Navigating the Challenges of Supervising Professionals Treating Sexual Aggression

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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

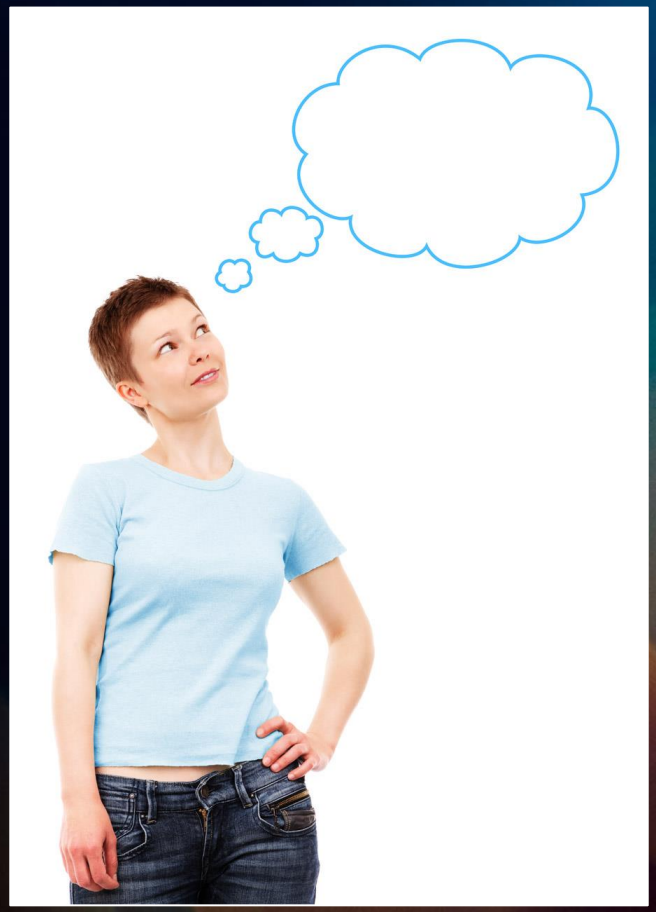
Shoshanna

- 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

1) Describe common supervisory themes when working with people who have sexually abused
2) Elicit supervisee feedback to keep supervision on track
3) Use motivational interviewing skills to explore and resolve supervisee ambivalence
4) Use the stages of change model can be employed in clinical supervision
5) Explain how to stay focused on the goal of client change and avoid collusion with frustrated clinicians

Thought Exercise #1



- When do you feel the most competent as a supervisor?
- The least?
- What “specifically” do you hope to get out of this training (Focus)

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

What Makes Effective Supervision in Our Field?

- ….the same processes that make for effective therapy
- Warm, Empathic, Rewarding and Directive
- Incorporating feedback
- At times guiding, at times following, and always believing in the capacity to change
- Involves more focus on risk assessment/awareness of your own biases and those of your client

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

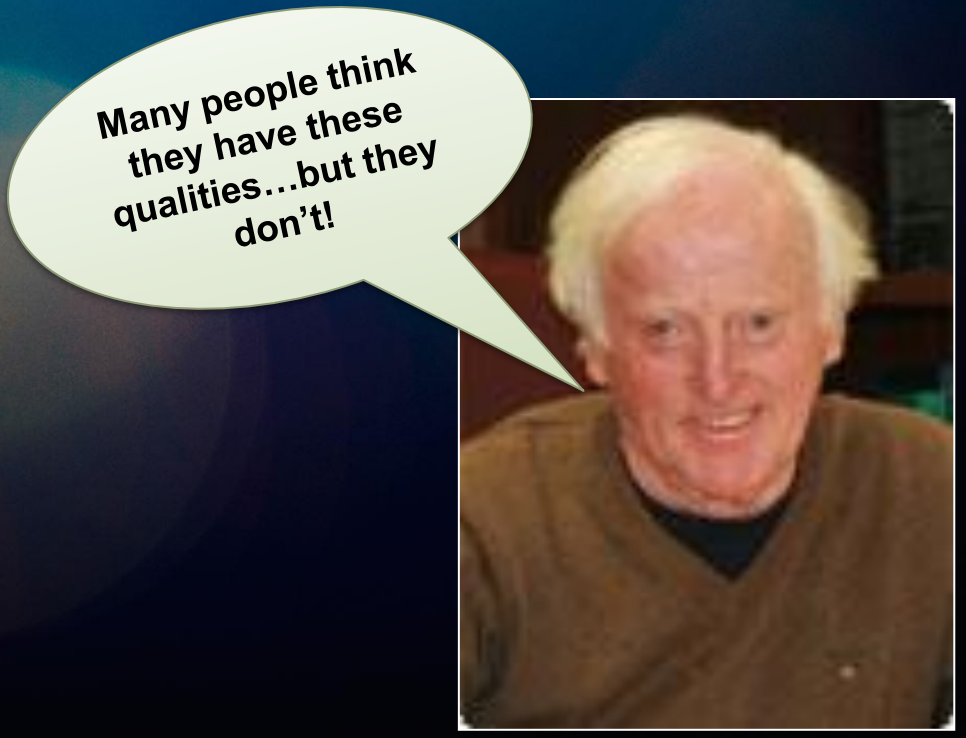
- Mandated treatment is difficult
- There is not one "perfect" model
- RNR/GLM/CBT/Case Management yes…

Supervision Prevents Offending: *Who* Works?

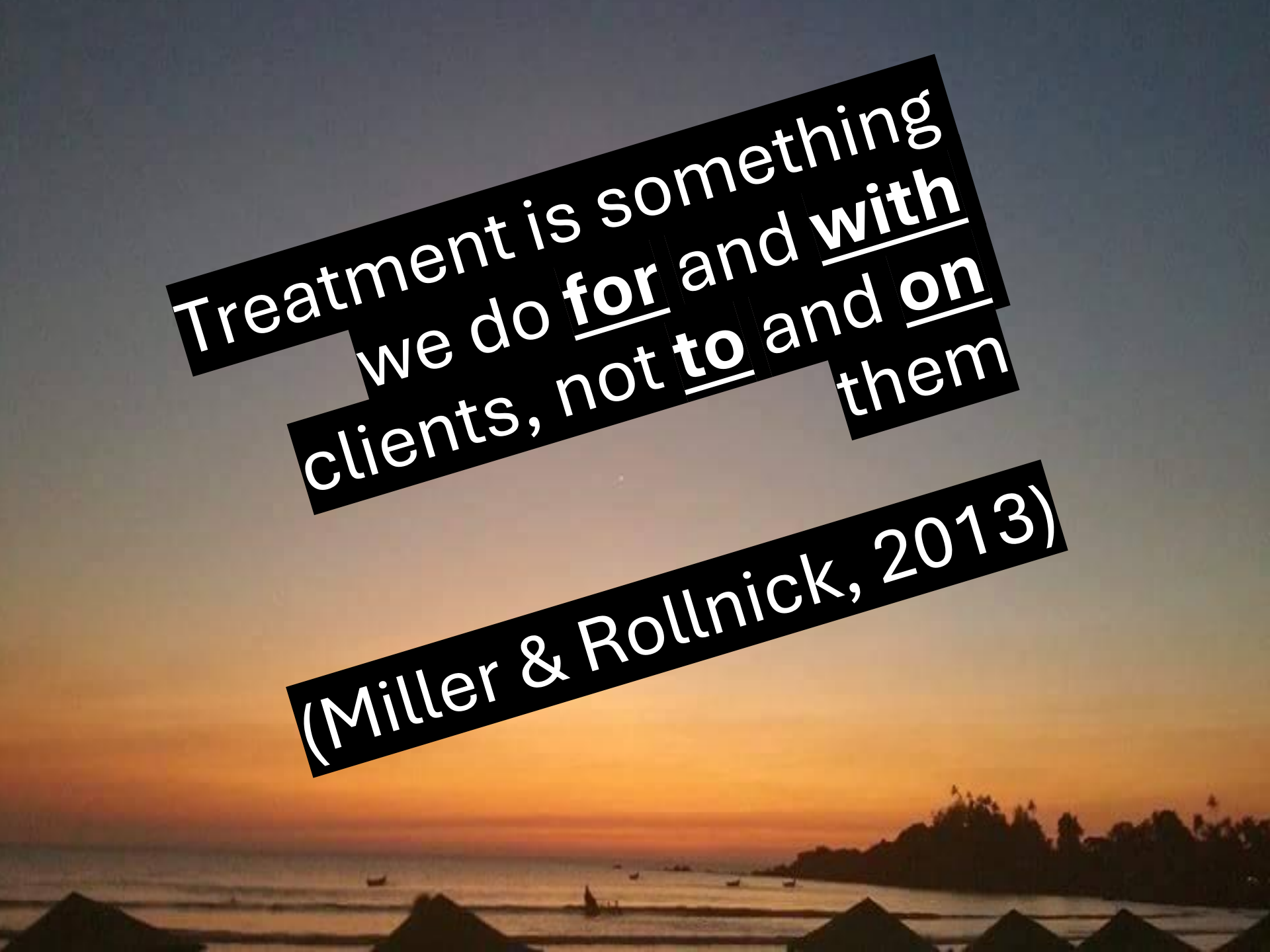
What *Else (within the WHO!)* Works to Prevent Offending?

Common factors of effective psychotherapy, including being:

- Warm
- Empathic
- Rewarding
- Directive



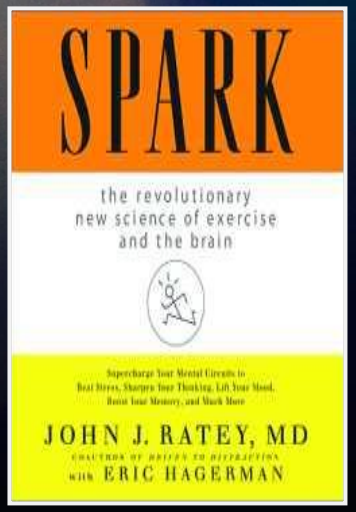
How Dolphins Learn

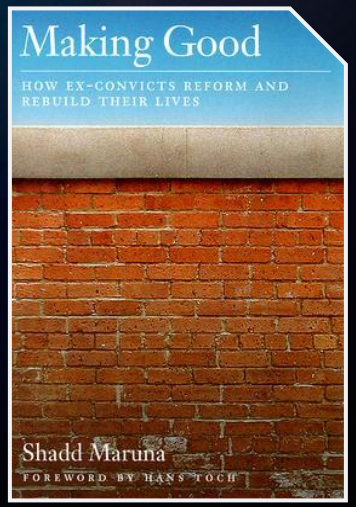

Treatment is something we do **for** and **with** clients, not **to** and **on** them
(Miller & Rollnick, 2013)


Wait...
What *IS* Change?

What is Progress?

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

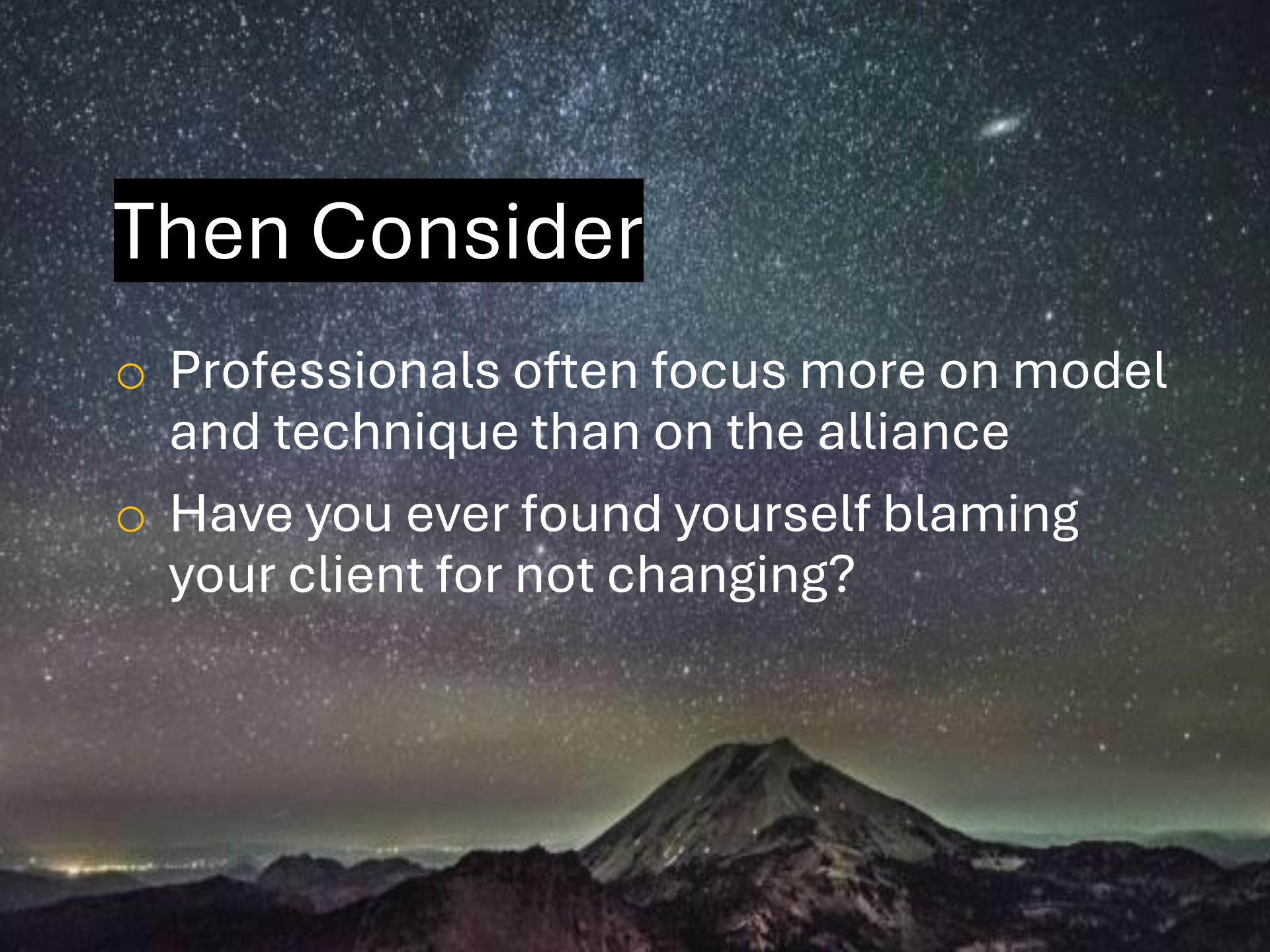





For That Matter,
What *IS* Treatment?

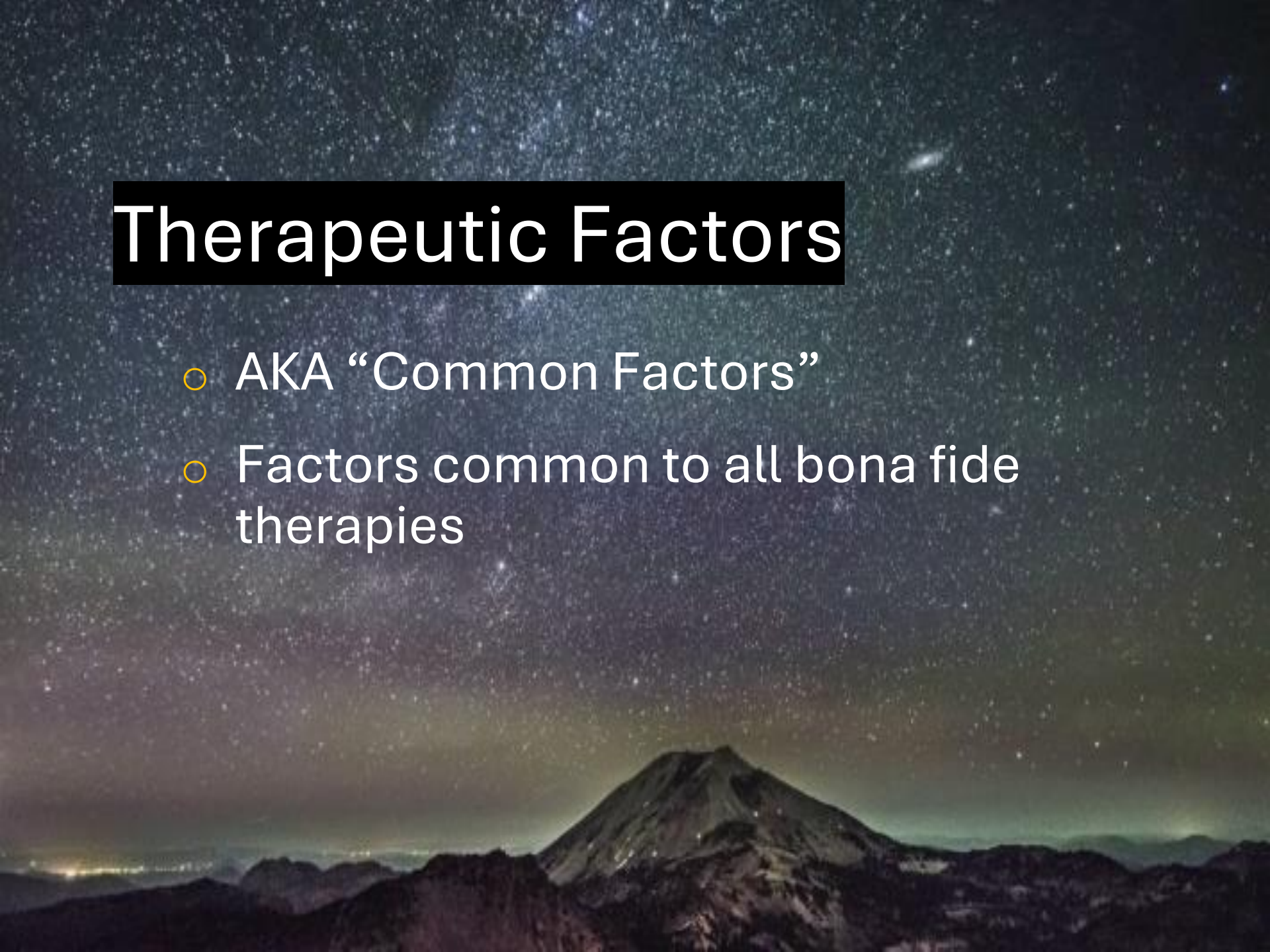
Consider

- 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

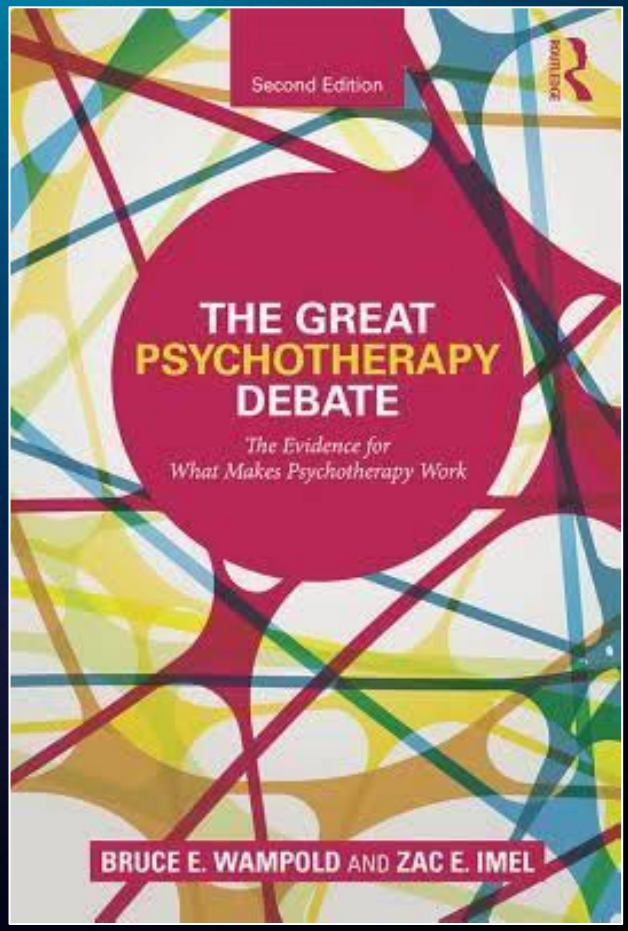
- Professionals often focus more on model and technique than on the alliance
- Have you ever found yourself blaming your client for not changing?



Therapeutic Factors

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

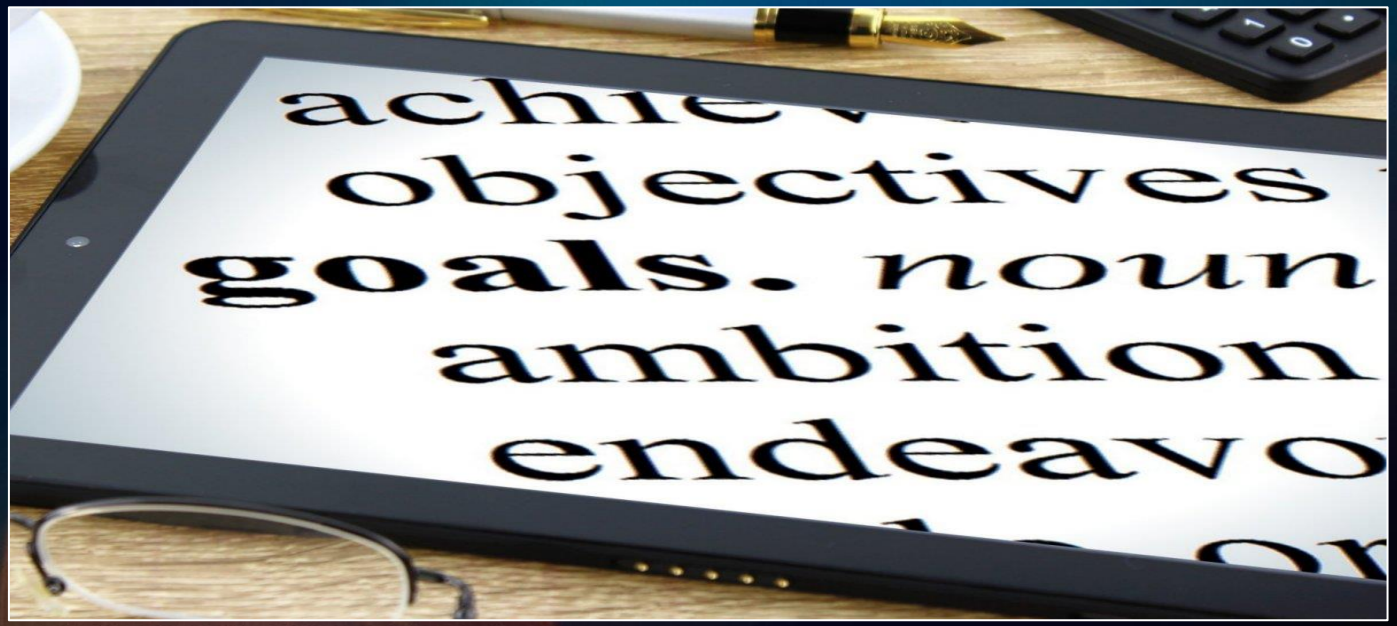
Recommended Source



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

Thought exercise 2: What are the Goals For Our Supervisees?



Do we know what our supervisees' 2025 goals are of themselves?

- Learning a new skill?
- Presenting at a conference?
- Asking for feedback?
- Supervising someone?
- Taking on a client who is high-risk?
- Leading a group?

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 80th percentile
- Less than 4% considered themselves average
- No one rated themselves below average
- Only 8% rated themselves lower than the 75th percentile
- 25% rated their performance at the 90th% or higher compared to their peers

Are You Effective?

Wampold & Brown (2005)

- 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

Are You Experienced?

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

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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

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)

|----------|

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* is*n'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?"*

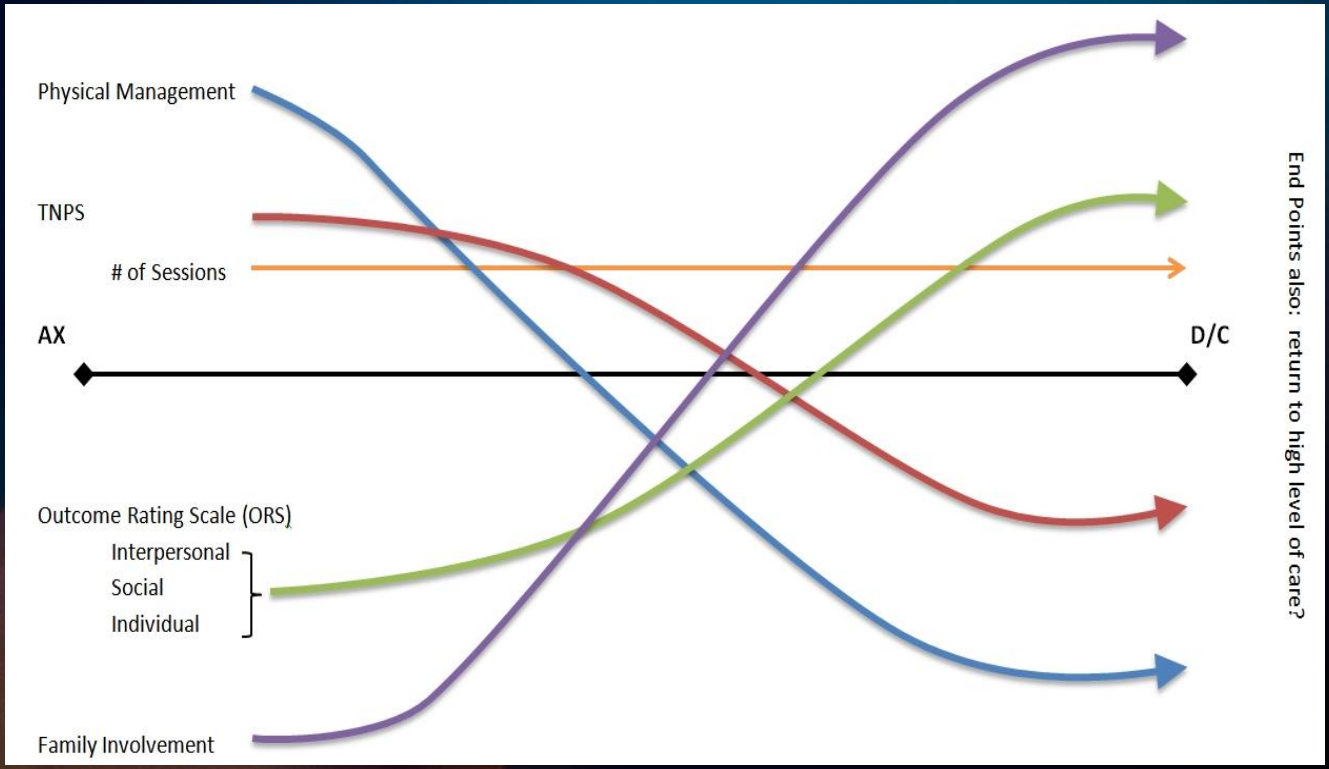
Session Rating Scale

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----------I	I felt heard, understood, and respected
We did not work on or talk about what I wanted to work on or talk about	Goals and Topics I----------I	We worked on and talked about what I wanted to work on and talk about
The therapist's approach is not a good fit for me	Approach or Method I----------I	The therapist's approach is a good fit for me
There was something missing in the session today	Overall I----------I	Overall, today's session was right for me

(Miller, Duncan, & Johnson, 2002)

WELCOME TO MY WORLD



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

“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!

Summarizing First Section: Takeaways

- What factors of a good therapist more important than technique used
  - Alliance is most important
  - WERD
- All clinicians should be asking for feedback after delivering a service – this includes in supervision
  - Clinicians do not naturally get better based on years in the field – in fact quite the opposite
  - Model mistakes and repairs/corrections
- What is one reflection or skill you will take back to your work based on this information?

A Taxonomy of Skills: How to Become a Better Therapist

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

Taxonomy of Skills Adapted for Supervision Session

- Structure of Supervision Session
- Hope/Expectation for Supervisee
- Alliance – Engagement/Focus/Ruptures
- Supervisee Factors
- Supervisor Factors

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
Model/ Technique/ Structure: "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) - what to expect - role of therapist, role of client - provide an acceptable and adaptive explanation for the client's distress? - provide a treatment plan rationale that is consistent with the explanation of client's distress?			
	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?			
	Others (pls describe)			

Model Technique/Structure of Supervision

- How do you start each supervision session?
- How do you describe/execute the structure of a supervision session?
- How do you close a supervision session?
- How do you elicit detailed feedback?
- Others?

Opening Supervision Session

- Instead of: “How are all your clients doing this week?”
- Consider:” Tell me where you felt most successful this week”
- Consider: “Tell me where you feel the most challenged”

The Structure of a Supervision Session

- Creating goals collaboratively
  - Stage of development dependent
- Distinguishing admin vs. clinical content
- Creating continuity between supervision sessions – creating expectation of following up on each client discussed
- Performance evaluations
- Prioritizing who to discuss (risk/therapeutic rupture/critical feedback/risk of burnout)

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
Hope & Expectancy	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?			
	Others (pls describe)			

Hope and Expectancy when Supervisees feel stuck

- Communicating hope when supervisee is feeling stuck
  - Who are you to the client
  - Are your goals aligned?
  - How is treatment delivered (responsivity)
  - Going back to pre-contemplation phase – are you moving too quickly

“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?

Discord Traps

- Has the supervisee truly assessed the client's readiness, willingness and ability to make the change?
  - Readiness
  - Willingness
  - Capability

Pushing vs. Sitting With

- 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?

Premature Focus Trap: Early Supervisees

- Am I focusing too early on specific problem?
- Have own agenda on “what the problem is”
- Feel nervous due to potential risk issues, “missing something”

Adages That Have Been Helpful

- “This is the best the client is able to give right now” so then what are barriers?
- Seeing the problem/issue through the client’s frame.
  - “If the client were here, what would he say the problem was?”
- Emotional dysregulation as a trauma reaction

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
Alliance: 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?			
Alliance: 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?			

Effective Focus in Supervision

- How do you establish goal consensus in supervision?
  - Taxonomy Sheet
  - Reviewing trainings/skills learned and gaps of knowledge in field/general clinical work
- How do you mobilize supervisee's engagement in a clinical skill/focus? What if you offer some ideas and they are not followed up on?

The Expertise and Expert Trap

- Is supervisee (and also consider supervisor) using past experiences as the lens for the client, thereby the issues has been “decided” vs. ”evolving” naturally for the person
- Is the supervisee (and supervisor) open to seeing the problem through the eyes of the client or instead overly focused on understanding and how it should be changed

Elicit/Provide/Elicit Skill in Supervision

- Elicit: Ask your supervisees what they know/opinions about the topic/skill
- Provide: Provide relevant information that is tailored to any gaps
- Elicit: Ask for reaction/feedback about the topic

Alliance: Effective Impact

- How do you explicitly convey warmth, understanding and acceptance toward your supervisee?
  - 5 minute vs. all day rule
  - Engagement in beginning of session axiom
- How do you promote emotional safety/real-relationship with your supervisee?
  - Self-disclosure of therapeutic errors
  - Asking about mistakes/re-dos not if there were any

	How do you provide a corrective emotional experiencing with your client			
Alliance: Motivation	How do you assess and work with a client's readiness for change?			
	How do you increase homework compliance?			
Alliance: 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?			
	Others (pls describe)			

Alliance: Rupture

- What is a supervision rupture?
- How do you deal with supervision rupture?
- How do you deal with strong emotions arising in the supervision?
- How do you regulate your own feelings of insecurity/frustration with supervisee?

Some Finer Points…

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

When Supervisees Struggle With Client/Client Content

- Help supervisee understand what is being triggered/accessed
- Assess if this can be used in session as reflection
- Assess if this is getting in the way of effective engagement/therapy
- Delicately review their own biases/attitudes/worldview and how this influences the relationship

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
Client Factors	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?			
	Others (pls describe)			

Supervisee Factors

- How often do you reflect on a supervisee's strengths with the supervisee?
- How do you bring in cultural/gender/ethnicity factors into the supervision?

Themes	Activities	Current Rating (0-10)	Select & Rank the TOP 3 Activities to work on*	Notes
Therapist: The Use of the Self	How do you regulate *your* 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?			
Therapist: Outside of Sessions	How do you engage in solitary deliberate practice *outside* of sessions in your typical work-week?			
Others (pls describe)				

Supervisor: Use of Self

- Issues of counter-transference with supervisee
- What own development do you do outside of each supervision session?

Summarizing: Taxonomy of Skills

- Much of what we are teaching about clinical relationship can be used in supervision relationship as well
- What is one area to focus on with your supervisees?

Phases of Professional Development: Effective Supervision

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

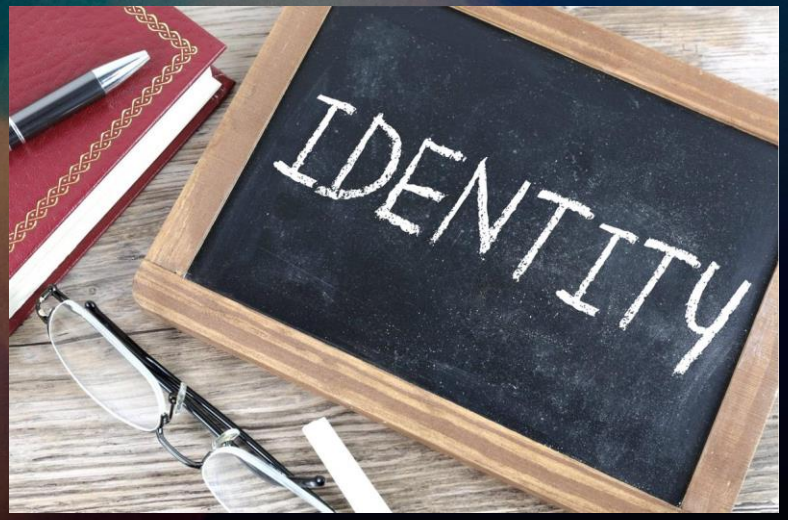
- More used to trying different modalities
- Internalizing who she/he is
- Becoming less “self focused”
- Exploring and Experimenting

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:

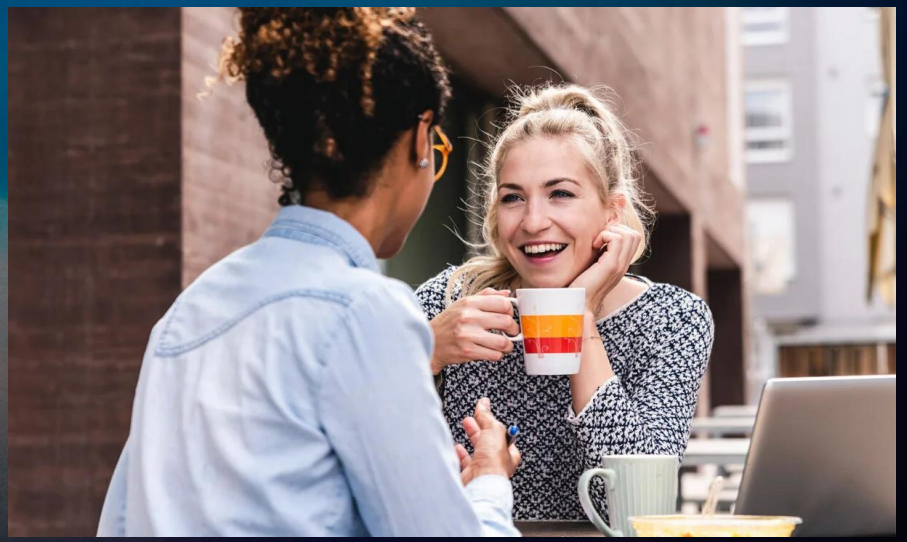
- They've stopped growing professionally
- They may keep getting better in some areas but are closed off to others.
- They are less wiling to learn from feedback or other experiences
- They may be putting more socio-affective resources into maintaining their status than into staying effective
- "Building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

Positive Aspects of Advanced Stages

- Independent
- Seeking out presentation/other professional development opportunities

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

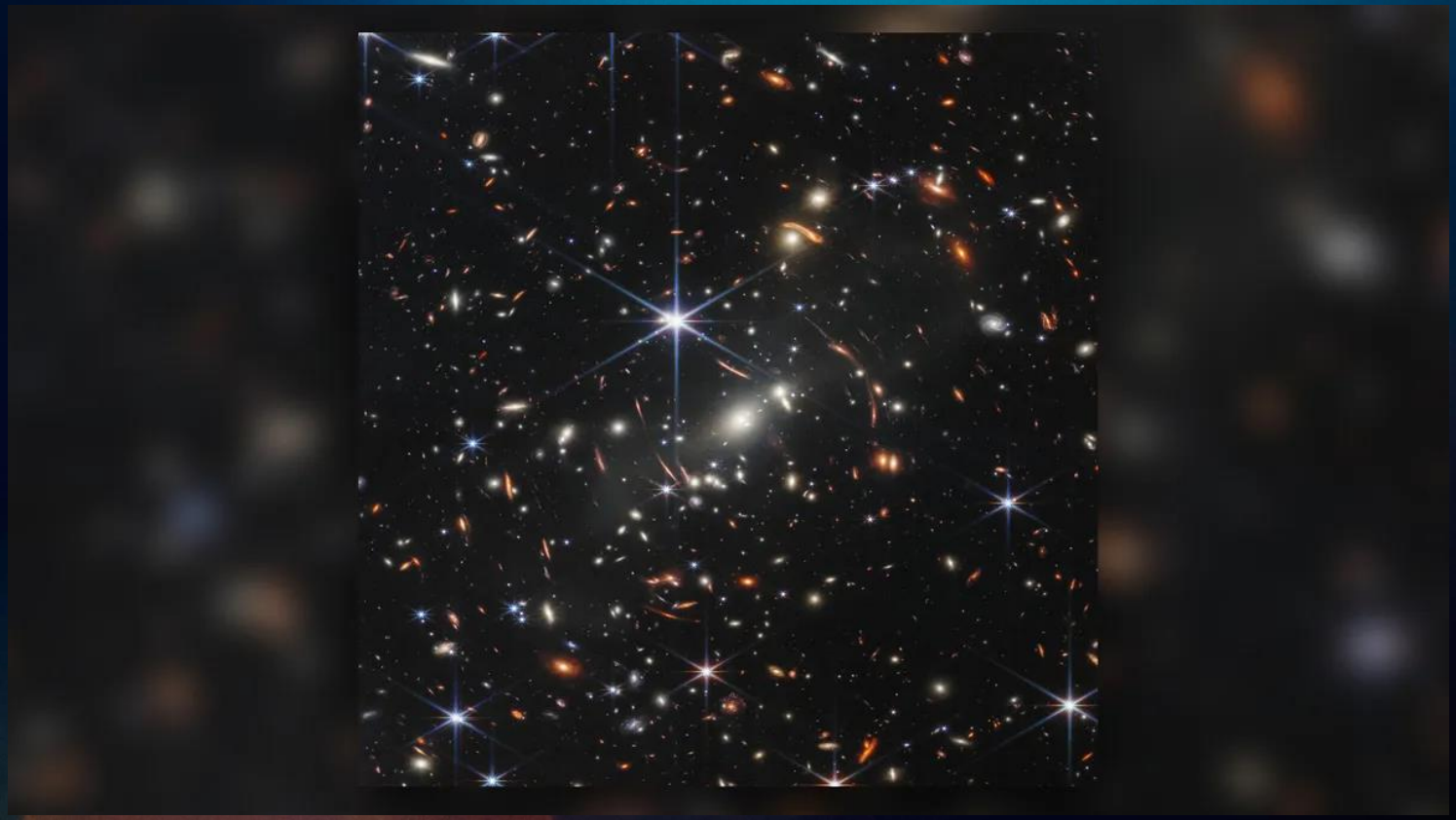
If time: David and Shoshanna Role Play

- Engagement
- Focus
- Evocation
- Empowerment

Final Thought Exercise

- Think of your past supervisory relationships with you as a supervisee
- What are their elements that inspired you to be your best?
- How might you draw on them/and draw from this talk to inspire you to do your best?

Questions?



Thank You!