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A3

Supervising EBT: What content do workplace-based supervisors cover and what techniques do they use?

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Background

Workplace-based clinical supervision in public mental health is an underutilized resource for supporting evidence-based treatments (EBTs) [1], despite the fact that supervisors may offer a cost-effective way to support clinician fidelity to EBT. Very little, however, is known about the content and techniques used by workplace-based supervisors [2]; particularly in the context of EBT implementation [3].

Materials and Methods

Workplace-based supervisors in children's public mental health settings audio recorded supervision sessions over the course of one year, when supervising the EBT. Data come from objective coding of these audio files (completed and analyzed). Participants were 28 supervisors, and their 98 clinician-supervisees. All supervisors and clinicians were trained in the EBT of focus (TF-CBT) as part of a Washington State-funded EBT initiative. The coding measure captured extensiveness (1-7 rating) of 27 supervision domains, which included 14 content areas (e.g., exposure, homework assignment/ review, caregiver challenges) and 13 supervision techniques (e.g., providing clinical suggestions, behavioral rehearsal, modeling, review of suggestions). Coder reliability was excellent (ICC = .87).

Results

Content areas that occurred in more than 50% of the supervision sessions were exposure (81%), treatment engagement (92%), trauma history (78%), coping skills (76%), caregiver challenges that impacted treatment (62%), use of art/play in treatment delivery (64%), assessment (54%) and psychoeducation (60%). Techniques that occurred in more than 50% of the sessions were information gathering (97%), teaching (93%), providing clinical suggestions (86%), and fidelity/adherence check (64%). Techniques occurring in 25% or fewer sessions were role play/behavioral rehearsal (16%), progress note review (6%), review of actual practice (5%), assigns additional training/learning (5%), and reviews suggestions/ training (5%). Most content and techniques occurred at low intensity. Only two content items occurred at high intensity in any sessions—case management (27%) and exposure (17%). Only two techniques occurred at high intensity in any sessions—supportive listening (29%) and provides clinical suggestions (12%). Other than teaching (8%), information gathering (6%), and fidelity or adherence checklist (5%), all other techniques occurred at high intensity in 1% or fewer of the coded supervision sessions.

Conclusions

These findings suggest that workplace-based clinical supervisors are indeed covering EBT content in supervision; but potentially at a lower intensity than may be needed to fully support clinician fidelity. Supervisors were less likely to use more “active” supervision techniques that are common in efficacy trials (role play, modeling, review recommendations), and when used, were used at low intensity.

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