

Welcome to **THE TRAINING WILL BEGIN SHORTLY**
While you're waiting...

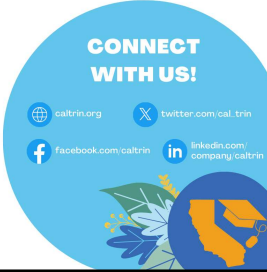
WHAT WORKS IN CLINICAL SUPERVISION? A REVIEW OF 21 EVIDENCE-BASED STRATEGIES

? *Icebreaker Question (answer in the chat)*
 What skill do you think everyone should have?

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Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources

This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC, CalTrin and do not necessarily reflect the views of the California Department of Social Services.



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UPCOMING TRAININGS
mark your calendars!






Visit caltrin.org to view and register for upcoming webinars or workshops

- 03/14** | Protective Factor: Knowledge of Parenting & Child Development
- 03/19** | Building Through Togetherness, not Tasks & To-Do's
- 03/20** | Effective Feedback
- 03/20** | Engaging Indigenous Families & Communities
- 03/26** | When Trauma Reactions and Neurodevelopmental Disorders Overlap
- 05/20** | Integrating Evidence-Based Strategies into Routine Supervision and Practice




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Before We Begin...

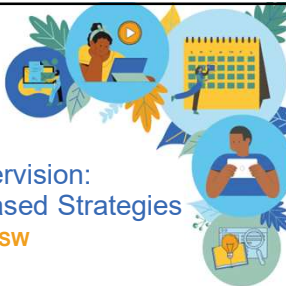
<p style="text-align: center; font-weight: bold; color: #0070C0;">DURING</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Access the notetaking slides now! The link can be found in the chat.</p> </div> <div style="text-align: center;">  <p>Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.</p> </div> </div> <div style="text-align: center; margin-top: 20px;">  <p>This presentation is being recorded.</p> </div>	<p style="text-align: center; font-weight: bold; color: #0070C0;">AFTER</p> <div style="text-align: center; margin-bottom: 20px;">  <p>Complete the survey at the end of this webinar to receive your Certificate of Attendance.</p> </div> <div style="text-align: center;">  <p>A follow-up email will be sent to all participants within two days.</p> </div>
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What Works in Clinical Supervision: A Review of 21 Evidence-Based Strategies

Presenter: Mimi Choy-Brown, PhD, MSW








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Speaker SPOTLIGHT



Mimi Choy-Brown, PhD, MSW

University of Minnesota
School of Social Work

- Assistant Professor, University of Minnesota
- Dr. Choy-Brown's overall research goal for her research is to promote equitable, high-quality community mental health care.
- Her primary focus is illuminating clinical supervision strategies that result in routine anti-oppressive, recovery-oriented, and evidence-informed mental health service experiences

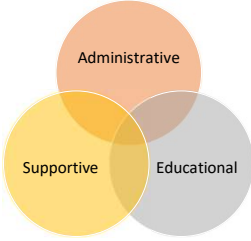
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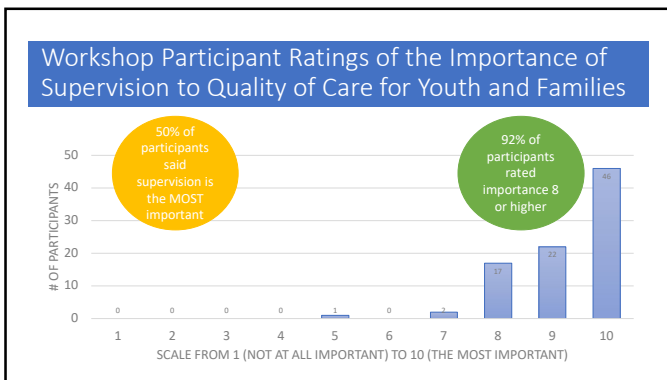
Clinical Supervision as a Resource in Child Welfare

Primary goal of clinical supervision is to ensure competent delivery of care through providing onsite, responsive support and professional development for supervisee providers

- Nearly **UNIVERSAL STRUCTURAL SUPPORT** for child welfare practice
- Often **STATE-MANDATED** for individual and facility licensure
- Often **WELL-POSITIONED** to influence service experiences
 - Oversee workflow
 - Longer tenure than direct service providers
 - Frequent (sometimes **DAILY**) interactions with providers
- SIGNATURE PEDAGOGY** among allied mental health professions



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In high pace, high stress, and low resource settings, supervision is a juggling act



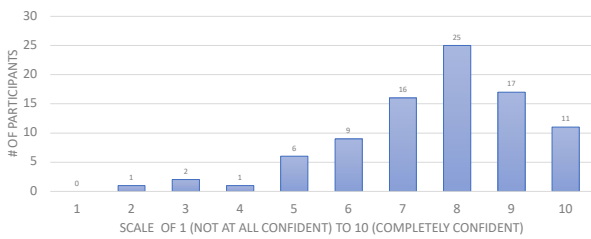
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Shared Supervision Challenges – Thank you!

- Instrumental barriers
- Accountability
- Heterogeneity in supervisees’ needs and personalities
- Balancing multiple functions within the supervisory role
- Providing Effective Feedback
- How to show up as a supervisor
- Attending to your own learning

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Confidence in Ability to Deliver Effective Supervision



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Current gaps in the literature

- No current consolidation of evidence around any given model of clinical supervision
- No comparison of clinical supervision strategies in community settings and clinical trials
- Remains unknown what supervision strategies are necessary and sufficient to support learning and use of evidence-based practices

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Study questions

What clinical supervision practice elements have evidence of improving the implementation of a new treatment or clinical outcome?

What is the nature and prevalence of those supervision practice elements across studies?

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Treatment effects in clinical trials are a result of bundled treatment strategies plus supervision



Clinical supervision has high potential as a low cost, high yield intervention point for promoting EBT use

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Method: Multi-Phase Distillation Process

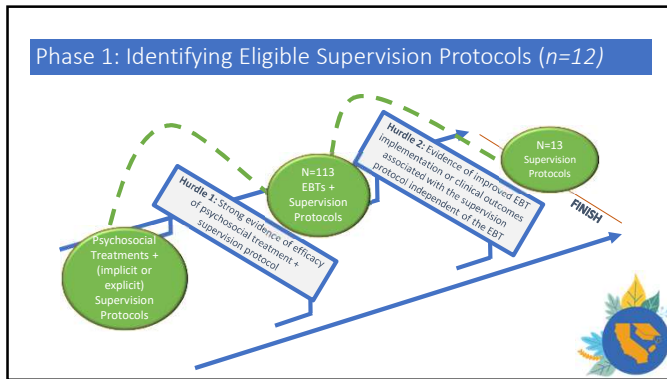
Phase 1:

- Conceptual Development of Phenomena
- Creation of a Target Data Set
- Data Preparation

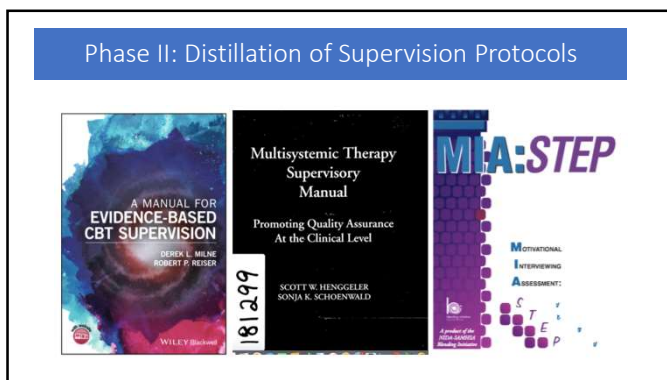
Phase II:

- Data reduction algorithms

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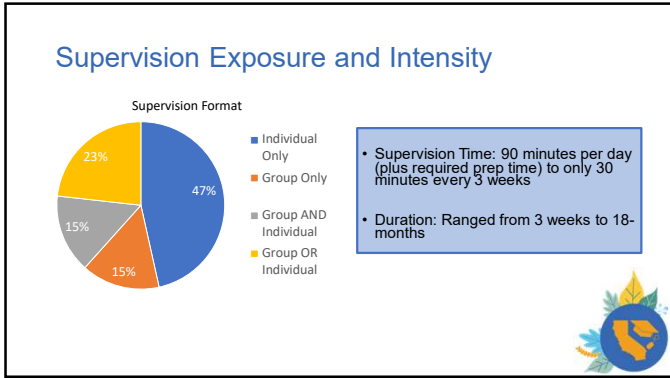


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Studies Testing Supervision and EBT Implementation (N=13)

- 77% (N=10) experimentally manipulated supervision
- Supervision of 5 EBTs were tested: Motivational Interviewing, Cognitive Behavioral Therapy, Functional Family Therapy, Multisystemic Therapy, and Dialectical Behavior Therapy
- Supervisors: 85% (N=11) of studies used an EBT expert as the supervisor; while the remaining used workplace-based supervisors
- Settings: Palliative care, substance use treatment, and mental health care settings in University-based care, training centers, and community settings across five countries (United States, Sweden, Germany, Russia, Ukraine)
- Implementation Outcomes: adoption, fidelity, and implementation cost of the EBT
- Clinical Outcomes were included in 5 studies, such as substance use and youth behavior

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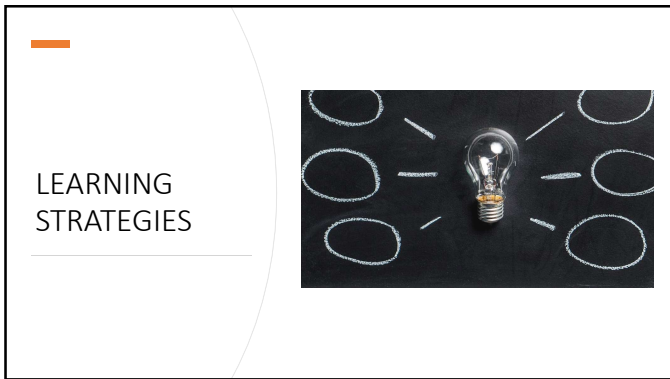


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Taxonomy of 21 Supervision Practice Elements

Learning Strategies	Use of Structured Tools	Data Gathering	Feedback	Relational
<ul style="list-style-type: none"> • Behavioral Rehearsal • Elicitation • Modeling • Didactic Instruction • Parallel Process to EBT 	<ul style="list-style-type: none"> • Learning Plan or Goal • Agenda Setting • Teaching Tool • Assigning additional training/learning 	<ul style="list-style-type: none"> • Review of Actual Practice • Fidelity Assessment • Symptom Monitoring • Progress Note Review • Information Gathering 	<ul style="list-style-type: none"> • Providing Suggestions • Structured Feedback 	<ul style="list-style-type: none"> • Supportive Listening • Supervisory Alliance • Power within Supervision • Elicitation of Feedback

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1. Behavioral Rehearsal

- Supervisee actively practices a skill during the supervision session, playing the role of the service provider and supervisor playing the role of a youth in supervision

Supervisor: Let's try it. I'll pretend to be the kid – "but, it's too hard! I can't talk about what happened"

Supervisee plays out the scenario in their role and responds with ...

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2. Elicitation

- Supervisor uses questions to:
 - encourage/elicit supervisee's thinking and planning for a subsequent session (as opposed to providing ideas/suggestions) or
 - help supervisee evaluate his/her own effectiveness in a past session

Supervisor: He's really blaming himself for what happened. Given what you know, what are some other possible views of the situation?

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3. Modeling

- Supervisor enacts or demonstrates a specific practice skill or method of delivering a treatment component during the supervision session

Supervisor: You might say something like, "Could there be anything that has happened in your past that guides how you interact with your daughter?"

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4. Didactic instruction

- Supervisor provides information, teaches, and/or explains something to supervisee via "lecture" or in a didactic style

Supervisor: There is research showing that sometimes PTSD symptoms can sound like hallucinations, for example thinking they can hear the offender talking.

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5. Parallel process to the evidence-based treatment

- Supervisor is directed to use the EBT/clinical intervention philosophy, structure, or concepts applied within the supervision process (e.g., focus on supervisees' strengths)

Supervisor: When you reflect on this interaction, what were some areas that went well?

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USE OF
STRUCTURED
TOOLS OR
RESOURCES



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6. Learning plan or goals

- Development of supervisee learning plans in supervision; goal setting for learning or supervision time

Supervisor: What might be an area of growth for you that we can work on together during our supervision time?

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7. Agenda setting

- Use of an agenda during the supervision session—whether prescribed by the protocol or generated by the supervisor or supervisee—attention to the use of time in supervision

Supervisor: What is on our agenda for today?

Supervisee: I'd like to spend at least about 15 minutes discussing what happened in my last visit and planning for the next visit.

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8. Assigning additional training/learning

- Supervisor assigns training or additional necessary resources for learning (e.g., book on a given practice)

Supervisor: There's a new webinar coming up at CALTrin on neurodevelopmental and trauma reactions. I'd like you to attend and see if you might learn more information for working with this client.

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9. Reviewing assigned additional learning

- Supervisor reviews completion of assigned additional training or resources

Supervisor: So, help me understand. It sounds like you were not able to attend the webinar like we talked about last week. What happened with that?

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10. Supervisor teaching tool

- Structured tools to guide didactic teaching (e.g., a skill worksheet)

Supervisor: Let's look together at this skill rating worksheet to go over skills in exploring pros, cons, and ambivalence with someone. I think this could be helpful in this situation.

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DATA GATHERING



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11. Review of actual practice

- Supervisor observed either live or via a recording the supervisee's actual clinical practice with a client

Supervisor: Watching part of your visit, I noticed that you did most of the talking throughout the visit. Tell me how that might challenge your ability to change the mother's behavior with her child.

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12. Fidelity assessment

- A standardized assessment tool evaluating the supervisee's adherence to the practice model is completed and discussed in supervision

Supervisor: As you know, PRACTICE is an acronym for the TF-CBT components. Tell me which components you have completed and which one you are on now.

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13. Information gathering

- Supervisor gathers information about the client, a past session, and/or supervisee's practice skill-level

Supervisor: Can you share with me about the discussion you had about Sarah's motivation to change during your last meeting and if you were able to elicit any self-motivational statements?

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14. Progress note review

- Supervisor reviews a progress note prior to meeting with the supervisee or during the supervision session

Supervisor: Let's look at your case note from your visit last month and see what might have changed.

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15. Symptom monitoring

- Supervisor and/or supervisee discuss repeated use of standardized assessment measures to assess clients' symptoms, functioning, or other treatment process and/or how these have changed over time, e.g., to examine treatment effectiveness

Supervisor: So, let's think about his depression score now, which is at a 13, what was his score when you started working with him?

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FEEDBACK



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16. Providing clinical suggestions

- Supervisor gives specific ideas, suggestions, and/or directions to clinician about what to do

Supervisor: You mentioned that the last session the Mom asked about what was going to happen in court. I might have walked through the process or given her ideas for how to find out more information.

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17. Supervisor feedback tool

- Supervisor uses specific documents or tools to guide tailored feedback to supervisees

Supervisor: Let's take a look at the motivational interviewing rating worksheet and go over the skill level comments there.

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RELATIONAL



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18. Supportive listening

- Supervisor makes statements that reflect, validate, acknowledge, and/or praise the supervisee

Supervisor: That sounds like such a frustrating situation.

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19. Elicitation of feedback on supervision

- Prompts for supervisee feedback about supervision process

Supervisor: What's been missing in our discussion today that would be helpful for us to discuss?

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20. Supervisory alliance

- Supervisor is directed to attend to building rapport with supervisee, attuning to supervisees' needs, and/or the importance of the supervisor-supervisee relationship

Supervisor: After that crisis last week, how have you been doing at work? I noticed you haven't been as talkative in staff meetings.

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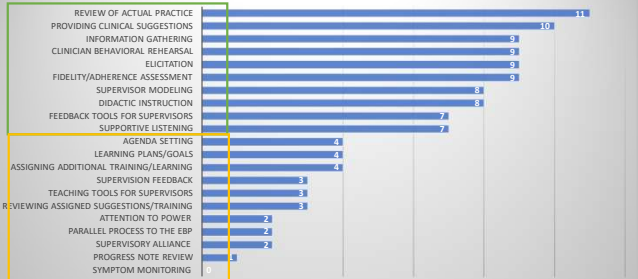
21. Attention to power

- Supervisor attends to the hierarchical power dynamic between supervisor/supervisee; attention to racism, oppression, and colonization within the supervision relationship

Supervisor: I'm wondering how racism might be playing a role in how this interaction is being interpreted?

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Frequency of Supervision Practice Elements in Supervision Protocols



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Notable inclusion and exclusion of strategies

- Adds to the evidence for the use of **ACTIVE LEARNING** strategies in supervision (behavioral rehearsal, modeling)
- Adds to the evidence of the importance of **AUDIT** of practice and **FEEDBACK** based on these observations
- Missing symptom monitoring, despite evidence supporting its utility
- Adds to the evidence of **RELATIONAL** strategies as included in supervision protocols
- Missing **ATTENTION TO POWER**, which is critical particularly for implementation in order to avoid potentially harmful effects in marginalized communities, and is consistent with infrequent use in observed workplace-based supervision.

Scott, K., & Lewis, C. C. (2016). Using measurement-based care to enhance any treatment. *Psychiatric Services*, 22(1), 49-59. <https://doi.org/10.1037/0033-2909.2014.01.010>
 Canal, L. M. (2020). How to provide anti-racist mental health care. *Lancet Psychiatry*, 7, 929-931. [https://doi.org/10.1016/S2012-0186\(20\)30709-6](https://doi.org/10.1016/S2012-0186(20)30709-6)
 Iqbal, A. K., & Mirzaei, J. (2020). An anti-racist approach to achieving mental health equity in clinical care: racism and its impact on health disparities. *Psychiatric Clinics of North America*, 43(3), 413-449. <https://doi.org/10.1016/j.psc.2020.01.002>
 Rubin, A., Beckman, S. E., & Saha, R. (2018). Clinical supervision of mental health professionals serving youth: Format and micro-skills. *Administration and Policy in Mental Health and Mental Health Services Research*, 45(3), 800-812. <https://doi.org/10.1007/s10488-018-0868-y>

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Green = Supervision strategy appears in child welfare literature

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Additional Supervision Strategies in Child Welfare


-  Peer supervision
-  External clinical supervisors^{10, 11}
-  Trauma-informed supervision^{10, 11, 12}
-  Supervision for supervisors^{10, 13}

10 Frazier et al. (2022)
 11 Kaplan et al. (2021), Clinical Supervision in Child Protection Practice: A Review of the Literature, Trauma, Violence, and Abuse, 22(6), 688-705. <https://doi.org/10.1898/1525-725X.138110875688>
 12 Egan, M., Smith, M., Garcia, J., & Siskin, L. (2022). Emerging Supervision and Leadership Practices to Strengthen EBP Implementation in the Child Welfare System: A Case Study Analysis. *Children in Society*. <https://doi.org/10.1111/soc1.12722>
 13 Mendenhall, M. L. (2022). Child welfare system reform: An ethical imperative in the service of children. *Child Abuse Review*. <https://doi.org/10.1002/cab.1248>
 14 Mendenhall & Thompson. (2021)

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Conclusions and Questions

- ❖ Clinical supervision has the potential to be the 'keystone' for high quality practice delivery and integrate dynamic factors, promote awareness and learning, and account for structural disadvantage for people who carry marginalized identities.
- ❖ Supervision is where the rubber meets the road between how practice is intended and how it is delivered within a given context by a particular provider and in collaboration with a family.
- ❖ Under what conditions within child welfare are these supervision strategies effective?
- ❖ How can we harness practice-based knowledge and design supports within child welfare system constraints in order to build in actionable strategies for supervisors today?
- ❖ What do supervisors need and want to improve their supervision?



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Thank you for all you are hoping to do as supervisors to bring hope and humanity to this work!



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Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*
- Mark your calendar for Dr. Choy-Brown's interactive workshop:
Integrating Evidence-Based Strategies into Routine Supervision Practice
MAY 22, 9 a.m. – Noon PDT

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