

# **Clinical Supervision of Professionals Treating Sexual Aggression**

**Shoshanna Must, PhD**  
Clinical Director  
Empire State Forensics

**David S. Prescott, LICSW**  
Director, Safer Society  
Continuing Education Center

# Why Us?

## David

- Extensive Experience: With 40 years of practice in all facets of this work
- Insights: Gained from observing both failures and successes
- Educational Expertise: Developed through study of how people learn (and don't learn) in own trainings and those conducted by others



## Shoshanna

- Client Management: Experienced in handling the complexities of working with mandated clients
- Mentorship: Role of supervisor as mentor
- Gender Dynamics: Navigates unique challenges of being female in this profession

# Objectives

# EPE

- 1) Elicit supervisee feedback to keep supervision on track
- 2) Use motivational interviewing skills to explore and resolve supervisee ambivalence
- 3) Show how the stages of change model can be employed in clinical supervision
- 4) Explain how to stay focused on the goal of client change and avoid collusion with frustrated clinicians

# Central Points

“Love yourself as a person and doubt yourself as a therapist”

*Helene Nissen-Lie*

“Love yourself as a person and doubt yourself as a....supervisor?”

# Welcome New Supervisors!



**I Get By  
With A  
Little Help  
From My  
Friends**



# Thought Exercise #1



- How do you typically show up as a supervisor?
- When are you your best version of yourself?
- When are you your worst?

# What Makes Effective Supervision in Our Field?

...the same processes that make for effective therapy

- Warm, Empathic, Rewarding and Directive
  - Incorporating feedback
  - At times directing, at times following, and always believing in the capacity to change



# Instilling Faith in Supervisees That: **Treatment Can Prevent Offending!**

- Mandated treatment is difficult
- There is not one “perfect” model
- RNR/GLM/CBT/Case Management yes...
- For some, arousal reconditioning



# Supervision Prevents Offending

“Tell me the successes of the week”

“Tell me the challenges of the week ”

“We can only grow if we can safely give each other feedback”



# What Works? *Who Works?*



# What *Else* Works to Prevent Offending?

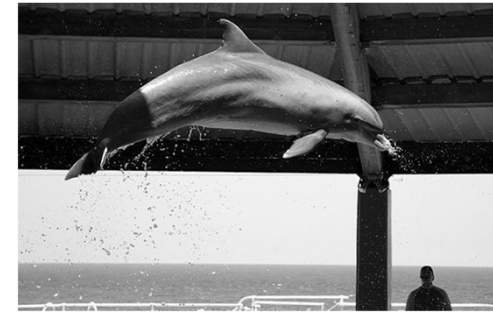
Common factors of  
effective psychotherapy,  
including being:

- Warm
- Empathic
- Rewarding
- Directive

Many people think  
they have these  
qualities...but they  
don't!



# How Dolphins Learn





Treatment is something  
we do **for** and **with**  
clients, not **to** and **on**  
them

(Miller & Rollnick, 2013)

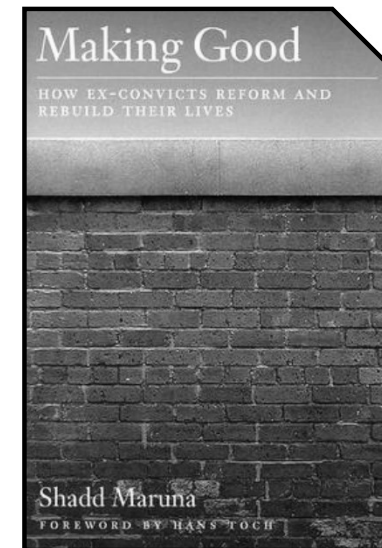
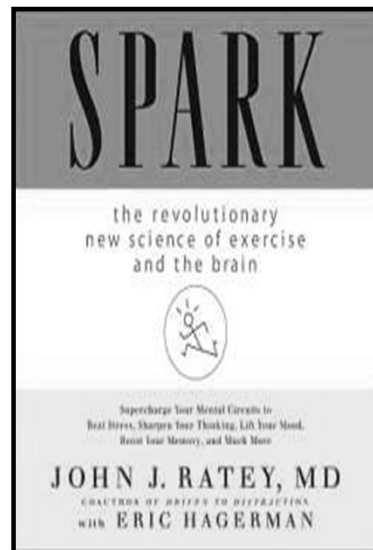


**Wait...**

**What *IS* Change?**

# What is Progress?

- Reduction in risk factors?
- Cognitive transformation?
- Other transformation?
  - Physical
  - Maturational







**For That Matter,  
What *IS*  
Treatment?**

# Consider

- There can be more differences between therapists than between the models we use
- Models and techniques are important, but less important than the buy-in of each client
- Engagement and alliance are the bedrock of any successful treatment

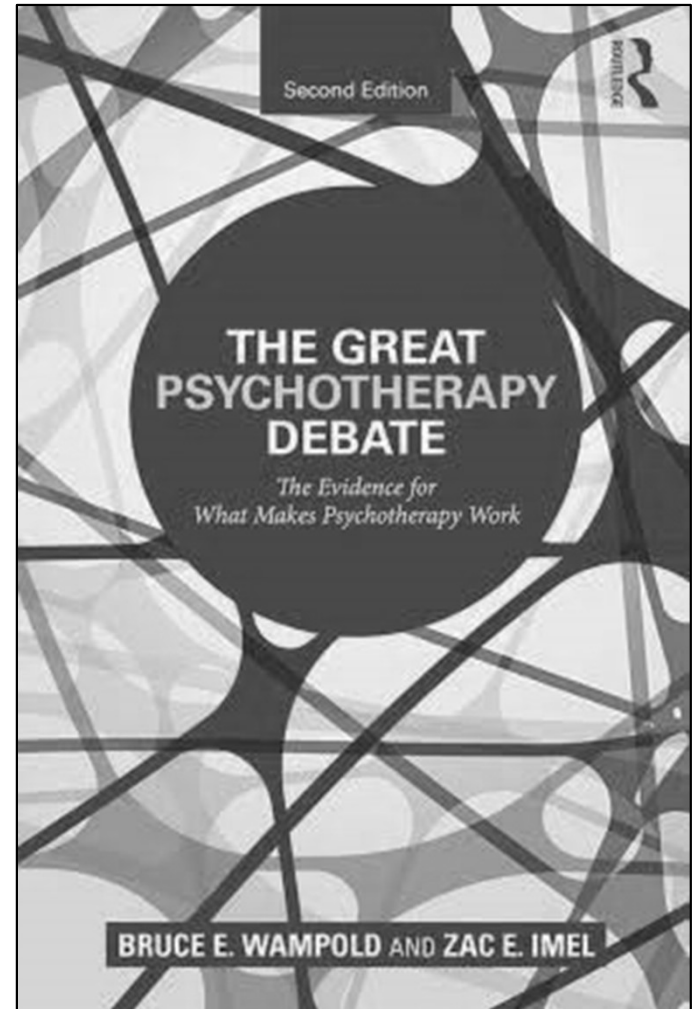
# Then Consider

- Professionals often focus more on model and technique than on the alliance
- Have you ever found yourself blaming your client for not changing?

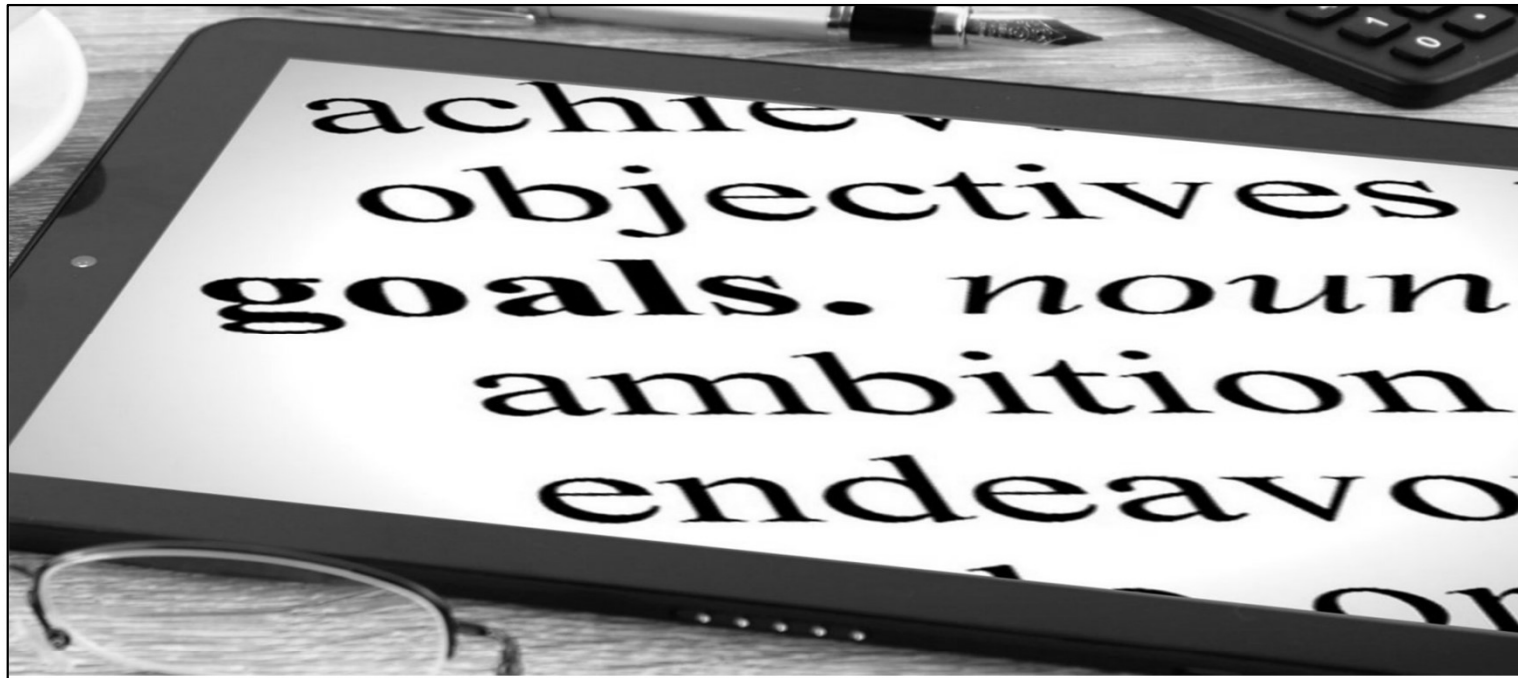
# Therapeutic Factors

- AKA “Common Factors”
- Factors common to all bona fide therapies

# Recommended Source



# Exercise 2: What are the Goals For Our Supervisees?



# Implications for Professional Development

- Study your population deeply
- Study each client deeply
- Expertise at engaging with clients involves moving from the micro to the macro as well as vice versa
- Use models and techniques in the service of developing yourself professionally

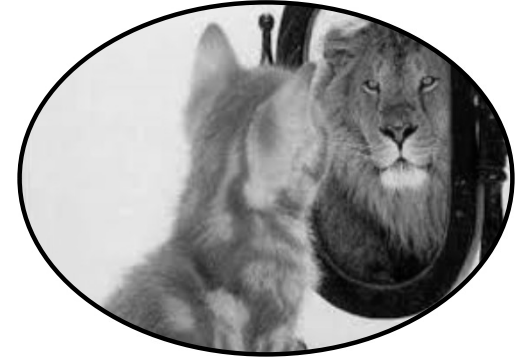
***What are some  
of the barriers  
to development  
in supervision?***



# Self-Assessment Bias



# Walfish et al., 2012



- No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines
- On average, clinicians rated themselves at the 80<sup>th</sup> percentile
- Less than 4% considered themselves average
- No one rated themselves below average
- Only 8% rated themselves lower than the 75<sup>th</sup> percentile
- 25% rated their performance at the 90<sup>th</sup> or higher compared to their peers

# Are You Effective?

- 581 therapists
- 6,146 real-world clients
- Average sessions = 10
- 46% depression, 30% adjustment disorder, 11% anxiety, plus other diagnoses
- Who got the best outcomes?
  - Training makes no difference
  - Profession makes no difference
  - EXPERIENCE makes no difference
  - Diagnosis makes no difference



Wampold &  
Brown (2005)

# Are You Experienced?

Psychotherapy  
2016, Vol. 53, No. 3, 367–375

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0033-3204/16/\$12.00 <http://dx.doi.org/10.1037/pst0000060>

## Creating a Climate for Therapist Improvement: A Case Study of an Agency Focused on Outcomes and Deliberate Practice

Simon B. Goldberg  
University of Wisconsin-Madison

Robbie Babins-Wagner  
Calgary Counselling Center, Alberta, Canada

Tony Rousmaniere  
University of Washington-Seattle

Sandy Berzins  
University of Calgary and Calgary Counselling Center,  
Alberta, Canada

William T. Hoyt  
University of Wisconsin-Madison

Jason L. Whipple  
University of Alaska Fairbanks

Scott D. Miller  
International Center for Clinical Excellence, Chicago, Illinois

Bruce E. Wampold  
University of Wisconsin-Madison and Modum Bad Psychiatric  
Center, Vikersund, Norway

Recent evidence suggests that psychotherapists may not increase in effectiveness over accrued experience in naturalistic settings, even settings that provide access to patients' outcomes. The current study examined changes in psychotherapists' effectiveness within an agency making a concerted effort to improve outcomes through the use of routine outcome monitoring coupled with ongoing consultation and the planful application of feedback including the use of deliberate practice. Data were available for 7 years of implementation from 5,128 patients seen by 153 psychotherapists. Results indicate that outcomes indeed improved across time within the agency, with increases of  $d = 0.035$  ( $p = .003$ ) per year. In contrast with previous reports, psychotherapists in the current sample showed improvements within their own caseloads across time ( $d = 0.034$ ,  $p = .042$ ). It did not appear that the observed agency-level improvement was due to the agency simply hiring higher-performing psychotherapists or losing lower-performing psychotherapists. Implications of these findings are discussed in relation to routine outcome monitoring, expertise in psychotherapy, and quality improvement within mental health care.

*Keywords:* expertise, quality improvement, therapist effects, psychotherapy training, routine outcomes monitoring

## **Good News:**

- The average client in therapy winds up better off generally than 80% of those who don't enter
- Mandated clients generally respond as well as voluntary clients

## **Bad News:**

- Dropout rates range between 40-50%
- 10% of clients get worse, and clinicians are rarely able to identify them (Juvenile rates are higher)

# Proficiency Versus Excellence

- Proficiency in most fields can be obtained within 6 months
- The same goes for therapy
  - Most people are at their most effective 1 year after licensing/registration
  - Confidence improves throughout career
  - Competence does not

# What Can We Do?

- Establish Culture of Feedback (FIT)
- Focus more on supervisee and interaction with client, and less on individual client (Taxonomy of Clinical Excellence)
- Think about Supervision Stage
- Know skills to help out of Precontemplation Phase
- Know OARS



# Offer Supervisees the “Culture of Feedback”

- Superior therapists elicit more negative feedback
- Atmosphere in which clients and supervisee are free to rate their experiences
  - Without retribution
  - With the hope of having an impact





# Openness and Surprise



# Routine Outcome Monitoring

- Tracking global outcomes
- Tracking the working alliance
- Session-by-session feedback
- Examples include Youth Outcome Questionnaire, Outcome Rating Scale, Session Rating Scale, etc.

# OUTCOME RATING SCALE

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Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

**Individually**  
(Personal well-being)

|-----|

**Interpersonally**  
(Family, close relationships)

|-----|

**Socially**  
(Work, school, friendships)

|-----|

**Overall**  
(General sense of well-being)

|-----|

# Session Rating Scale

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience:

I did not feel heard, understood, and respected

Relationship

I felt heard, understood, and respected

I-----I

We did not work on or talk about what I wanted to work on or talk about

Goals and Topics

We worked on and talked about what I wanted to work on and talk about

I-----I

The therapist's approach is not a good fit for me

Approach or Method

The therapist's approach is a good fit for me

I-----I

There was something missing in the session today

Overall

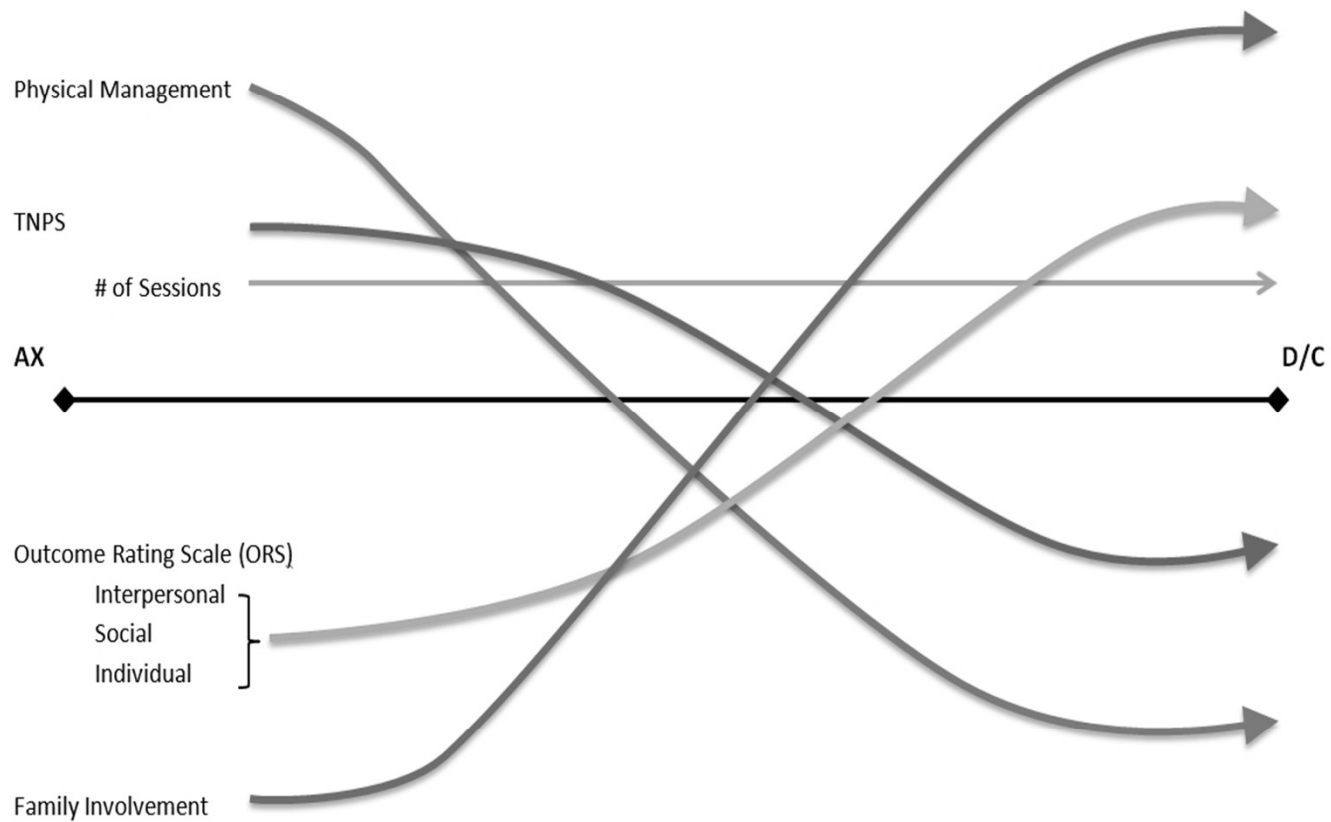
Overall, today's session was right for me

I-----I

(Miller, Duncan, & Johnson, 2002)

# WELCOME TO MY WORLD

---



End Points also: return to high level of care?

# We Have to Model Feedback Culture

*Only therapists who were committed and held an open attitude towards the use of feedback benefited from the utilization of feedback mechanisms.*

# What Everyone Should Know!

*Consumers who are happy with the way failures in service delivery are handled are generally more satisfied at the end of the process than those who experience no problems along the way*

# A Taxonomy of Skills: How to Become a Better Therapist

Courtesy of Daryl Chow and Scott Miller  
(for demonstration purposes)



Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
<b>Model/ Technique/ Structure:</b> "The Sandwich"	How do you start a first session?			
	How do you start a subsequent session?			
	How do you conduct an induction into therapy? (Optimising Expectations of Therapy) <ul style="list-style-type: none"> <li>- what to expect</li> <li>- role of therapist, role of client</li> <li>- provide an acceptable and adaptive explanation for the client's distress?</li> <li>- provide a treatment plan rationale that is consistent with the explanation of client's distress?</li> </ul>			
	How do you close a session?			
	How do you elicit detailed and nuanced feedback?			
	How do you integrate the use of feedback measures into therapy?			
	How do you prepare for a planned closure of therapy?			
	<b>Others</b> (pls describe)			

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
<b>Hope &amp; Expectancy</b>	How do you communicate a hopeful and optimistic stance towards your client? (generate possibilities)			
	How do you convey a sense of confidence and belief in your treatment approach?			
	<b>Others</b> (pls describe)			

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
<b>Alliance:</b> Effective Focus	How do you establish goal consensus in the first/subsequent sessions?			
	How do you help a client who has no clear goals in therapy?			
	How do you mobilise client's willingness to engage in a therapeutic process/activity?			
	How do you encourage your client to face, experience and deal with her or his problems?			
<b>Alliance:</b> The Impact Factor	How do you explicitly convey warmth, understanding, and acceptance towards your client?			
	How do you promote emotional engagement/bond/ real-relationship/ emotional safety with your client?			
	How do explicitly communicate empathic attunement?			
	How do you deepen your client's emotional experiencing?			

	How do you provide a corrective emotional experiencing with your client			
<b>Alliance:</b> Motivation	How do you assess and work with a client's readiness for change?			
	How do you increase homework compliance?			
<b>Alliance:</b> Difficulties	How do you deal with alliance rupture?			
	How do you deal with an angry client?			
	How do you deal with a client who is feeling hopeless?			
	How do you deal with strong and difficult emotions arising in the session?			
	How do you manage a client who is high risk of suicide?			
	How do you manage a client is mandated for treatment?			
	<b>Others</b> (pls describe)			

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
<b>Client Factors</b>	How do you tap into your client's strengths, abilities and resources?			
	How do you enlist work within your client's values, beliefs, and cultural systems?			
	<b>Others</b> (pls describe)			

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
<b>Therapist:</b> The Use of the Self	How do you regulate <i>your</i> anxiety in a difficult interaction with your clients?			
	How do you manage your counter-transference towards your client?			
	How do you activate reflective functioning in-session with your clients (vs. being reactive and rational)?			
	How do you utilize self-disclosure?			
<b>Therapist:</b> Outside of Sessions	How do you engage in solitary deliberate practice <i>outside</i> of sessions in your typical work-week?			
<b>Others</b> (pls describe)				

# Exercise #3

- Think of your past supervisory relationships with you as a supervisee
- What are their elements that inspired you to be your best?
- Clinicians learn from watching / “we are a live tape” as supervisors
- Compassion, Acceptance, Partnership, Evocation

# Motivational Interviewing in Supervision: Towards Increased Use of MI Skills

- Engaging
- Focusing
- Evoking
- Planning



**Being someone good to talk with!**



# Considering This...

- Engaging > Who
- Focusing > What
- Evoking > Why
- Planning > How



# “Treatment Isn’t Working...”

- Resist desire to blame client
- Ask self – is clinician in wrong stage of change for client?
- Are the basics being incorporated?  
***Are we SURE?***
- What does the client say (is feedback REALLY happening?)
- Does the treatment plan need to be simplified?



# Reflecting: Stages of Supervision

- Beginning
  - Middle
  - Advanced
- 
- New to some elements of practice but not others
  - What stage is this person in when they are with you for supervision?

# Beginning Stage of Supervisee Development

- Basic Clinical Skills
- Wants to appear Confident and an Expert
- Self-Confident
- Often Feels Inadequate
- Imposter Syndrome



# What Challenges Can Occur in This Stage?

- Burn out
- Over promising/under delivering
- Supervisors: giving too much work, not providing enough support, not setting boundaries/expectations of supervision



*The most effective clinicians consistently achieve lower scores on standardized alliance measures at the outset of therapy thereby providing an opportunity to discuss and address problems in the working relationship.*

# What Positives Can Occur in This Stage?

- Great time to practice getting feedback!
- 2 experts in the room
- Strengths-based model
- What strengths do they bring into the clinical setting?
- We are doing this in a trusting way
- Where do they need more support/structure?



# Middle Stage of Supervision

- More used to trying different modalities
- Internalizing who she/he is
- Becoming less “self focused”
- Exploring and Experimenting



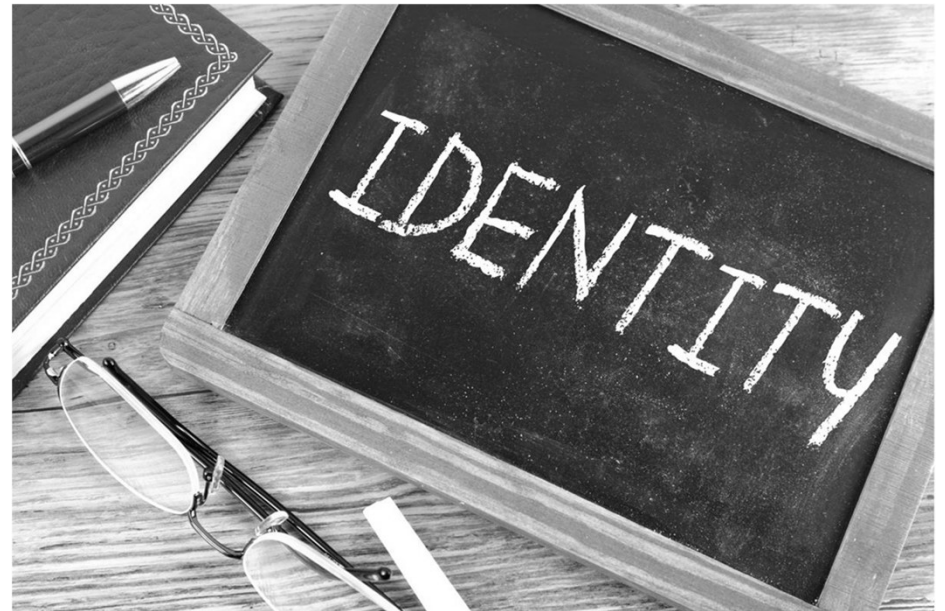


# What Challenges Can Occur in This Stage?

- Supervisor unclear of how much to follow/guide/direct
- Clinician stuck in certain methods of doing things and does not see value of other perspective
- Can you provide difficult feedback and not lose your alliance?

# What Positives Can Occur

- Forming one's own deeper professional identity
- Conversations can take on more peer supervisory role at times



# OARS – Can Be Used When “Guiding” Approach

- Open-ended Questions
- Affirmations
- Reflective Listening
- Summary – help consolidate and guide information

# Asking for Feedback from the Supervisee

- What is working?
- What is not?
- What do you need more of?
- Role Modeling: this is what you do as a clinician!
- EPE – Elicit, Provide, Elicit -
  - Why is this an important topic?

# Advanced Stages

- Can work autonomously
- They should know when to call for help



# Challenges of Advanced Supervision

When you see someone with a big ego, it can mean:

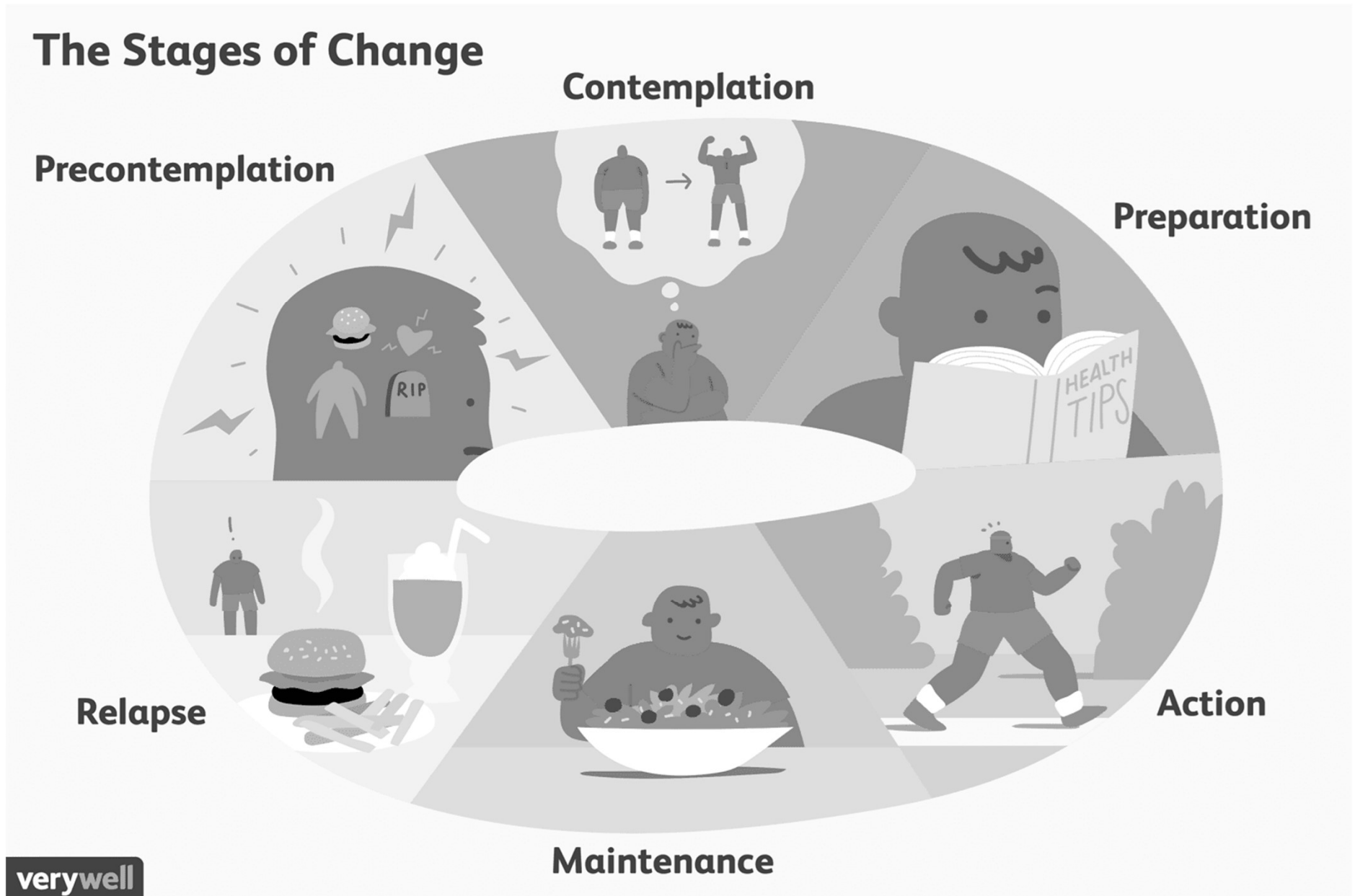
- They've stopped growing professionally
- They may keep getting better in some areas but are closed off to others.
- They are less willing to learn from feedback or other experiences
- They may be putting more socio-affective resources into maintaining their status than into staying effective
- “Building self up by putting others down”
- Self-assessment bias

# Positive Aspects of Advanced Stages

- Independent
- Seeking out presentation/other professional development opportunities



# Stages of Change





# If We Don't Change Direction, We Will End Up Where We Are Going: Moving from Precontemplation to Contemplation

- **Consciousness Raising:** Increasing information about the self and problem behavior
- **Environmental Re-evaluation:** Assessing the impact of behavior on others /social re-appraisal
- **Dramatic Relief:** Expressing emotions about the issue/displaying emotion about the impact of their behavior and taking responsibility

# Traps: Resolving the Discord

- Am I being sensitive enough to this person's motivational obstacle? (Readiness, Willingness, or Ability?)
- Am I wanting this person to change their behavior more than I am wanting to understand what is getting in the way of their changing?
- Have I engaged with this person's logic? How much time have I invested in the engaging process?
- Have I prematurely focused on the "problem" (as I see it), before I have helped the person articulate what they see as "the problem"? (The Premature Focus Trap)
- Am I using my experience with past clients to fast-track my understanding of this situation so that I can "prescribe" a change rather than help to give birth to it? (The Expertise Trap)
- Am I open to seeing this situation through the eyes of my client, or am I overly focused on my understanding of what is going on, and on how I think it ought to change? (Expert Trap)
- Am I in such a hurry to see this person change that I have to change him/her, because I have no time to invest in helping him/her to work through the process of change? (Hurry Up Trap)

# Decisional Balance Exercise

	Benefits/Pros	Costs/Cons
Making a Change		
Not Changing		

Note: The decisional balance may not be effective when supervisees are truly ambivalent

# Some Finer Points...

- Rolling with Resistance is more recently called “Dancing with Discord”
- When in Doubt Reflect
- Ask! Don’t Tell!



# “To Avoid Criticism, Do Nothing, Say Nothing, and Be Nothing”

Better therapists are:

- More Self Critical
- Reported Making more mistakes
- Having More Self Doubt
- More Surprised at Feedback
- ... And take good care of themselves!

*“My priority is to encourage openness and a culture that is willing to acknowledge when things have gone wrong.”*

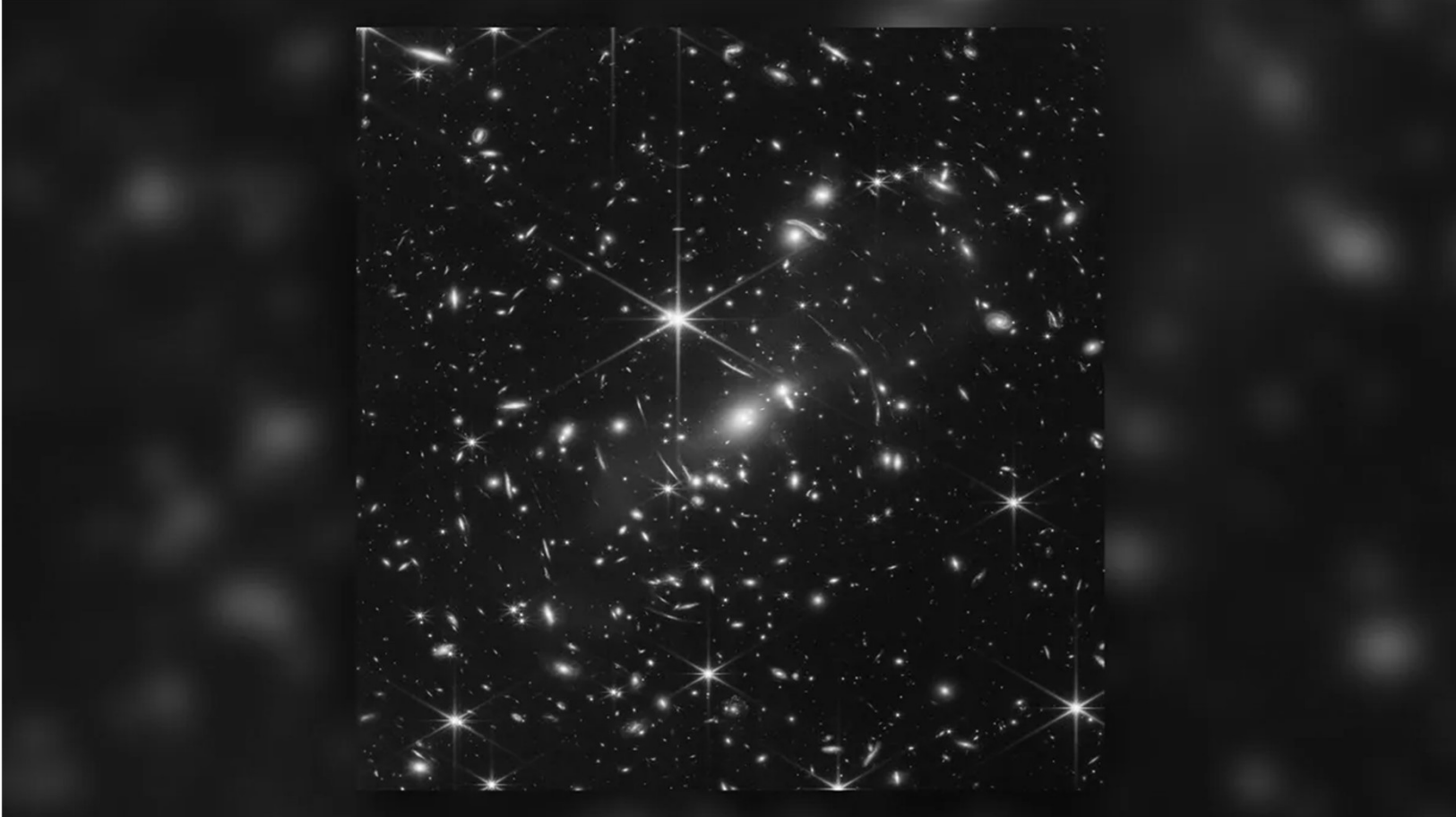
*-John F Kennedy*



# SRS Introduction

*This is called the Session Rating Scale. This is a tool that you and I will use at the end of each session to adjust and improve the way we work together. A great deal of research shows that your experience of our work together—did you feel understood, did we focus on what was important to you, did the approach I'm taking make sense and feel right—is a good predictor of whether we'll be successful. I want to emphasize that I'm not aiming for a perfect score—a 10 out of 10. Life isn't perfect, and neither am I. What I'm aiming for is your feedback about even the smallest things—even if it seems unimportant—so we can adjust our work and make sure we don't steer off course. Whatever it might be, I promise I won't take it personally. I'm always learning and am curious about what I can learn from getting this feedback from you that will, in time, help me improve my skills. Does this make sense?"*

# Questions?



**Thank You!**