FFT Supervisor Focus and Ratings

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Case Supervision: Supervisor Focus

Case presentation
- Principles
- Phase, goals, techniques
- Relational Assessment

Ratings
- Dissemination Adherence
- Model Fidelity

Session Planning
- Phase/Goal Directed
- Not Rated
Principle Based

- Monitor case presentation is based in Core Principles of FFT.
- Supervisor is listening for: Strength based focus, Relational Focus, Phasic presentation, Non-Judgmental, Matching
- If therapist is not presenting case within the Core Principles, the supervisor must:
  - Assess which principle is leading therapist off Model
  - Confront principle missed immediately
  - Assist the therapist with their off model principle prior to moving forward with case presentation.
Example: Therapist presents case as a 15 year old male who has a history of fighting with parents, drug use and running away. Therapist reports at the start of the session mom accused her son of being high and didn’t come home last night. Therapist responds with: “Your son sounds very oppositional and needs to be seen by a doctor. You should also locate a local shelter to have your son stay at while you determine the extent of his drug use and or mental health issues”.

What FFT principles are jeopardized?
Ways to respond to therapist to get them Model focused.
Monitor case presentation is based in Core Principles of FFT. Supervisor is listening for: Strength based focus, Relational Focus, Phasic presentation, Non-Judgmental, Matching

If therapist is not presenting case within the Core Principles, the supervisor must:
- Assess which principle is leading therapist off Model
- Confront principle missed immediately
- Assist the therapist with their off model principle prior to moving forward with case presentation.
Case presentation: Goals and techniques used in session.

- Is the therapist able to articulate the Phase they are in?
- Is the therapist able to articulate the Goals they focused on in the session.
- What techniques did the therapist described they used based on the phase and goals of session presented.
- What was the impact and response of family based on techniques utilized? How did therapist respond?
- Supervisor must be able to hear the above presented.
- Supervisor goal is to seek clarity from therapist to determine therapist struggle. Goal: Anchor therapist in Model based decisions.
Relational Functions (Relatedness and Hierarchy) should be present during all case presentations. Supervisor needs to monitor therapist is utilizing functions (even if therapist is not certain of the functions). Is the therapist able to articulate patterns of behavior within the family? Is the therapist able to present the benefit of the pattern/s even if the behaviors are “negative”. What is the function of the negative behavioral interaction/pattern?
Weekly Supervision Checklist: Rating

- Supervisor CSS entry capturing each supervision activity
- Supervisor reports on broad clinical focus of supervision
  - Overall clinical focus of that supervision (group or individual)
- Supervisor report on implementation focus of specific supervision
  - Non clinical issues which may be impacting FFT delivery (referrals etc)
- Supervisor entry of case reviews
- Supervisor goals for next supervision
Rating of Fidelity: Clinical & Dissemination Adherence

- Supervisor record of therapist case staffing.
- Two separate ratings within each case presentation
- Dissemination Adherence: Degree to which the therapist is following FFT program design
- Model Fidelity: Clinical rating of therapist adherence and competence while delivering services to families
Dissemination Adherence: 7 point Likert-Scale ranging from 0 to 6

- Notes: Completion Quality
- Assessments
- Attending supervision Flexibility Referral Sources

CSS

Therapist Activity

Dissemination Adherence
Dissemination Rating: 0–6 Likert Scale

- **CSS**: Notes/Contacts are up to date and reflect therapist intervention
- Pre/Post assessments complete and in CSS.
- **FSR/TSR**: Complete and in CSS
- Therapist attends supervision as required
- Therapist is flexible and relentless with families
- Therapist maintains relationship with referral source

- Supervisor starts at 6 and moves down the scale for each activity not completed by therapist when applying rating.
Clinical Rating given by supervisor

Rating has two components:

- **Clinical Adherence**: Degree to which the therapist applies the model as intended.
- **Clinical Competence**: Quality—level of skill and complexity of therapist to implement model specific behaviors.
  
  - Rating can only be given if the Clinical Adherence is rated a 2 or 3.
  - Do not have to add a clinical rating if therapist does not display complexity in response.

- Each are rated on a 0–3 Likert-scale independently
- Combined total of both ratings will be recorded as the Model Fidelity Rating
Clinical Adherence: Therapist report of interventions used based on Phase/goals. Frequency of Interventions used.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>none/minimal</td>
</tr>
<tr>
<td>1</td>
<td>Occasional/Infrequent: Therapist <em>occasionally</em> engages in behavior that are appropriate to the phase of session.</td>
</tr>
<tr>
<td>2</td>
<td>Regular/Frequent: Frequent therapist use of <em>many</em> interventions that are appropriate to phase</td>
</tr>
<tr>
<td>3</td>
<td>Extensive/Consistent: Therapist consistently engages in behavior appropriate to phase with <em>extensive</em> interventions.</td>
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Clinical Adherence 0–3 Rating
### Clinical Competence: Therapist creativity and response in the session.

<table>
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</table>
| 0 | none/minimal  
Interventions were unplanned, unfocused and superficial |
| 1 | Low  
Interventions were planned with some evidence therapist response maintained depth and consistency |
| 2 | Moderate  
Interventions were frequently delivered by therapist which displays plan and focus with depth and consistency |
| 3 | High  
Interventions were extensive in delivery with clear plan appropriate to phase with extensive specific interventions. |
Model Fidelity Rating:

- Clinical Adherence:
  - 0–None
  - 1–Occasional
  - 2–Regular/Frequent
  - 3–Extensive/Consistent

- Clinical Competence:
  - 0–None
  - 1–Low
  - 2–Moderate
  - 3–High

Model Fidelity Rating = Clinical Adherence + Clinical Competence
Global Therapist Rating

- Completed at intervals when TYPE report is reviewed with National Consultant
- Tri-Yearly review of therapist knowledge and performance
- Goal is to establish concrete plan to support increasing therapist abilities in FFT.
- Plan created is to include therapist perspective along with supervisor perspective.
- Rating of Performance and Knowledge.
Challenges for New Therapists
Principle based decisions in FFT
Immediate Struggles:

- Individual focus
- Insight driven
- “Fixing”
- “Rescuing”
- Judgement
- Relationship building when focus is getting folks to “like us”
Shifting to FFT focus

- Therapist Focus = Relational
  - Family First
  - Within family risk factors

- Matching:
  - Family:
    - Family members feeling “HEARD”
  - Therapist:
    - Our job is to find ways to “COMPLIMENT” the family
Why ALLIANCE based in FFT?

- Alliance
  - Family members feeling the therapist is working hard to understand perspective of each member
  - Use of Matching: feeling heard

- NOT ABOUT BEING LIKED!
Questions: Use of and Impact

- Goal of asking the question: Therapist focus
- Link use of questions to Phase Goals:
  - Decrease negativity
  - Decrease Blame
  - Building Hope
  - Alliance
  - Increasing Relational Focus

- Impact: Family Response
Questions: Relational Focus

- Linked to Goal

- Examples of Relational Focused Questions

- Examples of Relational Statements:
“My son never listens to me, is disrespectful and doesn’t care what I think”

Therapist Response: GOAL in FFT
- Question: “How does it make you feel mom when this is happening”
- Statement “This is where it gets really difficult for you and your son cuz I’m guessing you both don’t feel like the other person “get’s it”.

IMPACT based on the GOALS. Which response is going to move your forward in the Model?
What’s the impact?

Question:

◦ “And if I am hearing you right mom, this is where it is hard for you to figure out ways to help your son, am I on track”?

◦ Statement: “Times like this are when kids should really listen to their parents”.

◦ IMPACT
Supervisor Directed Focus:

- Principles
- Phase based decisions
- Adherence

“What are your tracking”? 