

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

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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^{1,2}
 - This could be due in part to the differences in supervision between efficacy trials and community mental health clinics³⁻⁵
- 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 factors⁶
- 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 underutilized in CMH, which threatens child outcomes⁷
- Implementation science shows that just providing training on exposure is not sufficient to change therapists' clinical practice,⁸ ongoing supervision or consultation is necessary to increase exposure dosage
- Therefore, 2 structured supervision technique packages were both hypothesized to:
 - Increase frequency and extensiveness of exposure content in supervision
 - Increase frequency and extensiveness of exposure content in therapy sessions
 - 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.

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

Figure 1. Study Flow.

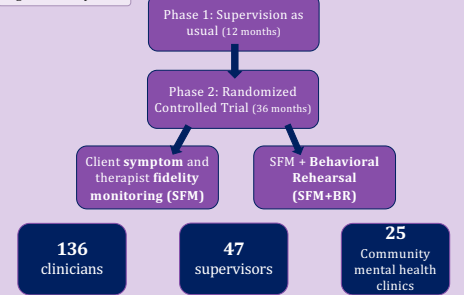
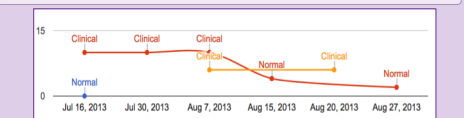


Figure 2. Example of the Symptom Monitoring Tool Used in the SFM condition.



METHODS

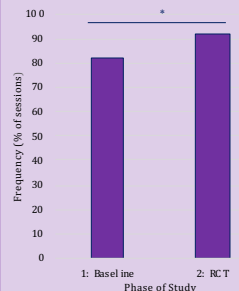
- All demographic data were collected via online self-report
- Audiofiles of both supervision and therapy sessions were recorded and objectively coded for:
 - content discussed (e.g., exposure, coping skills)
 - techniques used (e.g., elicitation, modeling)
- The Supervision Process Observation Coding System (SPOCS) was developed and used to code supervision for 13 supervision techniques (e.g. symptom monitoring, reviewing actual practice, etc.)
- The Therapy Observation Coding System (TPOCS) was used to code therapy sessions for 31 therapy techniques (e.g. roleplaying, assessment)
- Trained coders rated if/how often the strategy occurred in 5 minute intervals and determined intensity of the technique
- Interrater reliability for coding supervision/therapy sessions was high (ICC(2,1) > .80)

Table 2. Sample Characteristics.

	Supervisor (n = 47) M (SD) or %	Clinician (n = 136) M (SD) or %
Ethnicity (% Caucasian)	87.2%	83.1%
Gender (% Female)	72.3%	89.0%
Age	41.9 (10.3)	36.3 (10.7)
Education (% Master's)	93.6%	90.3%
Years in field	14.6 (7.5)	7.3 (6.5)
Years in organization	8.5 (6.4)	3.6 (3.6)
Licensed	93.6%	43.4%
Mainly uses EBP	74.5%	77.9%

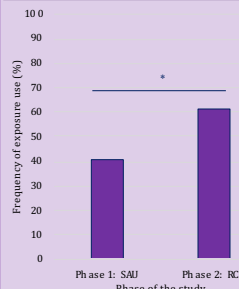
RESULTS

Figure 2: Frequency of Exposure Content in Supervision Sessions.



- Frequency: Baseline supervision involved frequent coverage of exposure content (82%), but increased to 91.9% (p=.005) when structured supervision was used (Figure 2)
- No significant difference between RCT conditions (p = .986)
- Extensiveness: The extensiveness of exposure coverage in supervision did not increase (p = .131)

Figure 3. Frequency of Exposure Content in Therapy Sessions*



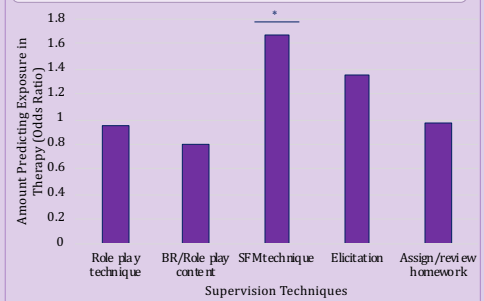
- Frequency: Clinician frequency of exposure use in therapy increased from 41% to 61% (p < .001) with structured supervision (Figure 3)
- Extensiveness: The extensiveness of exposure coverage in session did not increase (p = .771)

*Supervisor N = 28; Clinician N = 70; Families N = 305

RESULTS

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

Figure 4. Supervision Session Techniques Predicting Exposure Frequency in Therapy Sessions.



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

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