Clinical Supervision for Fidelity: Necessary but Not Sufficient

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Self Assess

0 What evidence based practices do you use?
0 Consider how supervision is described/defined/proscribed in each model?
0 How easy is it to follow supervision practice in keeping with the model?
0 How systematic and intentional?
Fidelity?

“‘I know it because I invented it.’ This paraphrase reflects fidelity as typically conceptualized in research on innovation implementation, namely as within the prerogative of the inventor to define and specify.”

- Schoenwald, 2011, p. 142

Treatment fidelity is the ongoing assessment, monitoring, and enhancement of the reliability and internal validity of a study {or practice}

- Borrelli, 2012
Ensuring the model is implemented exactly as intended

What about culture? Multicultural factors including multiple identity issues (e.g., age, gender, socio-economic status, religion, sexual orientation, gender identity, ethnicity, immigration status, language)

Does the standardization sample differ from the one where implementation is occurring?
Supervisor Problems of Professional Competence

- Over half the participants reported that their supervisors have had problems of professional competency
  - unprofessional behavior (39.9%),
  - educators being culturally insensitive or culturally incompetent (39.6%),
  - educator’s inadequate supervision skills (35.8%),
  - educators displaying inappropriate boundaries (31.6%),
  - educator’s inability to regulate emotions (30.4%),
  - educators with inadequate clinical skills (27.4%)

- Furr & Brown-Rice, 2016
Schoenwald and colleagues bemoan the absence of formal clinical trials for clinical supervision (Schoenwald, Mehta, Frazier, & Shemoff, 2013).

It should be noted that most evidence-based models do not include attention to supervision: process, content, or outcomes of clinical supervision—it is the missing factor.

Falender & Shafranske, 2014; Roth, Pilling, & Turner, 2010
What do we know?

- Clinical supervision is a distinct professional competence.
- To be a clinical supervisor one needs specific competencies.
- This requires education and training in knowledge, skills, and attitudes – competence – in clinical supervision.
Clinical Supervision Definition
(Falender & Shafranske, 2004)

- Supervision is a distinct professional activity
- In which education and training aimed at developing science-informed practice are facilitated through
- A collaborative interpersonal process
- It involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills by instruction, modeling, and mutual problem-solving.
- Building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy.
- Supervision ensures that clinical (supervision) is conducted in a competent manner in which ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large.

(p. 3)

- Plus Superordinate Values and Pillars of Supervision

Experiential supervision: ongoing feedback and rehearsal of complex practice interventions
Superordinate Values

- Integrity-in-Relationship
- Ethical, Values-based Practice
- Appreciation of Diversity
- Science-informed, Evidence-based Practice

(Falender & Shafranske, 2004)
Pillars of Supervision

- Supervisory relationship
  - Foundation for alliance shared by supervisor and supervisee
- Inquiry
  - Processes facilitating understanding of therapeutic process AND awareness of professional and personal contributions
- Educational praxis
  - Learning strategies, tailored to enhance supervisee’s knowledge and develop technical skills

(Falender & Shafranske, 2004)
Competency-based Supervision

Competency-based supervision is a metatheoretical approach that explicitly identifies the knowledge, skills and attitudes that comprise clinical competencies, informs learning strategies and evaluation procedures, and meets criterion-referenced competence standards consistent with evidence-based practices (regulations), and the local/cultural clinical setting (adapted from Falender & Shafranske, 2007). Competency-based supervision is one approach to supervision; it is metatheoretical and does not preclude other models of supervision. (APA, 2014)
Model

- Competency-based supervision is an international phenomenon (Gonsalvez & Calvert, 2014)
- Supervision has not yet received substantial empirical support—but support is growing, especially for the role of alliance/relationship, managing strains, feedback, self-assessment, monitoring, management of countertransference, self-care, and adherence to legal, ethical, and regulatory matters
Supervision

- Considered a part of “Quality assurance”
  - Schoenwald, 2016, p. 2
- And as “Implementation support”
  - Schoenwald, Mehta, Frazier, & Shemoff, 2013, p. 44
Supervisor focus on adherence to treatment principles predicted greater therapist adherence and predicted changes in client outcomes.

Schoenwald, Sheidow, & Chapman, 2009

However this requires that supervisors be precise in their use and teaching of practice elements and how these are associated with client presenting problems—which may not be the case.

Accurso, Taylor, & Garland, 2011
Focus on supervisee development was associated with weaker improvements in youth client behavior.

Different aspects of supervision affect client outcomes and merit future study as possibly less competent supervisors prioritize developmental focus on the supervisee over adherence and attention to outcomes including the need for formal supervision training (Schoenwald et al., 2009).
Supervisor Behaviors Associated with Successful Implementation of EBPs

- Facilitating team meetings
- Facilitating quality improvement activities
- Building supervisee skills
- Monitoring and using outcomes
  - Carlson, Rapp, & Eichler, 2012
Added Components

- Routine Feedback from youth, caregivers, and clinicians associated with youth improvement in community, home-based programs
  - (Bickman, Kelly, Breda, deAndrade, Riemer, 2011)
- More on this in Outcomes session
Sadly, much of the research has not understood clinical supervision, its potential for evidence based practice and its broad swathe beyond simply fidelity.
Overview of Competency-based Supervision

Component Parts—Systematic Approach

- Supervisor Self-assessment—including assessment, interventions, multicultural intersections
- Supervisory Relationship-Contract
- Assessing strength, strains, ruptures and repairing
- Infusion of multicultural competence of triad/worldviews
- Attending to personal factors and reactivity
- Assessment, competency-anchored feedback, feedback from supervisee and evaluation
- Ethical, legal, and regulatory issues/standards
- Self-care
- Ongoing self and system assessment to move to culture of communitarian competence
Supervisor Self-Assessment

- Signs of Safety Supervisor Practice Fidelity Assessment

- Supervisor Self-Assessment from APA Supervision Guidelines Task Force
Routine Feedback

- Supervisors believe they give abundant feedback but in fact supervisees believe they receive almost none and what they do receive is generic and not behavioral.
- Feedback linked to goals and tasks of supervision.
Fidelity

- Fidelity is an essential part of supervision but it is NOT the entirety
  - Fidelity in implementation is associated with better outcomes (Durlak & dePre, 2008)
- Supervisor and supervisee competence are essential—these require knowledge, skills, and attitudes of clinical supervision
Remember

- Time lag from an EBP being developed and it being fully adopted in clinical settings is 17 years
What is Needed?

- Creation of a minimal standard of describing supervision arrangements for clinical trials/treatment settings
  - Number of sessions
  - Frequency
  - Duration
- Supervisor qualifications and experience
- Supervision format and location
- We would add a differentiation of consultation from supervision as power, evaluation and formal aspects of supervision are different