

Clinical Supervision to Improve Treatment Practice

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Experiences derived from:

- NIDA CTN MI/MET/METS protocols
- NIDA-funded Training Strategies in Motivational Interviewing randomized clinician training trial in Connecticut
- Training/supervision of community-based clinicians within inpatient, ambulatory, and outpatient addiction and dual diagnosis treatment settings

EST Practice Promotion

- Clinical practices with established randomized clinical trial efficacy are now virtually required in community programs.
- Single State Authority and third-party insurer mandates
- Federal research (NIDA CTN) and service initiatives (SAMHSA/CSAT National Registry of Evidence-Based Programs and Practices (see <http://nrepp.samhsa.gov/>))

Clinical Supervision as Critical Training Pathway

The provision of high quality clinical supervision is seen as a core mechanism for counselors to implement EST with sufficient skill to achieve the positive treatment effects associated with the clinical trials initially establishing EST efficacy

Clinically Significant Impact

Several studies have shown that higher levels of counselor adherence and competence in implementing EST skills are linked to greater clinical effectiveness with clients

(Barber, Crits-Christoph, & Luborsky, 1996; Henggeler, Melton, Brondino, Scherer, & Hanley, 1997; Miller, Benefield, & Tonigan, 1993; O'Malley, Foley, Rounsaville et al., 1988; Shaw, Elkin, Yamaguchi et al., 1999).

Evidence supporting the effectiveness of supervision

- Miller et al: *A Randomized Trial of Methods to Help Clinicians Learn MI*
(Journal of Consulting and Clinical Psychology, 2004)
- Sholomskas et al: *We Don't Train in Vain: Three Strategies of Training Clinicians in CBT*
(Journal of Consulting and Clinical Psychology, 2005)

MI Supervision Findings

- Significant improvement immediately after workshop, which disappeared in 4 months
- Significant improvement for the feedback, coaching and f+c groups which was maintained to 12 months
- Key to developing skill is the availability of observation, feedback, coaching, and support

CBT Supervision Findings

- Manual only training did not improve CBT skills
- Web-based training showed modest improvement but clinicians did not achieve proficiency
- Training workshop plus supervision was only condition to produce and maintain skills at a proficient level

What is Clinical Supervision?

A disciplined teaching process or intervention that involves repeated attempts by the supervisor to:

- 1) enhance counselors' treatment skills, monitor and evaluate performance,
- 2) support and develop counselors' professional identities and ethical conduct,
- 3) safeguard the overall quality of clinical services offered to clients.

What is Competent Supervision?

- Establishing a supervisory alliance
- Thinking critically according to a conceptual model
- Setting supervisory goals
- Recognizing supervisee stage of professional development
- Understanding organizational context and administrative functions

Competencies for Substance Abuse Treatment Clinical Supervisors

TAP 21-A

Technical Assistance Publication Series



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

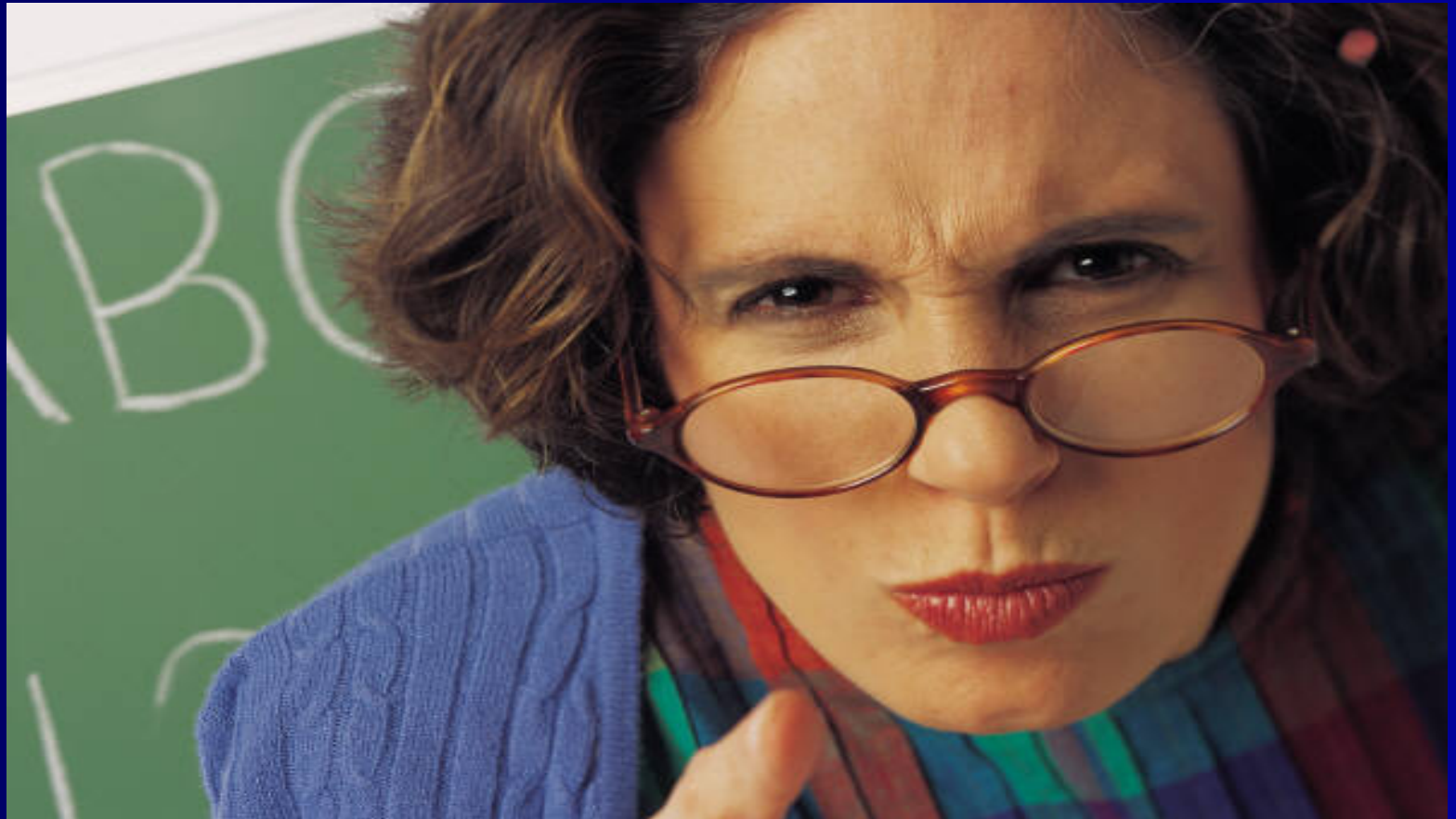
The Problem

- Global models of supervision provide little guidance about how to supervise
- Insufficient curriculum to prepare clinicians to become supervisors
- Clinicians who become supervisors often model how they supervise on ghosts from supervisions past.

Think about your *favorite* clinical supervisor.



Think about your *least favorite* clinical supervisor.



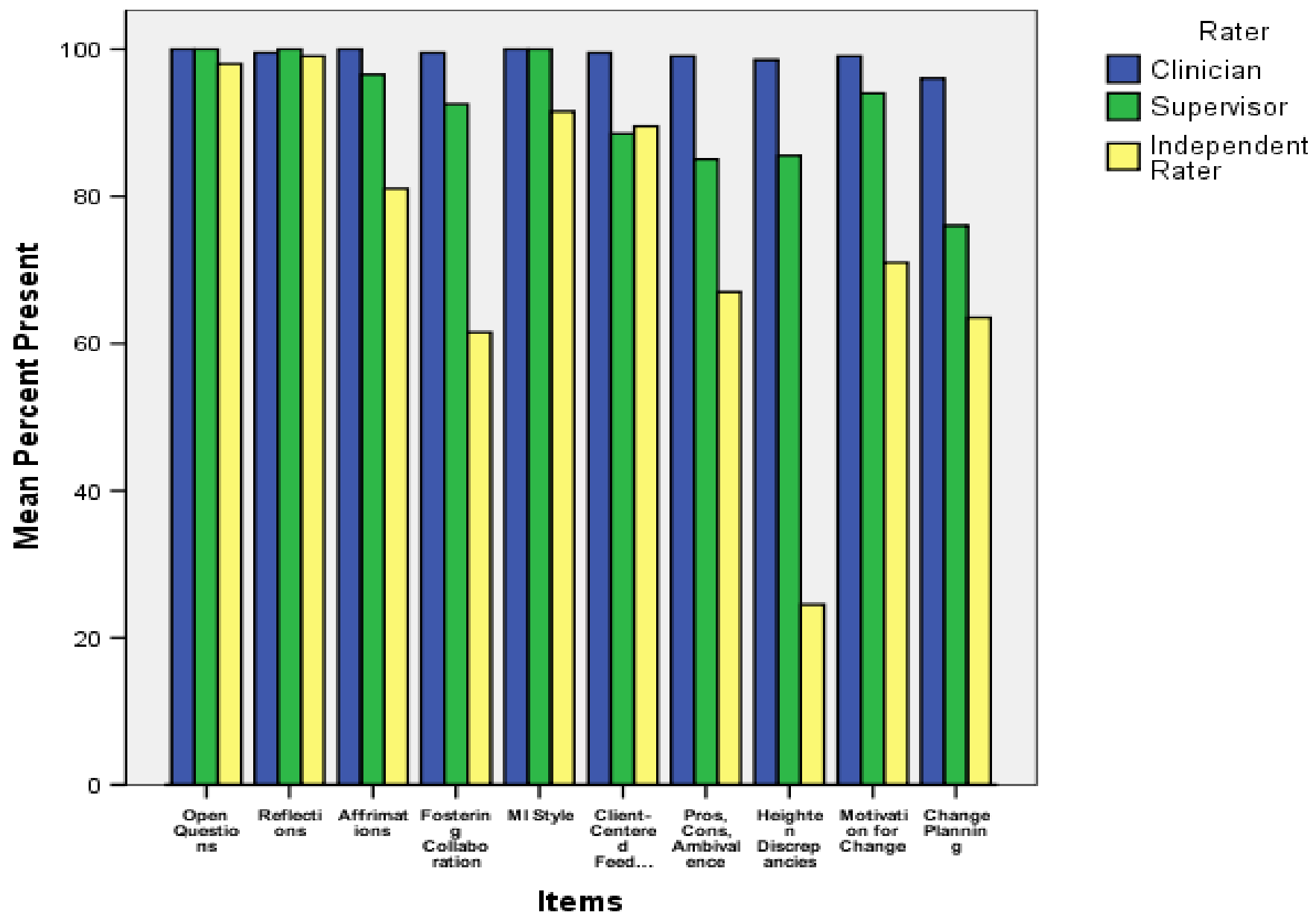
A Clinical Trials Approach

- Direct observation of treatment sessions
- Structured performance feedback about counselors' treatment adherence and competence
- Coaching to improve the ability of counselors to implement psychosocial treatments proficiently

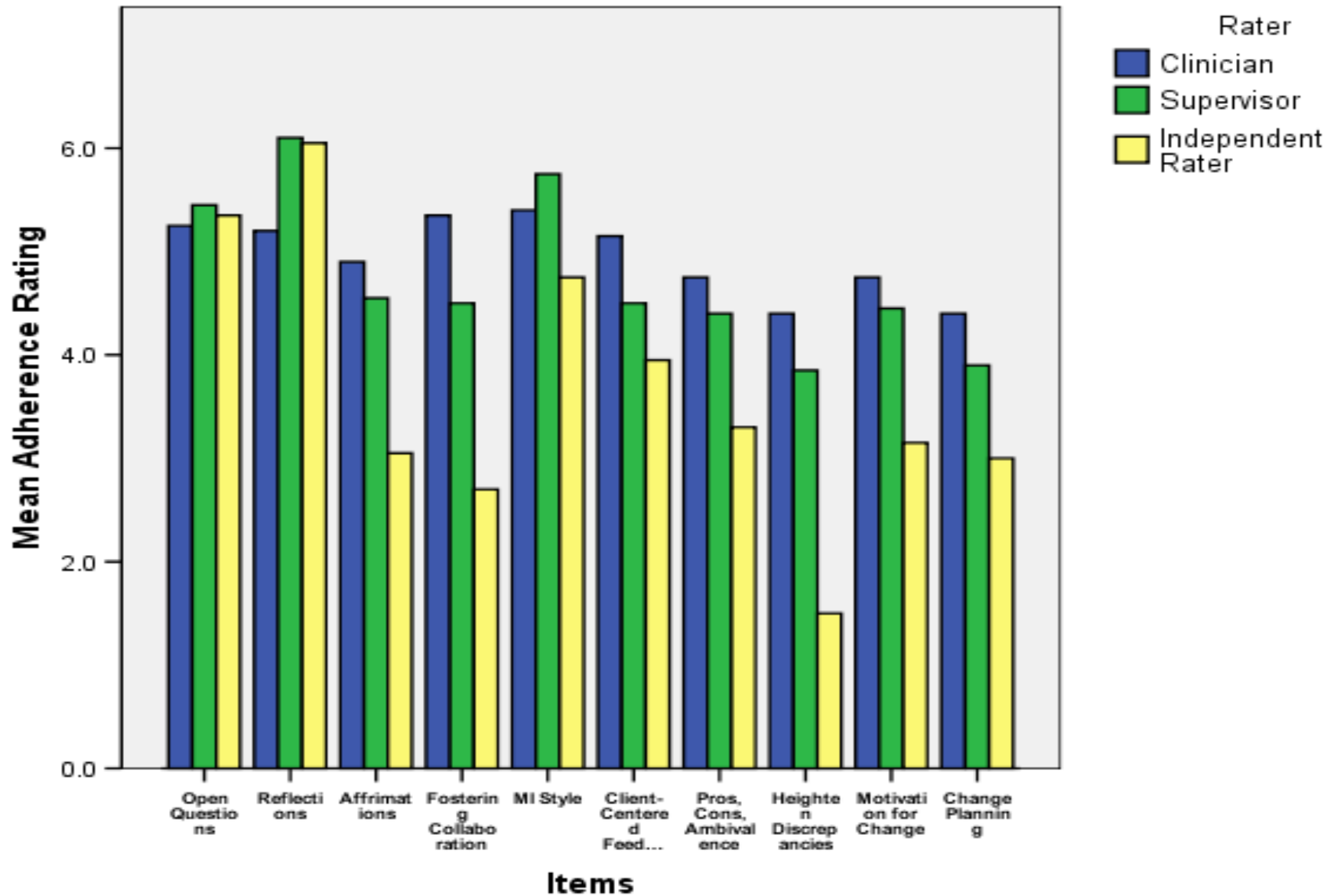
Direct Observation

- Clinicians are prone to overestimate their counseling skills.
- Clinicians may declare they are using EST without actually having changed their treatment-as-usual practices.
- Show me

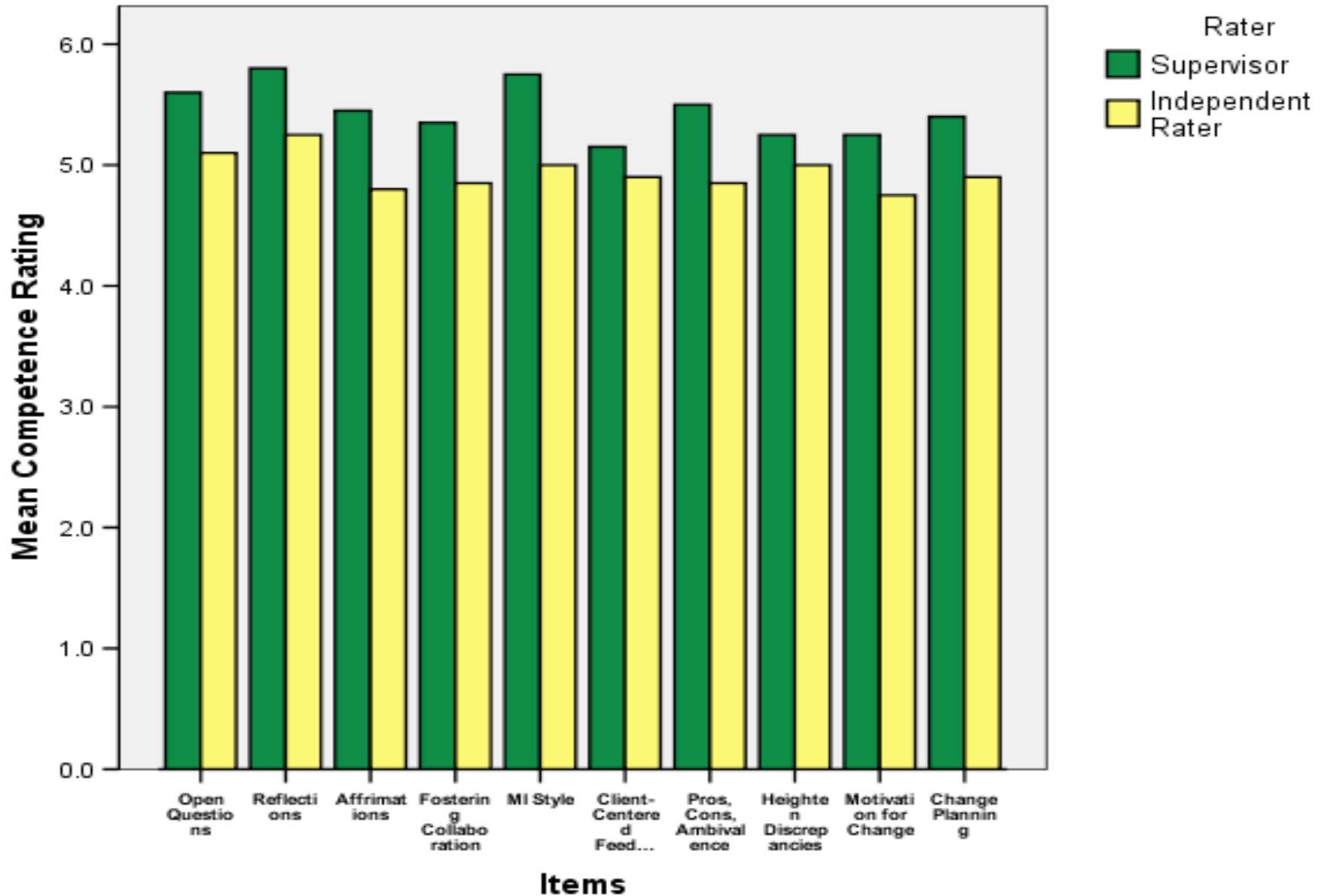
Did it occur?



How often did it occur?



How well did it occur?



Direct Observation (cont.)

- Clinicians record their sessions digitally or on audio- or videotape and have their supervisors review them.
- Review may be random, routine, or specific.
- Supervisors may review an entire session, a portion, or a specific segment.

Performance Feedback

- Supervisors provide counselors with information about their skills, attitudes, or behavior that may influence their performance with clients.
- Characteristics of effective feedback include specificity about performance strengths and weaknesses, routine and formal discussion of feedback, and opportunities for counselor self-evaluation and input.

Performance Feedback (cont.)

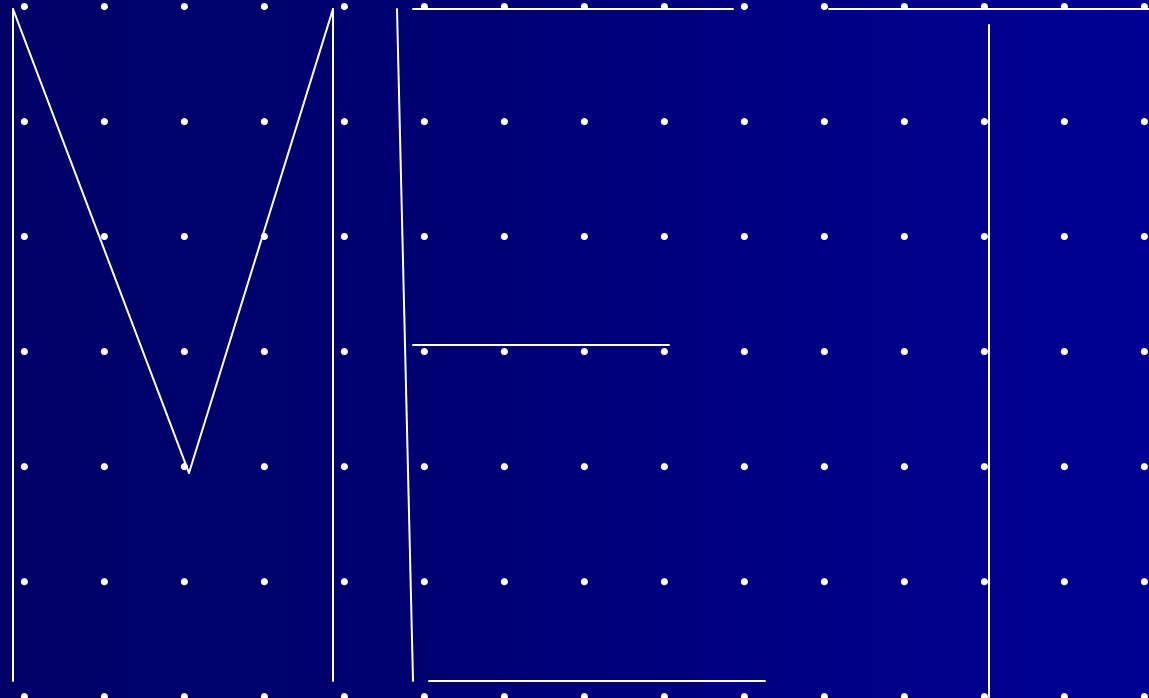
- Use reliable and valid scales to measure EST fidelity when reviewing recorded sessions.
- Many scales available. Items typically involve:
 - 1) techniques consistent and inconsistent with the approach being supervised;
 - 2) measurement of adherence and competence

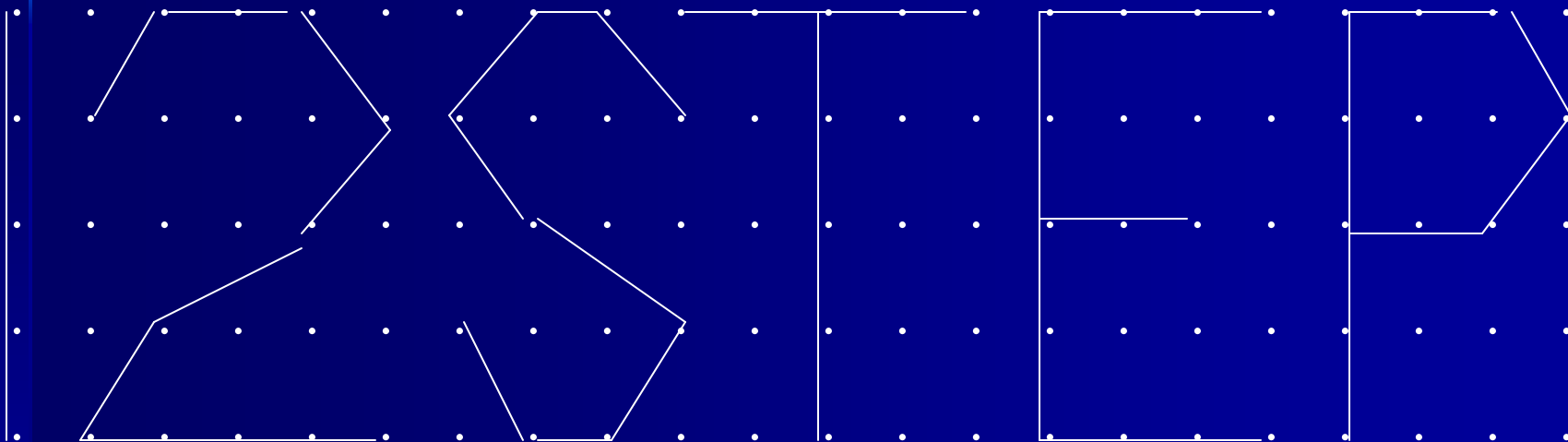
Performance Feedback (cont.)

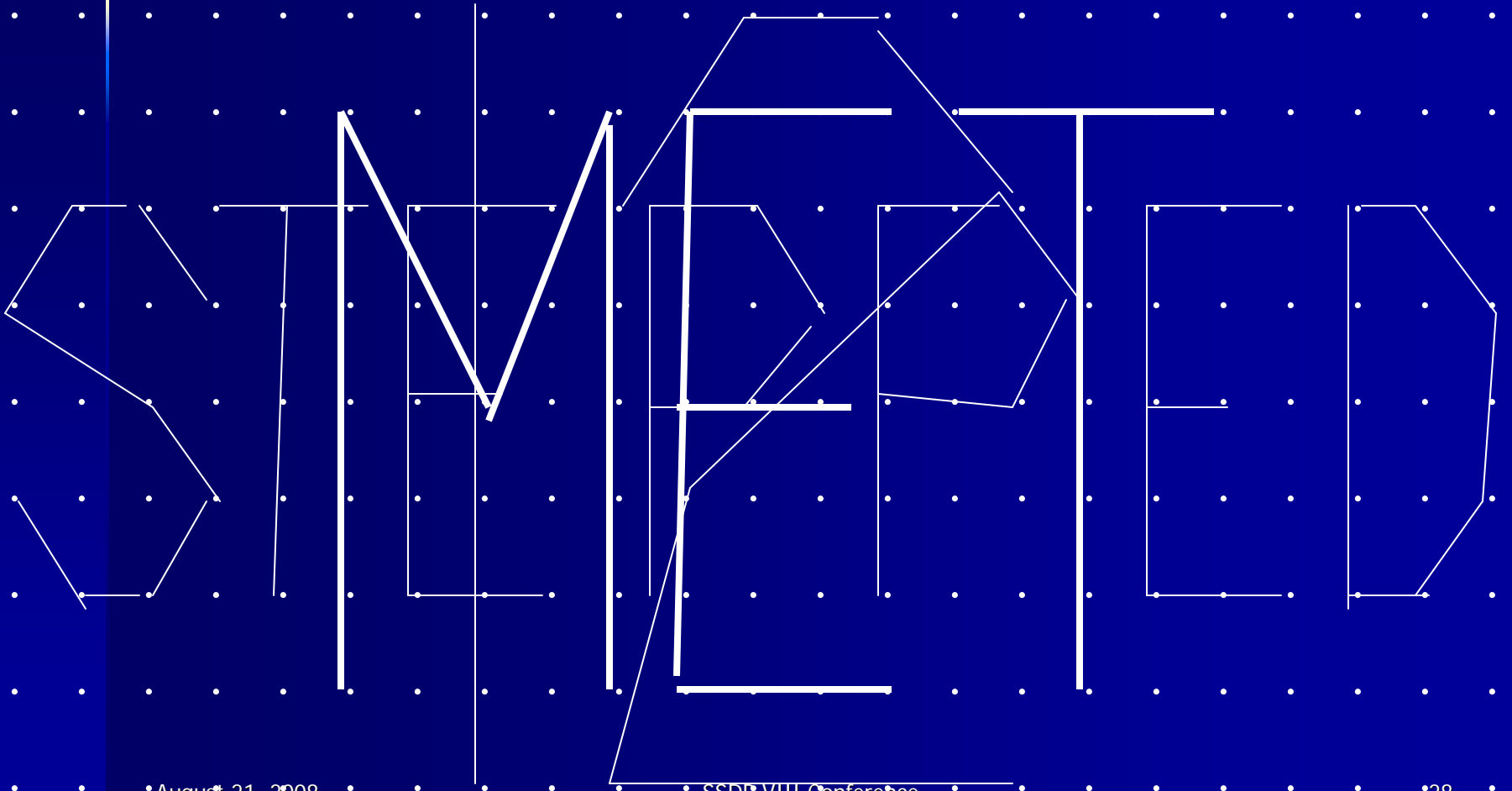
- Adherence – the extent to which the clinician delivers the treatment
- Competence – the skill or quality in which the treatment is implemented
- Likert scales to evaluate performance

YACS-II

- Yale Adherence and Competence Scale (YACS-II)
- Includes items designed to assess performance in Cognitive Behavioral Therapy, 12-Step Facilitation, Motivational Interviewing, Interpersonal Therapy, General Clinical Management, Assessment, several supplemental items
- Good to excellent reliability and validity







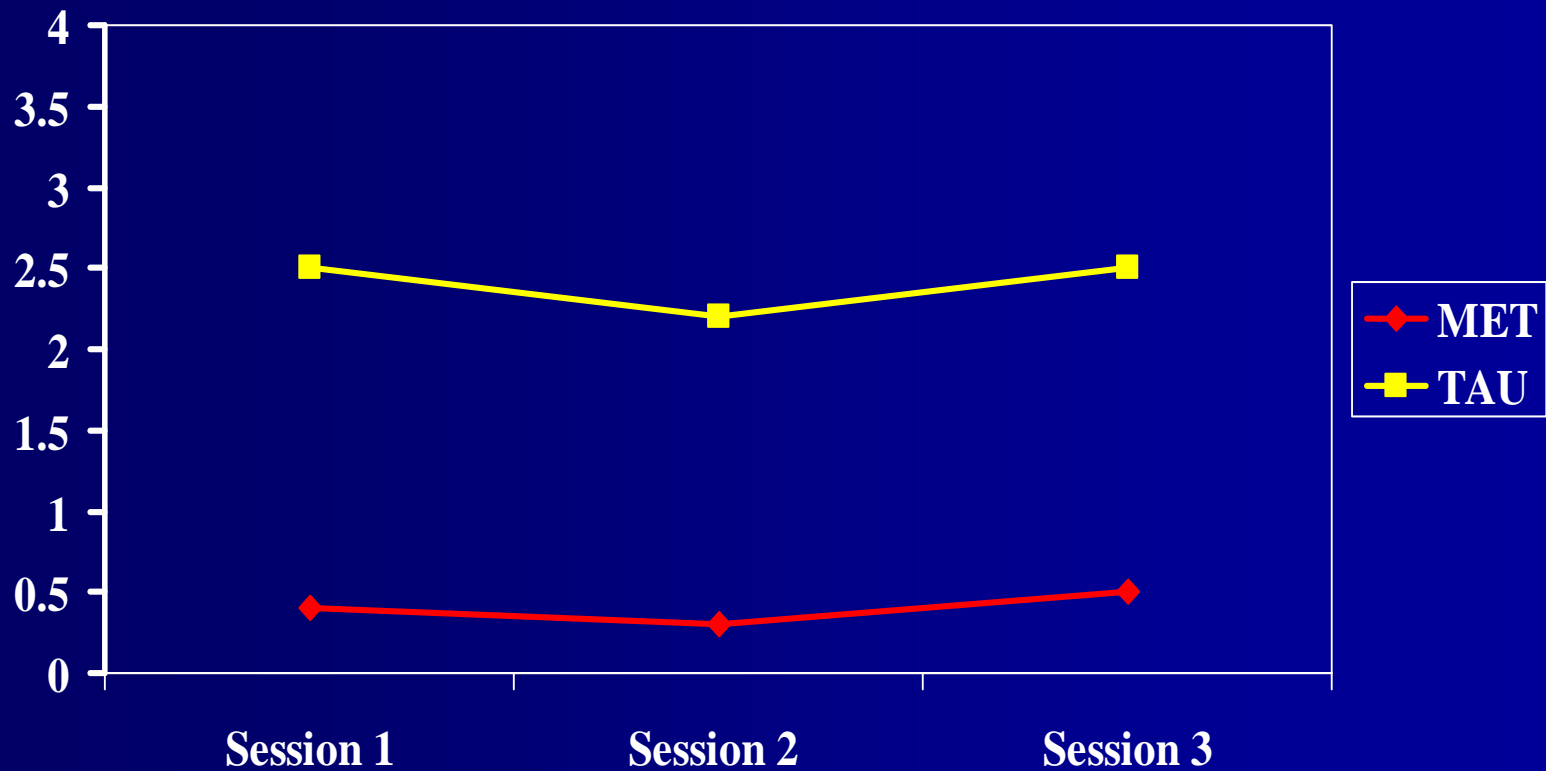
What is Competence?

- Understand the overarching EST theoretical framework and how to structure the session accordingly
- Individualize interventions and use them in a timely fashion to address client's central treatment issues
- Exclude personal problems, behaviors, or self-disclosures that interfere with a client's treatment

Informal Discussion Item

To what extent did the counselor speak with the client about topics that were *not related* to the problems for which the client entered treatment or make self-disclosures unrelated to the counselors' experiences with recovery?

Informal discussion frequency by condition: MET vs. TAU



What Did They Discuss?

Common Experiences

Personal Information

Addiction Problems of Significant Others

Psychological/Interpersonal Problems

Health Problems

Opinions Not Related to Client's Treatment

Current Events or News

Personal Feelings about Client

Work-related Problems

Professional Background

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SSDP VIII Conference

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Other

Individualized Coaching

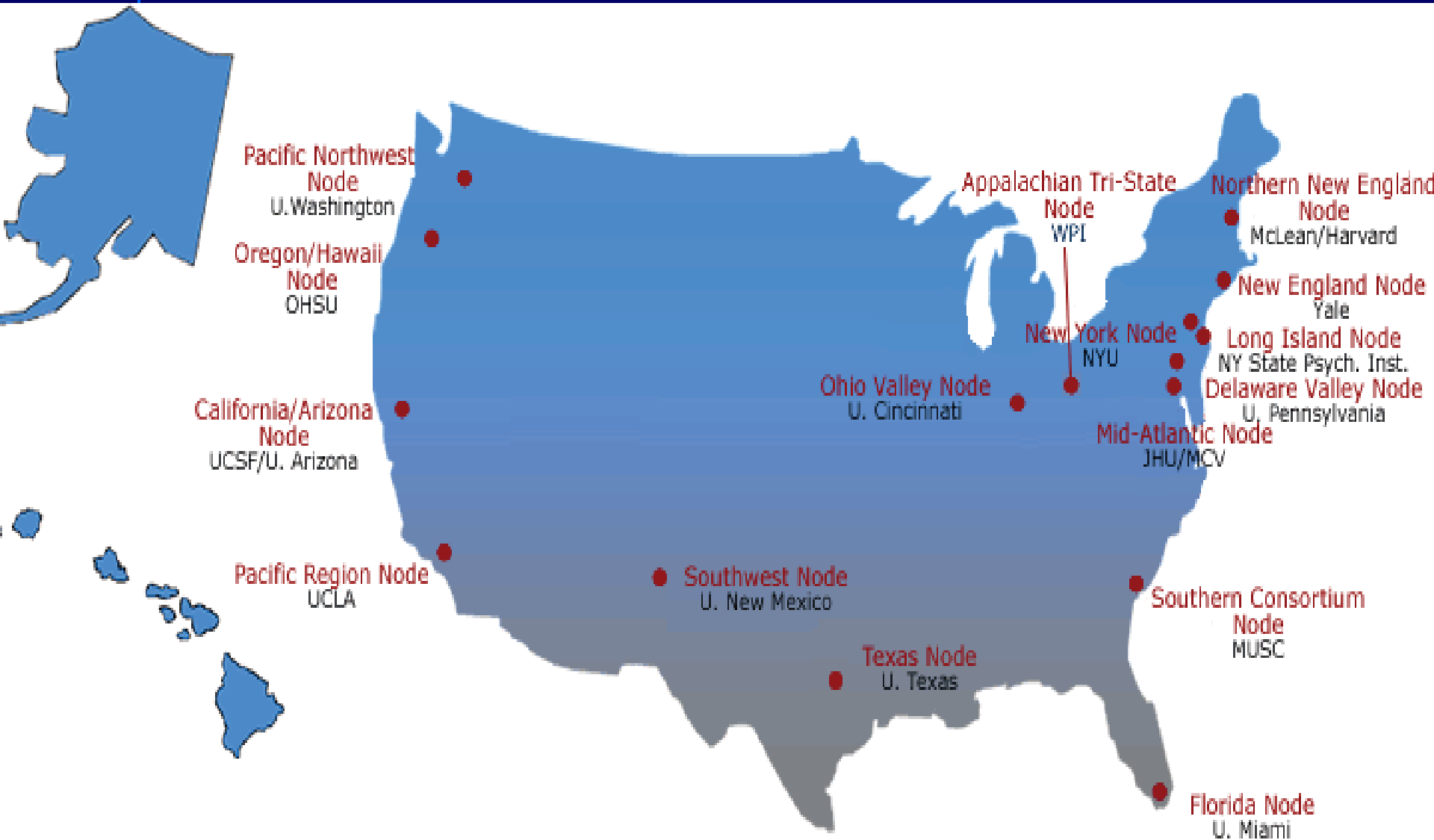
- Guiding clinicians how to improve their treatment performance by:
 - 1) Commenting positively on effective performance and offering specific advice
 - 2) Suggesting practice scenarios or exercises to improve specific skills
 - 3) Modeling or demonstrating the skill

| Strengths Demonstrated in Session | | |
|---|--|--|
| <ol style="list-style-type: none"> 1. Counselor strategically affirms a disgruntled client by reframing the client's behaviors (e.g., "I really appreciate your honesty in letting me know what upset you in group last week instead of bottling it up and possibly drinking again.") 2. Counselor is supportive throughout the interview and explores the client's dissatisfaction with treatment (i.e., rolls with resistance); this strategy helps the emotionally upset client become calmer and consider possible benefits of staying in the program. 3. Counselor summarizes client's multiple complaints about the "system" and redirects the discussion (i.e., shifts focus) back to his motivation for treatment participation. | | |

| Skill Development | | |
|--------------------------|--|--|
|--------------------------|--|--|

| MI Skill Targeted for Improvement | What specifically will be developed or improved? | How will the goal be reached? |
|--|--|---|
| <ul style="list-style-type: none"> ▪ Structure and organize client's ambivalence about treatment participation using a decisional balance activity. | <ul style="list-style-type: none"> • Use of the Pros and Cons decisional balance activity | <ul style="list-style-type: none"> • Review use of the Pros and Cons sheet. • Role-play the client, with the counselor practicing the decisional balance activity. |
| <ul style="list-style-type: none"> • Reflecting ambivalence | <ul style="list-style-type: none"> • Use of double-sided reflections | <ul style="list-style-type: none"> • Review and model use of double-sided reflections. • Have counselor practice using double-sided reflections when summarizing pro and con dimensions of the decisional balance in role-play. |

NIDA Clinical Trials Network



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STEP

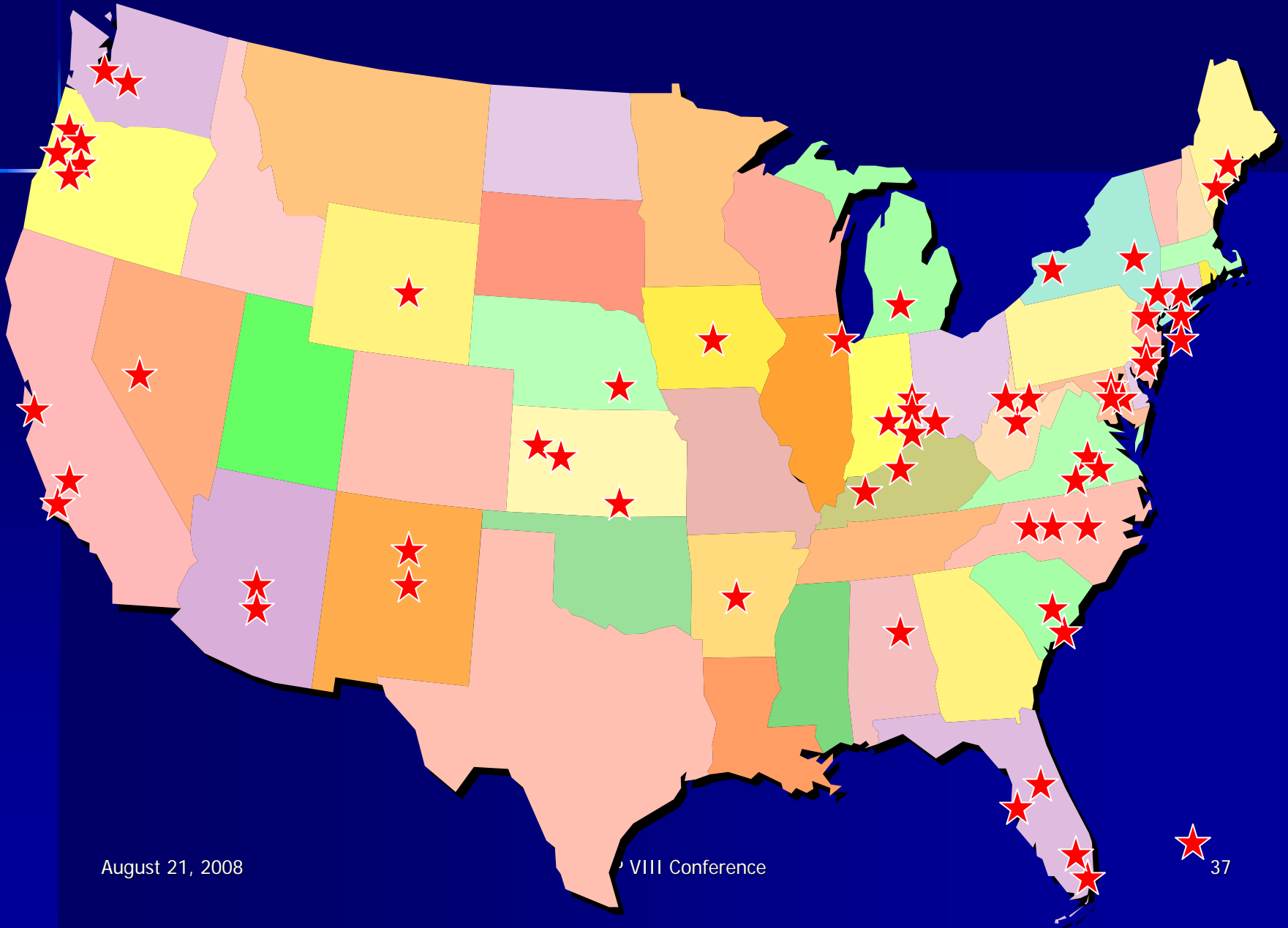
Motivational Interviewing Assessment:

*Supervisory Tools for
Enhancing Proficiency*



blending initiative
NIDA • SAMHSA

MIA: STEP Trainers



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