Outcomes and Effective Supervision in Evidence-based Practice

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Reflection:

Are All Supervisors Competent?

- An unspoken premise in supervision
- No attention to competence of the supervisor
- Concern raised by inadequate, and even harmful supervision
  - Bernard & Goodyear, 2014; Ellis et al., 2014; Ladany, 2014
- Harmful and inadequate supervision as supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee and client (Ellis et al., 2014)(Ireland, U.S.)
We Are Very Poor at Self-Assessment

- Self-assessment bias
- 25% of mental health professionals viewed their skill to be at the 90th percentile when compared to their peers, and none viewed themselves as below average (defying statistical probabilities)
- Review of therapist lack of skill in identifying clients who got worse
  - Walfish, McAlister, O'Donnell, & Lambert, 2012
  - Like Lake Wobegon...all the children are above average?
- Expert performers actively sought more feedback than moderate performers (Sonnentag, 2000)
In instances when supervision accompanies EBPs there is no framework for maximizing effective supervision or evidence of impact of practices on outcomes (e.g., Accurso et al., 2011)
How Important is Outcome Assessment?
Using Outcomes in Supervision

- Therapists (experienced and inexperienced alike) rarely predicted deterioration in clients and over-predict improvement – although above 7% deteriorated.

- Conclusion: “Therapists need independent data to alert them that treatment is not having its intended effects and that deterioration may be forthcoming.” (p. 162)

  - (Hannan & Lambert, 2005)
Deliberate Practice, Expertise, and Supervision

...deliberate practice involves a well-defined, specific task that the learner seeks to master; second, task performance is followed by immediate feedback; third, there is opportunity for repetition; and fourth, learners must actively exploit the opportunity for improvement afforded by errors.


Expertise develops when two conditions exist: (a) The environment is predictable and with explicit outcomes, and (b) there is an opportunity to learn, based on quality information on the accuracy of past decisions and predictions

Tracey et al., 2014
• What is feedback? Information that reduces the discrepancy between current understandings or behavior(s) and those that are desired
  ◦ Hattie & Timperly, 2007

• Clients tend to consider therapist interpretations as accurate, so their efficacy and outcome ratings may be inflated. (or misleadingly affirmative)
  ◦ Tracey et al., 2014

• Suggested:
  ◦ Systematic feedback on client progress in comparison to normative progress of large samples—Use measures to track progress and identify normative trajectory
  ◦ Compare individual client trajectories with normative data
  ◦ RED LIGHT— if the client progress is less than the progress of 25% of clients with a comparable number of sessions and similar initial severity
  ◦ Lambert et al., 2005
However Tracey et al. (2014) contend that outcome feedback does not enhance expertise of the therapist. Instead they urge:

- Using systematically obtained client outcome feedback
- Feedback is necessary but not sufficient to enhance expertise
- (a) adopting a Bayesian approach by looking at base rates and the predictability of behavior,
- (b) obtaining quality information (e.g., relying on valid measures rather than impressions),
- (c) relying less on memory,
- (d) recognizing personal biases and their effects,
- (e) being aware of regression to the mean where less extreme behavior follows extreme behavior
- (f) adopting a disconfirming, scientific approach to practice

Tracey et al., 2014, p. 224
Deliberate Practice to Develop Expertise

- “the explicit setting aside of private time to review one’s behavior and outcome feedback, developing plans for improvement, and then following through on these”

(Miller, Duncan, Sorrell, & Brown, 2005 cited in Tracey et al., 2014, p. 225)
In supervision we believe this relates to reflective practice—with the supervisor providing a model for review, systematic consideration of progress/outcomes using valid tracking/monitoring measures, addressing biases, beliefs, and worldviews that impact treatment and generally modeling reflective practice with deliberate and planful feedback.
Feedback Issues

- Too little and too late
- Forgetting law of no surprises
- Not specific or targeted to competencies—strengths and those in development
- Strictly negative with no acknowledgement or attention to strengths—or listening to the other’s perspective
- Balancing respect for culture values of client and supervisee while upholding ethics of profession and gatekeeping responsibility
- Reticence on the part of supervisors to engage in difficult conversations providing feedback, competency and clinical monitoring, and evaluation
- What are reasons supervisors do not give feedback?
Activity

  - Consider material in video
  - Did a strain or rupture occur in the interaction between supervisor and supervisee? Between client and supervisee? How would you know/assess?
  - How would you proceed in supervision using information from the video?
  - What kind of feedback would you give the supervisor? The supervisee/therapist?
<table>
<thead>
<tr>
<th>Domain</th>
<th>Score at Intake</th>
<th>Score at Session 10</th>
<th>Clinical Cut-Off</th>
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<td>Interpersonal Distress</td>
<td>33*</td>
<td>36*</td>
<td>16.4</td>
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<tr>
<td>Somatic</td>
<td>16*</td>
<td>2</td>
<td>5</td>
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<tr>
<td>Interpersonal Relations</td>
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<td>2</td>
<td>4.4</td>
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<td>Social</td>
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<td>11</td>
<td>12</td>
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<tr>
<td>Behavioral Disengagement</td>
<td>11*</td>
<td>14*</td>
<td>3</td>
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<tr>
<td>Critical Items</td>
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<tr>
<td>Total Score</td>
<td>64*</td>
<td>66*</td>
<td>46</td>
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</tbody>
</table>

Feedback Exercise: 14 year old male, Latino, family migrated from Mexico when he was 3. He is depressed and has had 10 sessions of CBT treatment. How would you use the Outcome assessment scores in your feedback to the supervisee, a 24 year old Caucasian doctoral student?
Do supervisors matter?
  - Rousmaniere, Swift, Babins-Wagner, Whipple, & Berzins, 2016

Are we throwing away the baby with the proverbial bath water focusing so intensively on client outcomes and failing to attend to the therapist’s contributions?
  - Miller, Hubble, Chow, & Seidel, 2015

Or the supervisory contributions? (F & S)

Need to consider the therapist’s contribution—supervisee, supervisor AND systematic, intentional process
Effective Feedback

• First, invite supervisee self-reflection and self-assessment and reinforce metacompetence.

• Provide a framework for the feedback you will give that communicates the importance of the competence issue to be addressed and the developmental level, e.g., “normative” developmental challenge, doesn’t meet performance expectations, exceeds expectations.

• Feedback given should be formative and continuous, which will contribute to the summative evaluation.
In study of disruptive behavior, supervision sessions are infrequently focused on practice elements consistent with EB treatments for this population.

Coverage of practice elements common to EB treatments was brief.

Most children in public mental health are referred for disruptive disorders but emphasis was case conceptualization-focused.

Accurso, Taylor, & Garland, 2011
We suggest use of goal focused feedback and video review of sessions with experiential learning

Work of Bearman and colleagues about outcomes and experiential practice
Totaly missing from the discussion of EBPs are clinical wisdom and virtuous behavior.

- Creativity, sensitivity, meaningful connection, values based, ethical imperative
- Continuing competence is evolving and relates to ongoing development of expertise.
Metasupervision: Can Students Be Safe and Effective Supervisors?

- Supervisor training status did not predict clients’ change in distress from pre- to post-treatment, according to the Outcome Questionnaire 45.2 (OQ; Lambert et al., 1996), nor did it predict client retention, working alliance, satisfaction with therapy, perceived skillfulness of therapist, self-reported change as a result of therapy, or parallel ratings of satisfaction and client change from the therapist’s perspective. (p. 1)

- However, clients of student-supervised therapists were less likely to be considered “recovered” or “reliably improved” on the OQ following treatment.

- Use of weekly outcome measurement is an important device to track change.

  - Keenan-Miller & Corbett, 2015