth; affirms worth, uniqueness; strengths and potential, and belief in problem solving capacity) to clients.
   - Unacceptable
   - Below
   - Expected
   - Above
   - Advanced

   Consistently communicates

   Communicates even when clients are upset with therapist

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Sample Supervisory Tools

CONCEPTUAL COMPETENCIES
Conceptual competencies are the abilities to integrate observations with theory, resulting in appropriate interventions and decisions about treatment goals.

1. Therapist is FAMILIAR with a variety of THERAPY MODELS.
   | Unacceptable | Below | Expected | Above | Advanced
   |--------------|-------|----------|-------|---------
   | Familiar with more than one model, can compare approaches to cases | Developing own model of change, becoming more comfortable within this framework

2. Therapist CONCEPTUALIZES the system as the unit of treatment. Change focuses on the entire system even if only parts of the system participate in therapy.
   | Unacceptable | Below | Expected | Above | Advanced
   | Works toward incorporating all members of the system into conceptualization | Easily conceptualizes multiple outside systems as part of treatment

3. Therapist PLANS CASES appropriately.
   | Unacceptable | Below | Expected | Above | Advanced
   | Develops new session plan based on review of past sessions | Overall coherency & comprehensive plan

4. Therapist BASES HYPOTHESES & GOALS upon THEORY.
   | Unacceptable | Below | Expected | Above | Advanced
   | Can view case from more than one theory | Can view case from multiple theories including preferred one
Sample Supervisory Tools

5. Therapist ASSESSES EXTRA-FAMILIAL STRESS (i.e., family of origin, school or work, other professionals, etc.) upon the system and INTERVENTS ACCORDINGLY.

6. Therapist ACCOUNTS for MULTICULTURALISM (e.g., race, socioeconomic status, culture, ethnicity, religion, etc.) of self & clients in therapy.

7. Therapist RECOGNIZES how GENDER organizes relationships and therapy.


2. Therapist ESTABLISHES and REVIEWS therapy GOALS with clients.

3. Therapist CONCLUDES TREATMENT in a planned manner.

COMMENTS:

INTERVENTION COMPETENCIES

STRUCTURING COMPETENCIES

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# Sample Supervisory Tools

<table>
<thead>
<tr>
<th>Professional Development Competencies</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Therapist seeks and incorporates feedback about therapy from supervisor.</strong></td>
<td>Unacceptable</td>
<td>Below</td>
<td>Expected</td>
<td>Above</td>
</tr>
<tr>
<td>A self-directed learner, initiates &amp; premises constructive feedback.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-supervision &amp; seeks consultation from colleagues as normal part of professional activity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Therapist recognizes and appropriately deals with ethical issues (i.e., recognizes limits of own competency, uses consultation and referral, distinguishes between professional and personal roles, adheres to AAMFT Code of Ethics and practices according to state law, and respects other professionals).</strong></td>
<td>Unacceptable</td>
<td>Below</td>
<td>Expected</td>
<td>Above</td>
</tr>
<tr>
<td>Learning to practice according to standards of practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly knowledgeable regarding standards of practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Therapist presents a professional image.</strong></td>
<td>Unacceptable</td>
<td>Below</td>
<td>Expected</td>
<td>Above</td>
</tr>
<tr>
<td>Presents self as a professional who is responsible for therapy to clients &amp; other professionals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has professional identity of a marriage and family therapist.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Therapist is prepared for supervision.</strong></td>
<td>Unacceptable</td>
<td>Below</td>
<td>Expected</td>
<td>Above</td>
</tr>
<tr>
<td>Provides case data, consistently prepared with live, tape, or case presentation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>User opportunity for maximum learning.</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5. Therapist is aware of their own professional development process.**

<table>
<thead>
<tr>
<th>Unacceptable</th>
<th>Below</th>
<th>Expected</th>
<th>Above</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is self-reflective of own work, incorporates feedback from self &amp; others to establish goals for future growth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General ideas for post-supervisory professional development.</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Comments:**

**Overall Competency**

This refers to the overall competency of the supervisee.

The therapist's overall competency for this point in his/her career development.

**Overall Comments:**

**Goals for Future Development:**

Instrument developed by: Cheryl L. Storm, Charles D. York, Robert Vincenti, Teresa McDowell, & Ronald Lewis.

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What supervisees report makes for valuable supervision

1. A sense of openness in the supervisory environment (supervisors who welcomed mistakes, were open to feedback, and explored new ideas)

2. A focus on strengths while communicating respect, encouragement, and support.

3. Encouragement of personal growth issues and a willingness to confront blind spots and resistance.

4. Conceptual and technical guidance and direction (e.g., supervisors providing useful conceptual framework for understanding clients, and teaching practical skills)

Anderson, Schlossberg, & Rigazio-DiGilio (2000)
# Supervision Feedback Form

Using the scale below, please circle the number that best corresponds with how you would describe your supervision experience (this session overall):

<table>
<thead>
<tr>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = NOT AT ALL</td>
</tr>
<tr>
<td>1 = A LITTLE BIT</td>
</tr>
<tr>
<td>2 = SOMEWHAT</td>
</tr>
<tr>
<td>3 = A FAIR AMOUNT</td>
</tr>
<tr>
<td>4 = QUITE A BIT</td>
</tr>
<tr>
<td>5 = GREAT DEAL</td>
</tr>
</tbody>
</table>

- Supervision was relaxed: [ ] [ ] [ ] [ ] [ ]
- Supervision was empowering: [ ] [ ] [ ] [ ] [ ]
- Supervision was stimulating: [ ] [ ] [ ] [ ] [ ]
- Instructions were clear: [ ] [ ] [ ] [ ] [ ]
- Supervision was unintrusive: [ ] [ ] [ ] [ ] [ ]
- Supervision was collaborative: [ ] [ ] [ ] [ ] [ ]
- Supervision was supportive: [ ] [ ] [ ] [ ] [ ]
- My supervisor was genuine: [ ] [ ] [ ] [ ] [ ]

Using the scale below, please circle the number that corresponds to how helpful supervision was in each of the following areas:

<table>
<thead>
<tr>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA = DID NOT APPLY</td>
</tr>
<tr>
<td>0 = NOT AT ALL</td>
</tr>
<tr>
<td>1 = A LITTLE BIT</td>
</tr>
<tr>
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<td>4 = QUITE A BIT</td>
</tr>
<tr>
<td>5 = GREAT DEAL</td>
</tr>
</tbody>
</table>

- Developing use-of-self: [ ] [ ] [ ] [ ] [ ]
- Conceptualizing cases: [ ] [ ] [ ] [ ] [ ]
- Developing structuring skills: [ ] [ ] [ ] [ ] [ ]
- Developing interventions: [ ] [ ] [ ] [ ] [ ]
- Developing creativity: [ ] [ ] [ ] [ ] [ ]
- Learning theory: [ ] [ ] [ ] [ ] [ ]
- Developing confidence: [ ] [ ] [ ] [ ] [ ]
- Developing relationship with clients: [ ] [ ] [ ] [ ] [ ]

Note: Feel free to make any additional comments on the back.

Instrument developed by Lee Williams.

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Supervision Feedback Form

Date: __________

Please rate today's meeting:

We did not discuss any of my strengths or successes 0—1—2—3—4—5—6—7—8—9—10  We discussed my strengths and successes

We did not discuss all of the cases that I wanted to staff today 0—1—2—3—4—5—6—7—8—9—10  We discussed all of the cases that I wanted to staff today

I do not understand what skills I am working on this week/period 0—1—2—3—4—5—6—7—8—9—10  I understand what skills I am working on this week/period

This supervision meeting did not help me to progress as a therapist 0—1—2—3—4—5—6—7—8—9—10  This supervision meeting helped me to progress as a therapist

July 17, 2012  Sedona, AZ
Supervision Feedback Form

Supervision Meeting Feedback Form
Therapist: 
Date: 

Please rate how competent you feel in the following areas:

Conceputal Skills
(accurate and systemic case conceptualizations)
0---1---2---3---4---5---6---7---8---9---10

Perceputal Skills
(attending to process vs. content, awareness of relevant dynamics/patterns)
0---1---2---3---4---5---6---7---8---9---10

Engagement Skills
(creating a therapeutic alliance with client regarding the goals and process of therapy)
0---1---2---3---4---5---6---7---8---9---10

Collaboration Skills
(creating alignment with CFT team members regarding the goals and process of therapy)
0---1---2---3---4---5---6---7---8---9---10

Intervention Skills
(implementing effective in-session tasks and assigning effective homework tasks)
0---1---2---3---4---5---6---7---8---9---10

Evaluative Skills
(assessing successes and barriers with interventions and overall progress)
0---1---2---3---4---5---6---7---8---9---10

Case Management Skills
(maintaining communication with CFT team members, on-time paperwork)
0---1---2---3---4---5---6---7---8---9---10

Professional Skills
(recognizing ethical dilemmas & reporting situations, seeking supervision when appropriate)
0---1---2---3---4---5---6---7---8---9---10
Works Cited


