

TF-CBT Supervision: A parallel process



Parallel Process Points: Part I

- ◆ Setting agendas
- ◆ What does a TF-CBT case presentation look like?
- ◆ How to “staff” cases in supervision similar to TF-CBT principles.
- ◆ Using fidelity checklists
- ◆ Engaging/Building a relationship with your counselors
- ◆ Taking care of your counselors

Setting Agendas

- ◆ What does this look like in TF-CBT?
- ◆ What are some effective supervision agenda styles?
 - ◆ Check-in, Organization of cases, Active learning, “fun/play”
 - ◆ How structured should you be?
- ◆ Considerations in agenda-setting
 - ◆ Comfort with presentation/role-plays
 - ◆ Group dynamics
 - ◆ Number of supervisees

TF-CBT Case Presentation

- ◆ Age and sex of client
- ◆ Brief family/living situation
- ◆ Reason for treatment (trauma history in brief)
- ◆ Identified symptoms/ clinical diagnosis
- ◆ How many sessions did the client agree to/ are you planning on doing?
- ◆ What components you've done so far?
- ◆ What questions you have?
- ◆ What is your plan for next week?

“Staffing considerations”

◆ Goals:

- ◆ Understand where cases are at in TF-CBT treatment
- ◆ Gain a sense (depending on # of cases running) about the ability of each counselor to implement components.
- ◆ Everyone gets regular turns for ALL clients.
- ◆ Objective Reporting

Fidelity Checklists

- ◆ What part of TF-CBT do they mimic?
- ◆ How are they helpful for you?
 - ◆ Organization
 - ◆ Identifying challenges/concerns
 - ◆ Gaining that “sense” of where all the counselors are at with different cases.
 - ◆ Help with monitoring fidelity (one of your “jobs” as a supervisor)

Engaging/Building a Relationship with Counselors

- ◆ What component(s) of TF-CBT does this mimic?
- ◆ Effective strategies to do this?
- ◆ Goals:
 - ◆ Honest communication
 - ◆ Comfort in reporting objectively (not making up, or distorting reporting)
 - ◆ Openness about ability to do trauma work
 - ◆ Lighten mood? More fun?

Taking Care of Your Supervisees

- ◆ Vicarious traumatization can be an occupational hazard for professionals who work with victims of trauma
- ◆ What are things supervisors can look for? (things we can “see”)
- ◆ Ways to address this:
 - ◆ Proactive/Prevention ideas?
 - ◆ Modeling direct approach (rather than avoidance) in addressing possible issues with counselors
 - ◆ It is important to address early in training because it is possible to be proactive and take preventative steps to minimize the harm.
 - ◆ When it gets in the way of a client’s progress

Parallel Process Points

- ◆ Role-plays
- ◆ Using the triangle in supervision
- ◆ What if a therapist doesn't want to move forward with TF-CBT on a case you think they should?
- ◆ Transfer of knowledge and skills

Use of role-plays

- ◆ Where is this seen in TF-CBT?
- ◆ How much should you use role-plays?
 - ◆ Number of supervisees and cases
 - ◆ Skill of supervisees
 - ◆ Supervisors ability to gauge counselors skills
- ◆ How do you use role-plays?
 - ◆ See what happens in session
 - ◆ Observe skills
 - ◆ Demonstrate differences in implementation techniques
 - ◆ Preparation for counselors
 - ◆ Preparation for possible client responses and how to deal with them

Using the cognitive triangle in supervision

- ◆ Having a challenging situation with a “resistant” caregiver
- ◆ Frustration with EBTs
- ◆ “Fed up” with paperwork in relation to EBTs
- ◆ Failure to move forward with a client
- ◆ Backing down in the TN when you feel like they should move on
- ◆ Fear/Lack of confidence in using model

Therapists who don't move forward

- ◆ What are the reasons?
 - ◆ How do you assess these in a TF-CBT way?
 - ◆ Resistance to the model?
 - ◆ Avoidance of trauma-related material?
 - ◆ Too much attention to COWs?
 - ◆ Separate supervisor's recommendations?
 - ◆ Others?

Transfer of skills/knowledge

- ◆ How does this mimic TF-CBT?
- ◆ Goal: independent counselors who do not have to rely on you to make good tf-cbt decisions.
- ◆ How?
 - ◆ Early direction; clear with rationale and actions
 - ◆ Questioning – encouraging responses (what and why?)
 - ◆ Eventually letting others in the team direct

Transfer of knowledge & skills:

- ◆ What to look for in your counselors eventually...
 - ◆ Balance of fidelity and flexibility
 - ◆ Core understanding of “goals” that need to remain intact, while being able to “flex” the model appropriately.
 - ◆ Ability to implement components across the ages
 - ◆ Balance of positive feedback and constructive criticism to others
 - ◆ Movement through model
 - ◆ More natural flow of components (rather than each component being a “silo”)