

FIT Supervision Intensive

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You could be here

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FIT Supervision Intensive

Agenda:

Day 1: Empirical Foundation

Day 2: Practical Application of the FIT Sup Model

Day 3: Using Data to Improve Outcome

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Goal for Today:

Provide the empirical
basis and principles of
FIT Supervision



QUIZ

Does treatment work?

The Evidence

The “Good News”

- *In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.*
- *The outcome of behavioral health services equals and, in most cases, exceeds medical treatments.*
- *On average, mental health professionals achieve outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).*

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.

Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, G., Kircher, J. (2008). Benchmarking for psychotherapy efficacy. *Journal of Consulting and Clinical Psychology*, 75 232-243.



QUIZ

Are outcomes improving?

The Evidence The “Bad News”

No Improvement



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Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.

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QUIZ

Which of the following statements are false?

- A. Drop out rates average 25%;*
- B. Mental health professionals frequently fail to identify failing cases;*
- C. 1 out of 10 consumers accounts for 60-70% of expenditures.*



The Evidence:

Three “Stubborn” Facts

- *Drop out rates average 25%;*
- *Mental health professionals frequently fail to identify failing cases;*
- *1 out of 10 consumers accounts for 60-70% of expenditures.*

Aubrey, R., Self, R., & Halstead, J. (2003). Early non attendance as a predictor of continued non-attendance and subsequent attrition from psychological help. *Clinical Psychology, 32*, 6-10.

Chasson, G. (2005). Attrition in child treatment. *Psychotherapy Bulletin, 40*(1), 4-7.

Harmon, S.J., Lambert, M.J., Smart, D.M., Hawkins, E., Nielsen, S.L., Slade, K., Lutz, W., (2007) Enhancing outcome for potential treatment failures: Therapist-client feedback and clinical support tools. *Psychotherapy Research, 17*(4), 379-392

Lambert, M.J., Whipple, J., Hawkins, E., Vermeersch, D., Nielsen, S., & Smart, D. (2004). Is it time for clinicians routinely to track client outcome? A meta-analysis. *Clinical Psychology, 10*, 288-301.

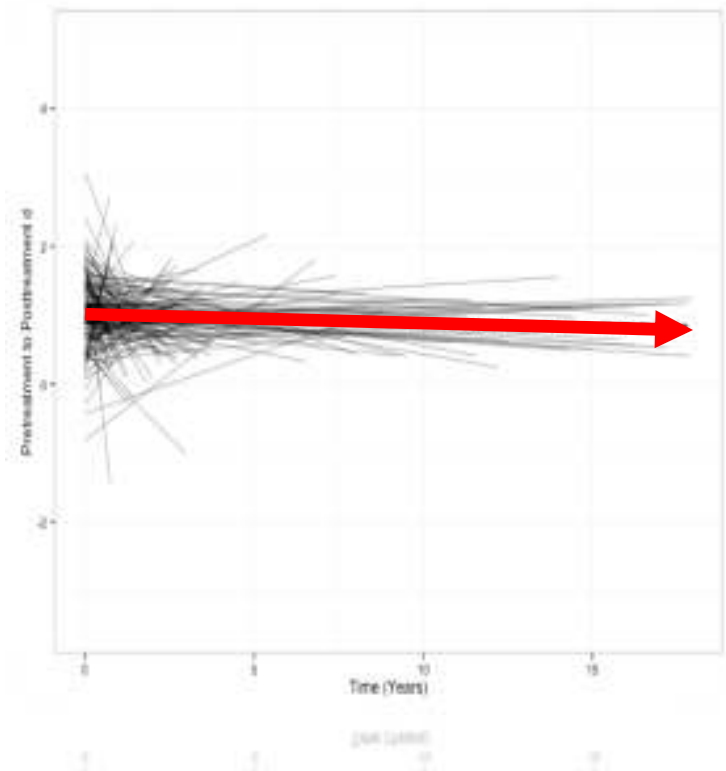
QUIZ

Do therapists improve with time and experience?

THE EVIDENCE

How Do Therapists Develop?

- The largest study to date on the effect of experience on outcome;
- 170 Therapists followed over 17 years;
- On average outcomes declined over time.



Goldberg, S., Miller, S. et al. (2015). Do therapists improve with time and experience? *Journal of Counseling Psychology*.

QUIZ

What therapist quality does improve with time and experience?



THE EVIDENCE

How Do Therapists Develop?



Goldberg, S., Miller, S. et al. (2015). Do therapists improve with time and experience? *Journal of Counseling Psychology*.

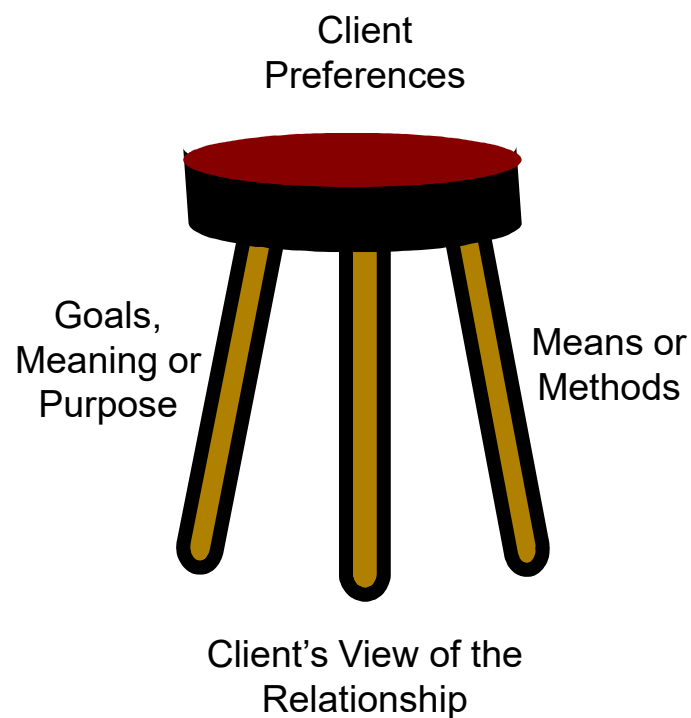


QUIZ

What ingredient in treatment is most predictive of outcome?

Seeing More: What to “Watch”

- Research on the power of the relationship reflected in over 1100 research findings.

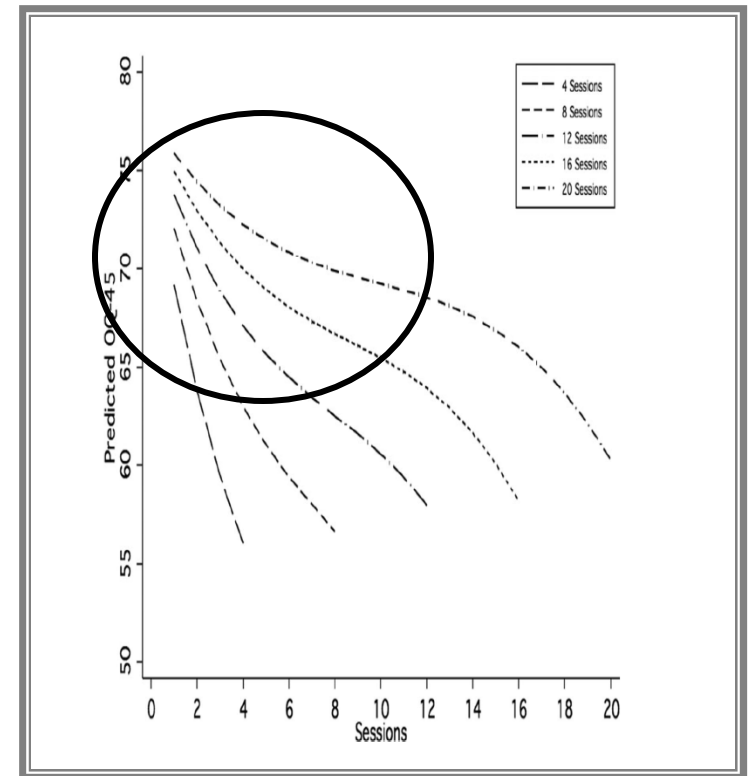
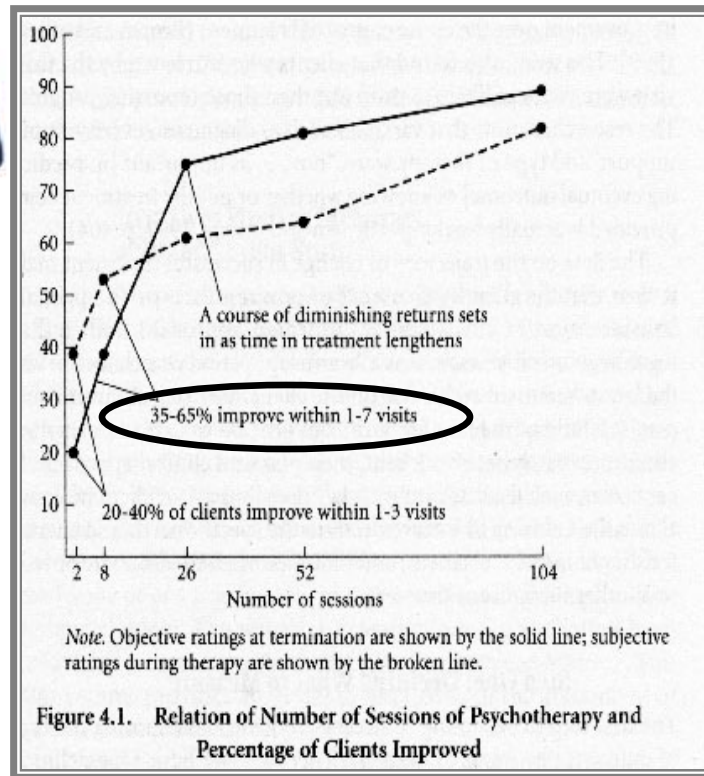


QUIZ

Should supervisors be concerned about how quickly clients change in therapy?

Seeing More: What to “Watch”

The Course of Progress in Successful Care



Howard, K. et al. (1986). The dose-effect relationship in psychotherapy. *American Psychologist*, 41, 159-164

Baldwin, S. et al. (2009). Rates of change in naturalistic psychotherapy. *Journal of Consulting and Clinical Psychology*, 77, 203-211.

- Rapid and dramatic change (first 5 visits) occurs in as many as 40% of people and is maintained at two year follow up .
- 90% chance of failure if there is no change between the 2nd and 8th visit .
- As many as 25% of people remain in treatment while experiencing no measurable benefit .

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- Coach and mentor staff
- Know when things are on and off track
- Help clinicians integrate FIT into their practice
- Have confidence to address clinician concerns about FIT practice
- Understand and interpret outcomes and alliance data

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Exercise

What are the most important points about FIT and how it will be used in supervision that you should communicate at the orientation meeting?



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Exercise Summary



- Communicate goal of supervision:
 - Help clinician help their clients;
- Define FIT and Provide a rationale gathering formal client feedback:
 - Treatment is effective when clients are engaged;
 - Clinicians frequently fail to identify clients at risk of dropping out, deteriorating or not benefiting from treatment;
- Set stage for a “culture of feedback”;
- Communicate expectations regarding use of FIT

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Exercise Summary



- Provide overview of supervision sessions and how they should prepare for supervision sessions (bring cases of concern and client graphs);
- Clarify how outcome and alliance data will be used (i.e., how metrics will or will not be used in performance evaluations);
- Communicate importance of their feedback to you on the supervisory process.

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- Defined as, “a relationship between a supervisor and supervisee that promotes the professional development of the supervisee through interpersonal processes, including mutual problem-solving, instruction, evaluation, mentoring, and role modeling” (p. 785).

- *As of today, there is one experimental study (Bambling et al., 2006) in the literature.*

Watkins, C.E. (2011). Does psychotherapy supervision contribute to patient outcomes: Considering 30 years of Research. *The Clinical Supervisor*, 30(2), 235-256.

Hill, C., & Knox, S. (2013). Training and Supervisions in Psychotherapy. (pp. 775-809). In M.J. Lambert (ed.). *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*, 6th Edition. New York: Wiley.

FIT Supervision Training

- Evidence to date indicates that supervision enhances supervisee:
 - Self-awareness;
 - Treatment knowledge;
 - Skill acquisition and utilization;
 - Self-efficacy.
- As regard effectiveness, Watkins (2011) review concluded:
 - “We do not seem to be any more able to say now (as opposed to 30 years ago) that psychotherapy supervision contributes to patient outcome.”



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Rousmaniere et al. (2014)
examined the impact of supervisors
on outcome:

- 175 therapists, 23 supervisors, 6521 clients;
- Outcome measured at each session;
- 5 years of data from a non-profit treatment center.

Supervisors explained less than 1% of the variance in client outcomes.

Rousmaniere, T., Swift, J., Wagner, R., Whipple, J., & Berzins, S. (2014). Supervisor variance in psychotherapy outcome in routine practice. *Psychotherapy Research*, DOI: 10.1080/10503307.2014.963730

Whipple, J. et al. (2019). Supervisor variance in psychotherapy outcome: A replication. *Sage Open*. <https://doi.org/10.1177/2158244019899047>.

Psychotherapy Research, 2014
<http://dx.doi.org/10.1080/10503307.2014.963730>



EMPIRICAL PAPER

Supervisor variance in psychotherapy outcome in routine practice

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has long been considered as a means for helping trainees develop competencies in their work has been conducted examining the influence of supervision on client treatment and whether differences in supervision can predict whether clients will make a psychotherapy. **Method:** In this naturalistic study, we used a large (N=6521) dataset generated by 23 supervisors' 5-year archival data-set of psychotherapy outcomes from a center to test whether client treatment outcomes (as measured by the OQ-48.2) differed by supervisor. Hierarchical linear modeling was used with clients (Level 1) nested within supervisors (Level 2). **Results:** In the main analysis, supervisors explained less than 1% of the variance in client outcomes. **Conclusions:** Possible reasons for the lack of variability between

psychotherapy outcomes

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- There is evidence, albeit indirect, indicating:

- The frequency and amount of supervision time is correlated with:

- *Supervisee satisfaction;*
 - *Supervisee ratings of supervisor helpfulness;*
 - *The amount supervisees learn.*

- The supervisory relationship is linked to supervisee satisfaction;

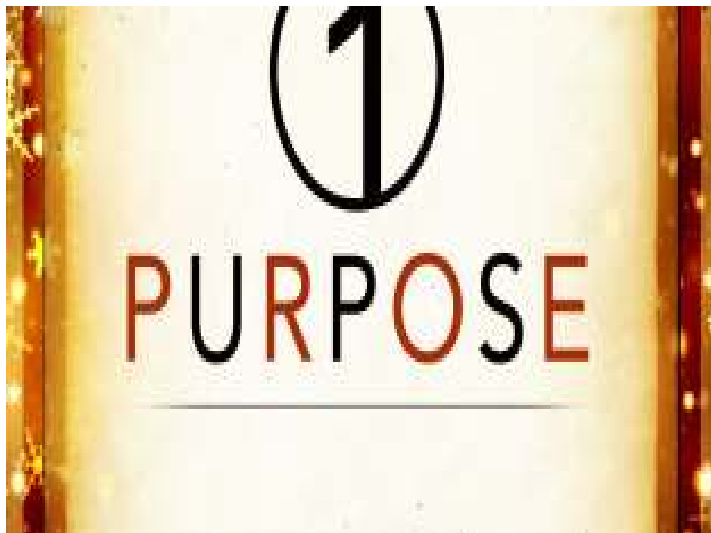
- Supervisees are more satisfied and learn more when supervisors:

- *Explain their own and supervisee's roles;*
 - *Encourage feedback; and*
 - *Nurture open discussions.*

- Supervisees who rate supervisor as interpersonally attractive are in turn rated by supervisors as effective. However, neither are correlated with outcome



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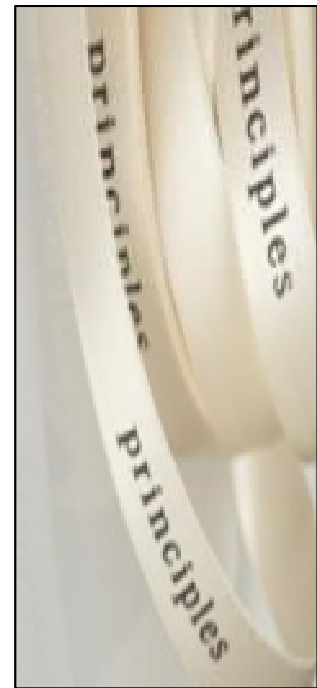


“The primary objective of FIT supervision is to ensure services being delivered engage the consumer and are effective .”

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Empirically Supported Principles

- The client's experience of the alliance and outcome are the best predictors of retention and progress in treatment;
- Because of the low correlation between client and clinician ratings of outcome and alliance, therapists must routinely seek client feedback via valid and reliable measures of the alliance and outcome;
- No one model, method, or clinician is sufficient for treating all problems;
- Feedback is crucial to help services fit the diverse problems and people in care.



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Traditional Supervision can be:

- Administrative in nature –have you done the paperwork?
- Therapy for the therapist –(i.e. focus is on transference and counter transference issues)
- Focused on models and theories (fidelity and adherence)
- Based on clinician interpretation and diagnosis of client
- Based on clinician's evaluation of client success
- Group or 1-1



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FIT Supervision is:



- Both administrative and clinical in nature
- Focused on early identification of clients at risk of drop out, null outcomes or deterioration and encourages modification of services to reduce risk.
- Focused on using client feedback data to improve the therapy process
- Based on client reported outcomes rather than clinician evaluation of client success
- Based on outcome data rather than theoretical knowledge or technical expertise—it is focused on effectiveness.

FIT Supervision is:

- Group or 1-1
- Offers feedback, support, training, and peer supervision to clinicians whose outcomes fall below agency norms.
- Oriented to skills of outcome-informed services:
 - *Introducing outcome and alliance measures to clients,*
 - *Integrating outcome and alliance measurement into clinical practice, and*
 - *Using client feedback on the alliance and outcome of treatment to guide practice.*



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