

# The Role of Clinical Supervision in Learning, Adopting and Maintaining Evidenced Based Practices

CLINICIAN

FIELD

PERSPECTIVES

# Introduction

## COMMON THEMES:

- ORGANIZATIONAL ISSUES
- SUPERVISION PRACTICES
- DIFFUSION CONCERNS

*Field Application*

# CONTEXT OF FINDINGS

- Clinical Trials “Expert” Role
- Application/Modifications to:
  - ◆ 10 outpatient SUD clinics in HMO
  - ◆ Teen Prevention Project
  - ◆ Youth/Adult Corrections
  - ◆ Practice Improvement Collaboratives:  
Adult Corrections Residential, Native American Programs

# ORGANIZATIONAL

- Management Support
- Funding
- Internal Expertise
- Planning for Change
- Mechanisms for Implementing/  
Integrating /Sustaining Clinical  
Change

# Creating Vision

## PHASES

- Groundwork
- Training
- Implementation
- Integration
- Sustaining

# *Groundwork*

- ★ Define Science
- ★ Define Changes Needed
- ★ Define Changes to be made
- ★ Plan for changes
- ★ Identify Agency Goals

# *Training*

- ★ Increase Knowledge
- ★ Demonstrate skills
- ★ Practice skills
- ★ Identify Tools
- ★ Address Post Training Concerns

# G-Z-N-A-R-T-D-Z-O-Y-E-B

10/20/2006



# *Implementation*

- ★ Establish plan for building supervisory and mentoring process
- ★ Address & Create Structures to Support Change (s)
- ★ Role of Peer Supervision
- ★ Provide Incentives
- ★ Explore Attitudes, Beliefs
- ★ Set up Learning Culture

# *Integration*

- ★ Address Advanced Practice needs
- ★ Attend to skill enhancement
- ★ Pursue attitudinal development
- ★ Select specific counselor group
- ★ Institute specific casework

# *Sustaining*

- ★ Evaluate Ongoing Competency
- ★ Track Client Outcomes
- ★ Evaluate Program Plans
- ★ Reward success

# Supervision Practices

- ★ **Manuals**
- ★ **Live, Audio/Visual**
- ★ **Special “Study Groups”**
- ★ **Internet Resources**
- ★ **Fidelity Tools**
- ★ **Products**
- ★ **Coaching & Feedback**
- ★ **Peer Influences**

# An Example.. Study Group

- 12 weeks for 2 hours
- Rate Knowledge, Application & Skills
- Audio, Visual or Live Supervision
- Fidelity Tool
- Feedback from peers, supervisor
- Creating learning environment

# Direct Quotes....

- I like this format b/c it is thought provoking and practical
- The tool, (MITI) helps me to stay focused
- I knew I wasn't skilled, (in MI), now I am looking forward to applying it.
- I can tell you what the OARS means, last week, I had no idea what you were talking about.
- I appreciate the improvements we are making over time.

# Successful Process Variables

- Regulating environment; safe, nurturing environment to learn
- Getting and receiving feedback from “expert” and my peers
- Being able to be humble w/out fear of criticism
- Help to get unstuck in an idea –
- Sharing similar client population, environment

# Supervisor –Clinician *I hear change a commin'...*

S: “I would like  
to talk to you  
about EBP”

C: “I have some  
paperwork  
to do –  
How about  
next week?”



# Supervisor – Clinician *Next Week...*

S: “I am going to teach you a new way to work with your clients”

C: “Oh...I’ll have to get back to you?”  
*Private Thoughts*  
“What’s **WRONG** with what I’ve been doing?”



# What Clinicians Say-

- Stick to the model
- Group discussions with peers
- Keep it simple
- Provide feedback and coaching
- Be specific
- Build from strengths
- Be realistic
- Acknowledge – “one size does not fit all”

# Managers Say...

- Frustrated
  - ◆ *“Let’s get on with it”...*
- Feeling Pressured
- Clinician barriers
  - ◆ Resistance
  - ◆ Fear/Anxiety
  - ◆ Feeling Overwhelmed
  - ◆ Feeling Underappreciated

# Avoiding this....



# Diffusion Issues

- Planning at all levels – Use Tools
- Respect the challenges
- Monitor Readiness for Change
- Keep it Simple
- Know what is realistic
- Encourage Innovation
- Support during frustrating times
- Simplicity

# Task.....

- Refer to *EBP Supervision Schema* handout
- Draw a line on a piece of paper
- On one side list 1-3 agency strengths re: EBP
- On the opposite side list 1-2 areas to improve re: EBP

# Evidenced Based Supervision Schema

## ■ **Groundwork**

- ◆ *Is there a need?; What is it? What will help?*

## ■ **Information/Training**

- ◆ *Increase knowledge, Practice skills, Identify tools, address counselor concerns*

## ■ **Implementation**

- ◆ *Tools?, How to establish learning environment, Which staff? How to request and get change?*
- ◆ *What about barriers? Advancing skill?*

## ■ **Integration**

- ◆ *Rewards/Incentives, Continue and advance Practice, Case specific*

## ■ **Sustainable**

- ◆ *Review, Track Outcomes, Evaluate*

# Small Groups....

- Break into smaller groups (about 5-6 people)
- Share list with each other
  - ◆ Note commonalities
  - ◆ Something you discovered from someone else
  - ◆ One idea to take back

# Success... Teamwork



# *REWARDS & INCENTIVES*

**FREE CEUS FREE CEUS**

**FREE LUNCH FREE LUNCH**

**FREE CEUS FREE CEUS**

**FREE LUNCH FREE LUNCH**

# All's right with the world



# Next Steps

- Book Resources -
  - ◆ *Diffusion of Innovations*, Rogers, E. Free Press, 2003
  - ◆ *Rethinking Substance Abuse: What the Science Shows and What We Should Do about It*, Editors W. Miller & Carroll, K.
  - ◆ *Implementing Evidenced-Based Practices for Treatment of Alcohol and Drug Disorders*, Editors, Edmundson, E., McCarty, D.
- Web Sites:
  - ◆ <http://www.nattc.org/resPubs/bpat/>
  - ◆ <http://www.nfattc.org/publicationsNewsResources/clinicalSupervisors.aspx>
  - ◆ State and local web sites for Washington and Oregon, etc..