Supervisor

Figure 2.

Organizations enrolled in the study (WA State funded CBT+ training initiative (N = 33), and 76% (N = 25) not sufficient to change therapists’ clinical practice; Implementation science shows that just providing almost all Cognitive Behavioral Therapy (CBT) treatments for anxiety and trauma, it remains understudied in CMH, which threatens child outcomes 1

Supervision as an implementation tool to increase therapists’ use of exposure in community mental health

Woodard1, G. S., Pullmann2, M. D., Meza3, R. M., Martin1, P., & Dorsey1, S.
1 Department of Psychology, University of Washington, Seattle, WA, USA
2 College of Education, University of Washington, Seattle, WA, USA

INTRODUCTION
There are many effective evidence-based treatments (EBTs) for children and adolescents,1 but in community mental health (CMH) settings these EBTs show less effectiveness, sometimes not outperforming usual care.2,3

This could be due in part to the differences in supervision between efficacy trials and community mental health clinics.4,5

There has been limited research on supervision, however, more structured supervision techniques have been shown to increase frequency and extensiveness of coverage of important clinical factors.6

Despite the strong evidence base for exposure as an active ingredient in almost all Cognitive Behavioral Therapy (CBT) treatments for anxiety and trauma, it remains understudied in CMH, which threatens child outcomes 1

Implementation science shows that just providing training on exposure is not sufficient to change therapists’ clinical practice; ongoing supervision or consultation is necessary to increase exposure dosage.

Therefore, 2 structured supervision technique packages were both hypothesized to:
1. Increase frequency and extensiveness of exposure content in supervision
2. Increase frequency and extensiveness of exposure content in therapy sessions
3. Predict exposure frequency and extensiveness in therapy sessions

METHODS
Data come from an NIMH-funded study in Washington State
Participants were recruited from organizations actively participating in the WA State funded CBT+ training initiative (N = 33), and 76% (N = 25) organizations enrolled in the study

Table 1. Study Inclusion and Exclusion Criteria

Inclusion Criteria
Exclusion Criteria
Supervisor
Trained in TF-CBT by CBT+; currently supervising ≥ 2 eligible clinicians
Participating supervisor; trained in TF-CBT+ or free online site; having completed or begun 1 TF-CBT case
Adult caseload; immediate plans to leave the organization
Clinician
Trained in TF

RESULTS
Frequency: Out of all supervision techniques, only symptom monitoring predicted more frequent exposure coverage in therapy (OB=1.7; Figure 4)
Extensiveness: No supervision technique predicted more extensive coverage in therapy

DISCUSSION
To our knowledge, this is the first study to directly examine the relation between “gold standard” supervision and content coverage in supervision and therapy in order to understand therapists’ use of exposure.

Increasing exposure use in community mental health requires a multifaceted solution, and this study makes a case that supervision can play a key role in increasing exposure dosage in community mental health

Structured supervision can effect clinical practice, therefore more resources should be allocated to increasing use of “gold-standard” supervision techniques

Specifically encouraging supervisors to regularly incorporate symptom monitoring into supervision may lead to greater treatment success by increasing the dose of exposure received

Limitations: TF-CBT may not generalize to other EBTs that use exposure, organizations opted to participate in CBT+, which may make them unique (but anecdotal evidence shows considerable organizational variation)

Future directions: more research should be done assessing how much child outcomes improve with “gold-standard” supervision, and also which “gold-standard” supervision techniques are most effective in increasing coverage of specific clinical content and techniques

REFERENCES