FIT Supervision Intensive

Scott D. Miller, Ph.D.
Susanne Bargmann

FIT Supervision Intensive

Goal for the Day:

Learn the FIT Supervision Model

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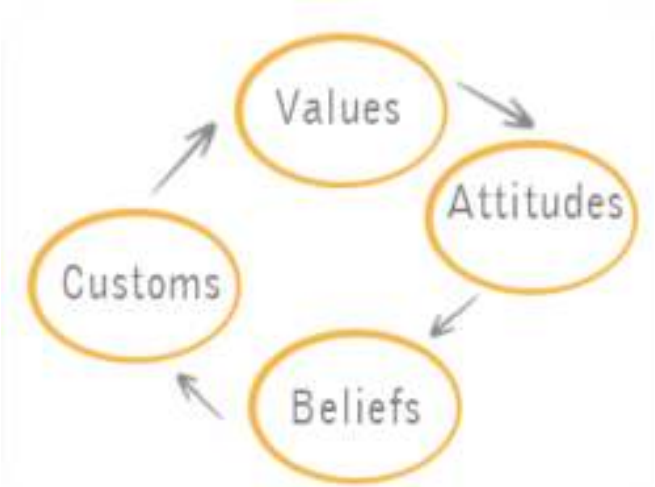
"An agency that has a FIT culture embraces feedback at all levels. Clients, clinicians and management give and receive feedback and are open and transparent. Everyone involved uses feedback and has access to outcomes. In a FIT culture, FIT is a normal and routine part of everyday practice."



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FIT clinical supervision focuses on integration of outcome and alliance measurement into practice and identifying and addressing “at risk” cases.

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Administrative supervision means providing the infrastructure for:

- Clinicians administer the measures correctly
- Barriers are identified and solutions explored and implemented;
- Compliance with FIT practice and principles is uniform across clinicians and programs.

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Cases of Concern

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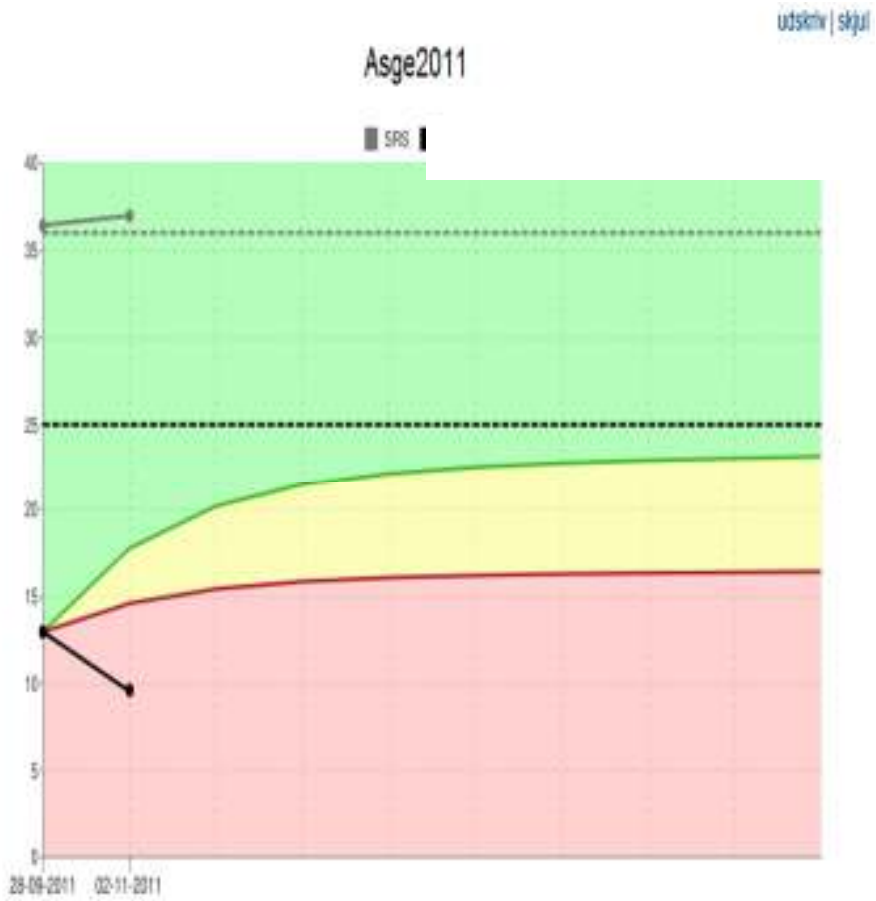
Trajectories of Change

- Computer-generated "trajectories of change":
  - *Uses a normative database to plot client-specific trajectories;*
  - *Depicts the amount of change in scores needed to be attributable to treatment and predictive of eventual success.*



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SUMMARY

ORS Above cut-off:

- Encourage supervisee to explore the client's reasons for seeking help.
- If client is mandated suggest supervisee ask client to fill out the ORS as if they were the referrer
- If client seeking help for a specific problem, encourage supervisee to focus on addressing that problem and avoid depth –oriented & exploratory strategies
- If high score is not associated with a particular presenting complaint or an external mandate to seek services, encourage the supervisee to clarify the purpose of therapy and avoid engaging the client in a potentially counter-therapeutic or harmful service.

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SUMMARY

Lack of Progress on ORS:

- Lack of progress on ORS is associated with:
  - Higher no-show and drop out rates
  - Continued provision of ineffective services
- Review all cases showing deterioration or underperforming In the first 3 to 4 sessions, work with supervisee to generate ideas about adjusting the alliance
- By sessions 6 to 7, encourage the exploration of adjusting the treatment:
  - frequency of sessions
  - intensity of treatment
  - Additional elements
- By weeks 8 to 10, suggest supervisee explore whether a referral to another provider, treatment type, or setting is advisable.

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SUMMARY

High and flat ORS scores:

- Are the pattern of scores an indication that maximum progress has been achieved? If so, suggest:
  - working with the client to develop a plan to maintain gains after termination
  - talking with the client about decreasing the dose and intensity of services (i.e., spreading out sessions)
- Are the ORS no longer capturing the client's sense of well-being and progress? If so, encourage supervisee to help clients "recalibrate" the scale

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SUMMARY

ORS scores decrease over time or "Bleeding" after a period of progress:

Take immediate action to alter services in order to avoid drop out or a risk of negative or null outcome, including:

- Discussing the deteriorating scores with the client;
- Identifying and addressing any problems in the therapeutic alliance
- Inviting a colleague or supervisor to join the session
- Considering other service and support options (e.g., another service provider, different dose or intensity, alternative treatment approach, etc.).

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SUMMARY

Alliance score below clinical cut off and declining over time:

- 25 percent or fewer clients score below the SRS cut-off score of 36.
- The lower the score, the stronger the indication is of a problem in the therapeutic relationship.

Supervisors should:

- Ask the clinician if the alliance scores were directly addressed with the client
- Explore the clinician's reactions to client feedback about the alliance and stay alert to potential discomfort the clinician may have with negative feedback
- Suggest that the clinician explore some changes in the treatment method in collaboration with the client if the low SRS scores are coupled with a lack of improvement in outcomes by the third session
- Encourage the clinician to consider consulting with the rest of the team if they have not already done so
- Consider changing therapists if the poor SRS scores are accompanied by a lack of improvement in outcomes by the sixth visit
- Monitor client progress carefully.

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SUMMARY

ORS score suddenly drops after a period of progress (Ditching):

- Often attributable to external circumstances outside of the client's and/or therapist's control.
- Most often such downturns resolve quickly, returning to prior levels of functioning within a session or two
- Supervisors should encourage therapists to continue with treatment as usual rather than making the downturn a topic of treatment.

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SUMMARY

Fluctuating or see saw scores:

- Up and down movements can be attributable to:
  - Clients not following the directions when completing ORS
  - Normal variation in nonclinical levels of functioning, typical of everyday life
  - An expression of a life with large, dramatic, sudden changes in functioning
  - Ineffective treatment.
  - Each of these circumstances
- Carries risk of clients feeling disempowered over time and/or dropping out of services.

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SUMMARY

Fluctuating or see saw scores:

- Insure that the clinician read the directions for completing the ORS together with the client
- Encourage clinician to check that the client still understands how to complete the ORS
- Suggest working to increase the length of time between sessions to minimize the needlessly extending services and risking discouragement and/or dropout.
- Also encourage a shift in focus of to aftercare planning

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SUMMARY

Alliance scores are perfect (40) minimal change on ORS:

Perfect scores may or may not mean there is a problem with the alliance

- ask the clinician if the alliance scores were directly addressed with the client
- explore the clinician's reactions to client feedback about the alliance and stay alert to potential discomfort the clinician may have with negative feedback
- When perfect SRS scores are coupled with a lack of improvement in outcomes encourage the clinician to consider consulting with the rest of the team if they have not already done so
- consider changing therapists if lack of improvement in outcomes by the sixth visit
- monitor client progress carefully.

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Basic Client Information First

- *Name*
- *Age*
- *Gender*
- *Relationship status /Family*
- *Work / Education*
- *Referral source (Who is concerned?)*
- *Treatment start*
- *Current treatment (including drugs)*
- *Previous treatment*
- *Abuse*
- *Reason for seeking treatment*

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- Making progress?
- Treading water?
- Deteriorating?
- Done?

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- Does the client have a stated goal for treatment and if so what is it?
- Does the client have specific ideas about how he/she can reach the goals?
- Does the client have wishes or expectations regarding the role of the therapist? (i.e. looking for an expert, looking for someone to listen and provide support and feedback?)
- Does the client express preferences about the therapy or the relationship with the therapist? (i.e. religion, gender, methods)

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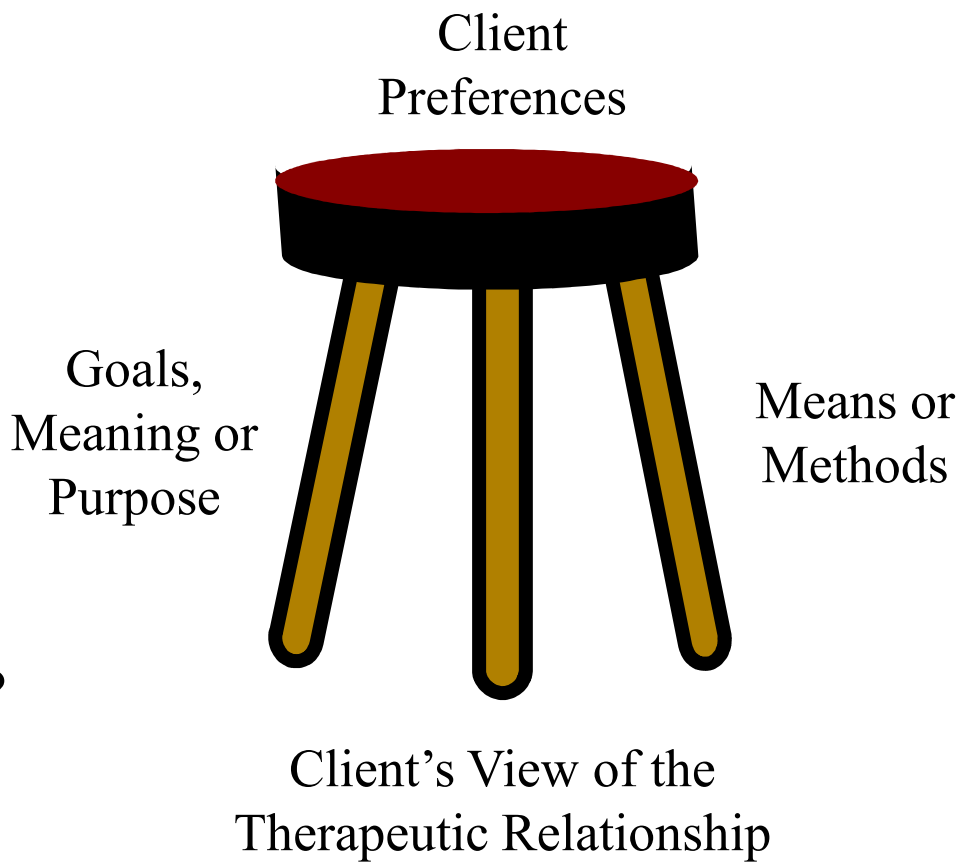
The Alliance Stool in Supervision



FIT Supervision

Reflecting Team

1. Focus the reflections on the elements of the therapeutic alliance.
2. Speak in a positive/ affirmative language
3. Tentative hypothesis
4. Short / sequential reflections

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- Clinician not using language of FIT or measures;
- Clinician not able to describe how measures are introduced or integrated;
- No-show or drop-out rates are high (contextual to work site);
- Long-term therapy without progress;
- SRS scores reflect problems in alliance;
- Clinician views process as just more paperwork;
- Use of the measures seems perfunctory;
- Effect size is consistently lower than norm for site.