

Review of FFT Supervision Structure

Revised July 11, 2011/mr

Property of FFT LLC

Supervision Goals



Supervision Tasks

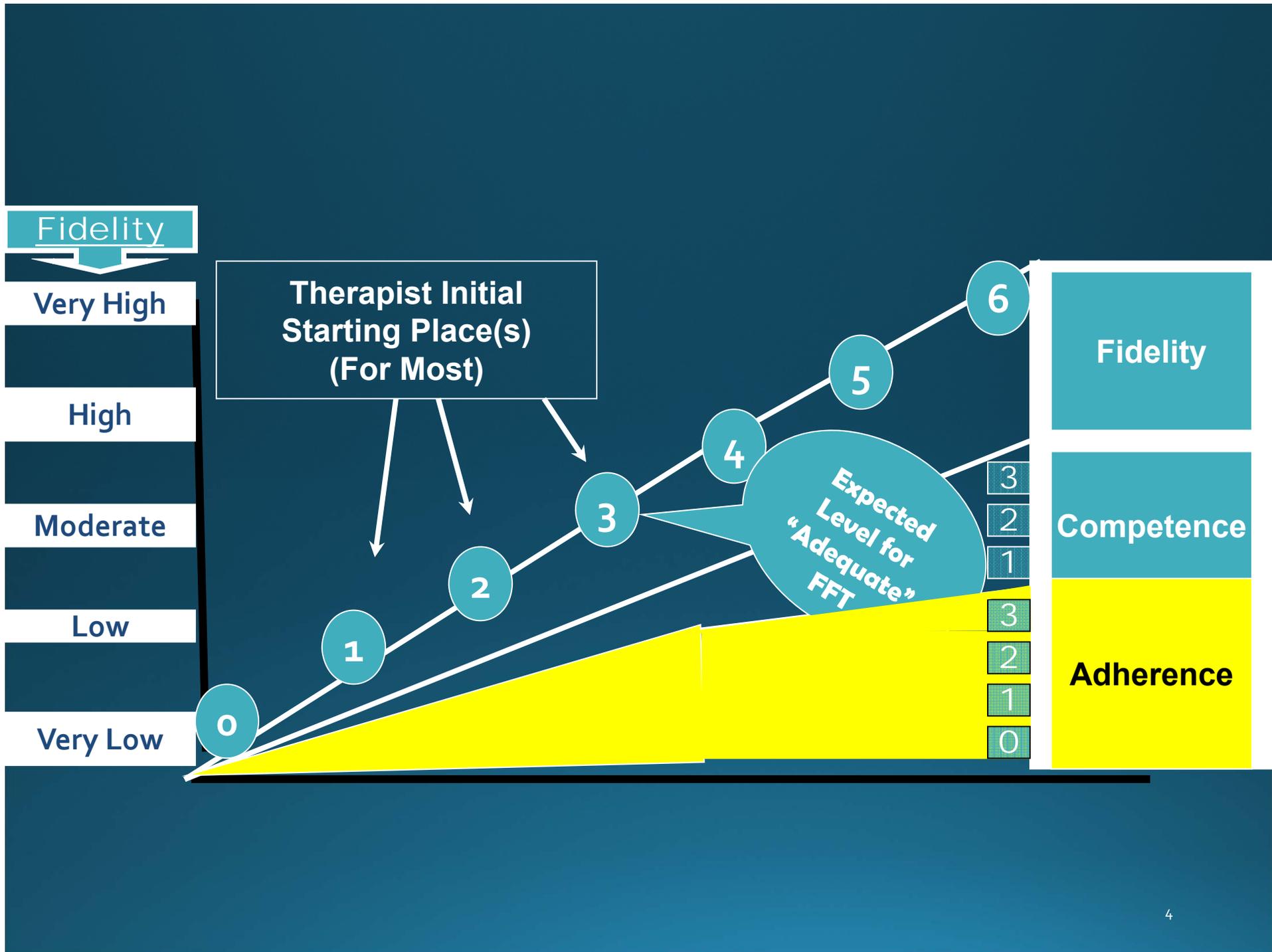
- Helping therapists practice FFT with high levels of
FACE

Fidelity = Adherence + Competence



Effectiveness

- Provide ongoing quality assurance and quality improvement
 - Maintaining a working group of therapists
 - Facilitating a site context that will sustain implementation



- Clinical Adherence = the degree to which the therapist applies the model as intended (manualized, trained, supervised, etc). Basically, do the right thing(s) at the right time in terms of phase based goals and techniques.

- Adherence is rated on a four point Likert scale ranging from 0 (none, minimal) to three, (extensive). Ratings are based on the extent to which (frequency) therapists engage in FFT-model specific behaviors. Anchors on the rating scale are defined as follows:

0 = None/Minimal

Therapist rarely engages in behaviors that are appropriate to the case/session. Therapist has difficulty articulating a plan for the session or describing interventions were used to address phase –specific goals.

1 = Occasional

Therapist occasionally engages in behaviors that are appropriate to the phase of the case/session. Therapist articulates a plan for the session and describes some interventions that were used to address phase-specific goals, but has difficulty maintaining a consistent focus.

2 = Regular/Frequent

Therapist frequently engages behaviors that are appropriate to the phase of the case/session. Therapist articulates a clear plan for the session and describes many interventions were used to achieve phase-based goals.

3 = Extensive

Therapist consistently engages in behaviors that are appropriate to the phase of the case/session. Therapist articulates a clear plan for the session and describes extensive interventions that are implemented to achieve phase-based goals.

- Competence = the creativity, flexibility, breadth of alternative “avenues” the therapist takes to match to the uniqueness of each family’s language and ways of experiencing their world.

- Competence is rated on a four point Likert Scale ranging from 0-3. Rating are based on the quality – or level of skill – with which therapist implemented FFT model-specific behaviors. Quality reflects the depth and sophistication of interventions, and includes the degree to which the therapist tailors interventions in a contingent and phase-based manner to the unique characteristics of the family. [Note: A competency rating may only be applied when adherence ratings are a 2 or 3. If a therapist is not able to regularly implement FFT related interventions, competency is assumed to be minimal].

0 = None/Minimal There is *no or minimal evidence* that interventions are delivered with depth or sophistication. Although the therapist describes the presence of phase-based interventions, the description *fails to convey how interventions are matched to* client characteristics or *contingent* on the current interactions. Interventions appear to be *unplanned and lack focus*.

1 = Low There is *some evidence* that interventions are delivered with depth or sophistication. The therapist describes the presence of phase-based interventions that are *matched to* client characteristics or that are *contingent* on the current interactions. Interventions appear to be *planned and focused*. However, the therapist has *difficulty maintaining depth and consistency* throughout the session.

2 = Moderate Interventions are frequently delivered with depth or sophistication. The therapist describes the presence of phase-based interventions that are matched to client characteristics or that are contingent on the current interactions. Interventions are planned and focused. The therapist is able to regularly deliver interventions in a manner that is sensitive to the unique characteristics of the family.

3 = High Interventions are extensively delivered with depth or sophistication. The therapist describes the presence of phase-based interventions that are matched to client characteristics or that are contingent on the current interactions. Interventions are clearly planned and focused.

Process in Supervision

Order of supervision

- 1. Therapist
 - Assessment of therapist knowledge and performance
 - Core principle thinking
- 2. Model
 - Education and increasing model application
 - Fidelity ratings
- 3. Family
 - Case specific feedback

Therapist Assessment and Leadership Style

Skilled and Willing -Task oriented style -Monitor	Unskilled and Willing -Relational Style -Educate
Skilled and Unwilling -Relational Style -Motivate	Unskilled and Unwilling -Task oriented Style -Quality improvement action

Supervision Activities:

Skilled and Willing:

- Support/Monitor
- Put in leadership role with team
- Partner with struggling staff
- Peer Coaching, taking lead in group supervision

Skilled and Unwilling:

- Use QI Plan
- Encourage leadership role
- Increase morale
- Document
- Continuing education
- Peer Coaching

Unskilled and Willing:

- Teach, coach, mentor
- Training opportunities
- Positive encouragement/highlight efforts

Unskilled and Unwilling:

- Use QI Plan
- Document
- Training (take away excuses)
- Peer Coaching