Good Morning Pathfinders
January 11, 2024

Agenda For the Day:

- Welcome
- Intention Setting in the New Year
- Review Results from Supervision Survey
- Quality Improvement Activity
- Interprofessional Collaboration, Case Studies
- Supervision Practices and Models
- BH Fellow Organization Spotlight: Allegheny Childrens Initiative
- Drum Circle Experience
- Reflections

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Welcome

- How are you feeling today?
- What do you need from the group or someone in the room?
- What will you bring to the group?
- What do you want to bring to the group or get from the group in the new year?

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Intention Setting in the New Year!

- Reflections from December: Here's what we heard

Intention Setting in the New Year!

Schedule for 2024

Date	Topic
February 13, 14, 15, 2024	Center for Victims
March 7, 2024	Cultural Humility (part 2)
May 9, 2024	Advocacy
July 11, 2024	Recovery
October 2, 2024	Grief and Loss/Suicide
November 7, 2024	Inter-cohort/Professional Development

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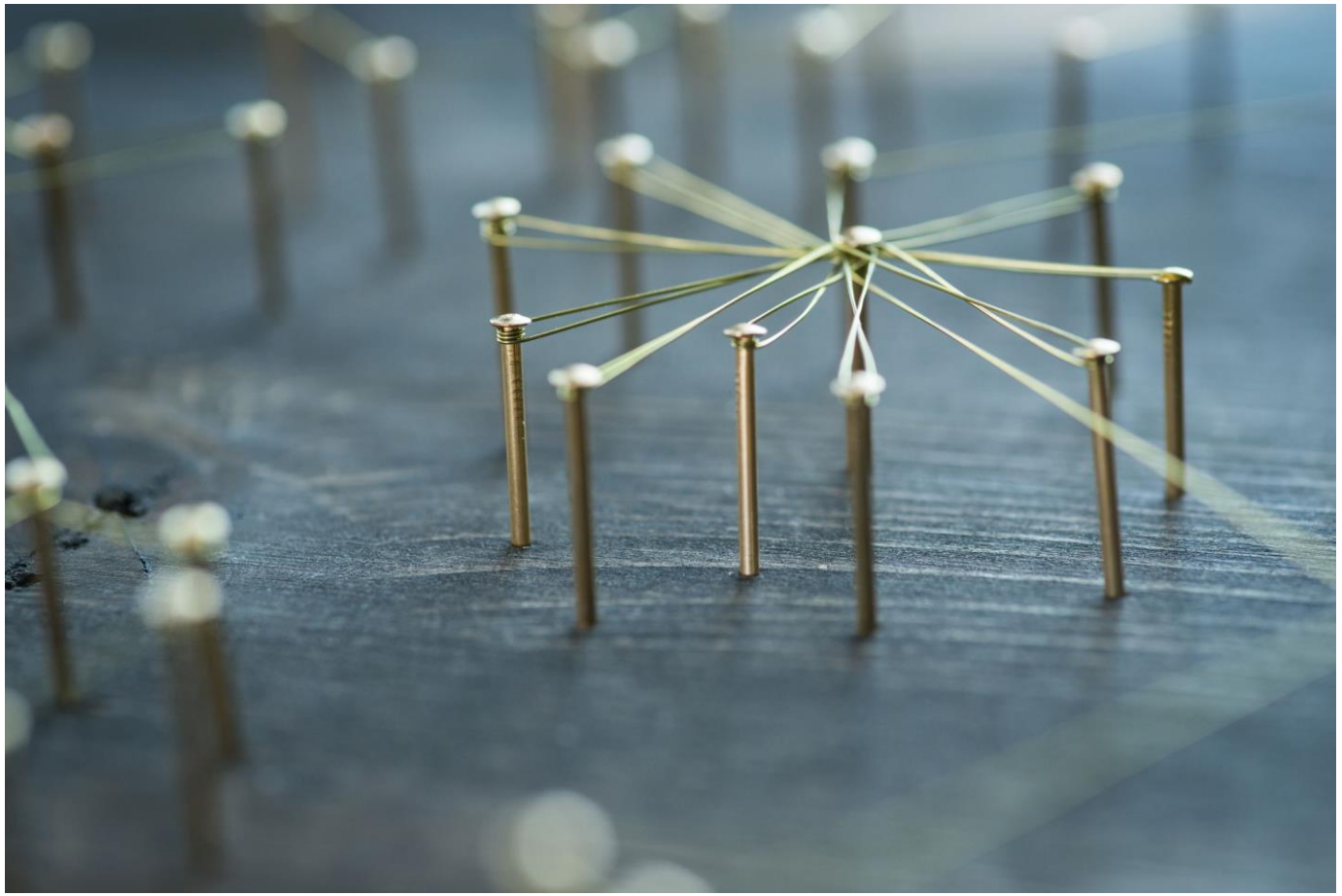
Intention Setting in the New Year!

New idea:
establish small, peer to peer groups for ongoing connection



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Healing Rivers Project

- [Dates & Fellows attending]
- [expectations and logistics of day]

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Data: Review Supervision Survey Results and Discussion

Supervision Survey Results: Summary

- **Type of Supervision Provided:**
  - Group and Individual most common
- **Frequency:**
  - Range from three times per week to once a month
- **Preparation for Supervision:**
  - 60% Review documentation to prepare
  - 33% Do nothing to prepare

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Supervision Survey Results

• Preparation for Supervision:

- 60% Review documentation to prepare

"I evaluate documentation for all of my patients and families, and I prepare any special case issues for which I may seek clinical oversight and advice. When I go into supervision, I also try to have an agenda in mind so that I can get what I believe will support the stage of therapy we are in with the families on my caseload."

- 33% Do nothing to prepare

"Follow form all supervisors use to address all important administrative and therapeutic factors."

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Supervision Survey Results

Helpful Components

- Support and guidance regarding difficult situations with families and clients
- Time to Discuss workload
- Focus on growth as a clinician
- Being Challenged
- Case Conceptualization

Lacking Areas

- Feedback on performance
- Focus on growth as a clinician
- Case consultation in group supervision
- Active listening
- Career development

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Learning From Others' Experiences

Supervision varies by institution, supervisor and supervisee.

- How can you advocate for what you need in supervision?
- What do you do as a supervisee to prepare for supervision that helps you get what you need?
- Supervisors: what is most challenging about providing supervision?

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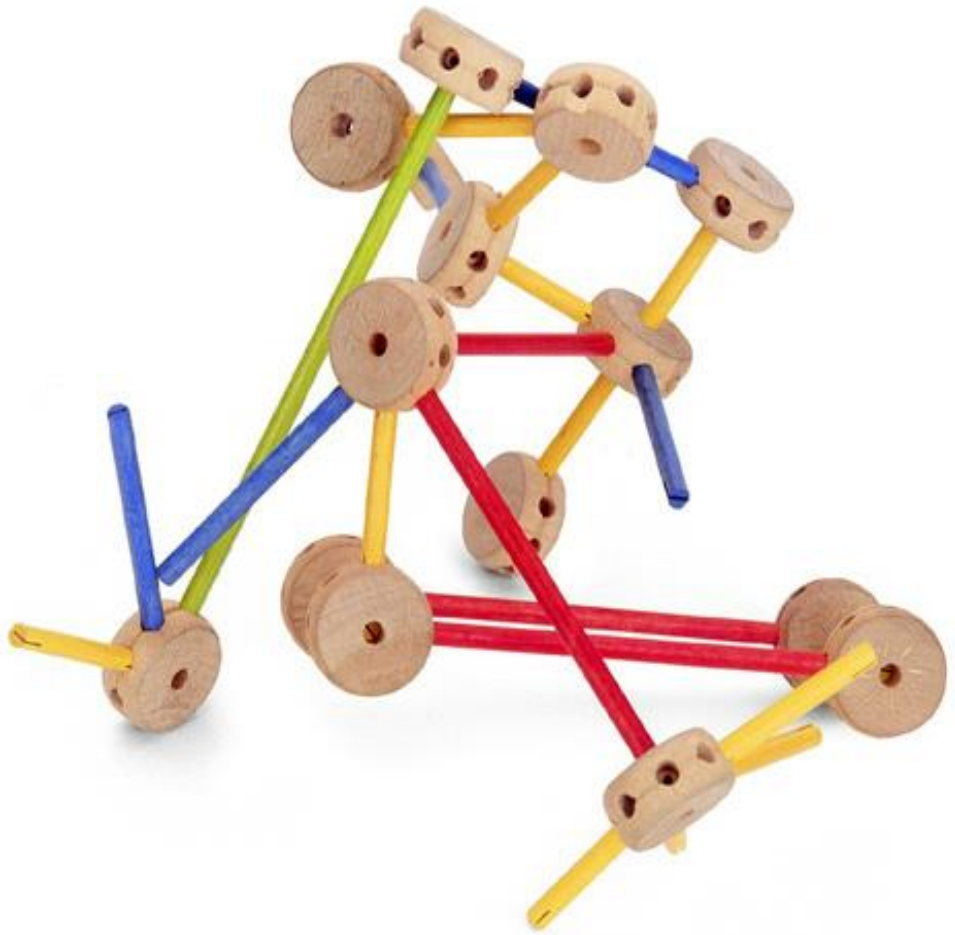
Building Interprofessional Teams: Tinker Toy QI Activity



Tinker Toys

Activity Instructions

- Each team has 3 members:
  - **Assembler**
  - **Supervisor**
  - **Supplier**
- **Team Goal:** A high quality, completed product, in the shortest amount of time.

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Debrief

Opportunities for Improvement

- **D**efects
- **O**verproduction
- **W**aiting
- **N**ot clear/Confusion
- **T**ransport
- **I**nventory
- **M**inds
- **E**xcess Processing

Did you notice any Waste?

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What was your work?

Assembler

1) Review prototype
2) Discuss part to order with supervisor
3) Assemble parts

Supervisor

1) Discuss part to order with assembler
2) Write down order
3) Retrieve parts from supplier
4) Deliver parts to assembler

Supplier

1) Review order sheet
2) Choose part
3) Give part to supervisor

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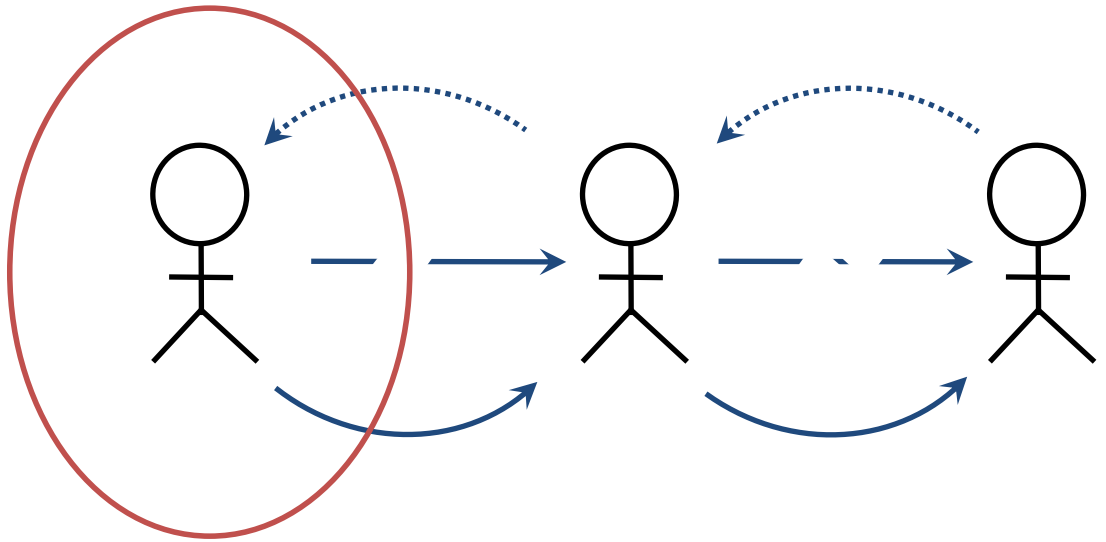
Rule 1: Activities

Activities (work) must be highly specified as to:

- Content
- Sequence
- Timing
- Location
- Expected outcome



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We have just defined Standard Work!

- **Documentation of the current best practice**

Standard work is the foundation of continuous improvement.

We can't improve a process unless we know how it happened in the first place.

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Create, Stabilize, Improve

Standard Work Tells Us…

- Who does what?
- How do you do it?
- When do you do it?
- Where do you do it?
- Why do you do it that way?

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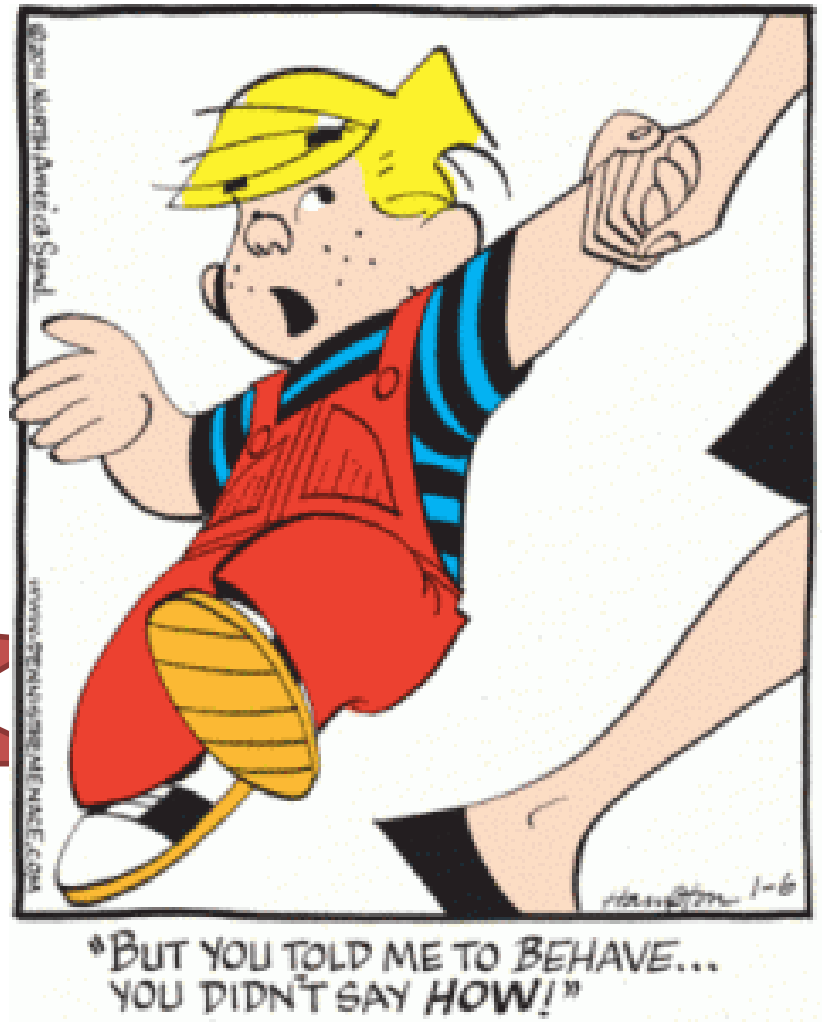
Why standard work won't work…

Staff don't follow it

Can't transfer it from one area to another



We can't agree on the best way

People still do it their own way

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CARE OUTREACH STANDARD WORK

Step	Content	Location	Timing	Outcome
Identification	1. Review referrals from Case Managers	Office	Daily	Clients are added to lost to care list for outreach
	2. Review closed cases for clients wh out of contact	File Room	Monthly	
	3. Print performance measures and identify high risk patients	CAREWare	Monthly	
	4. Answer physician referral calls	Phone	Daily	
Contact	5. Call/E-mail client primary information	Phone/Computer	3 attempts over 10 days	Client engages in care outreach
	6. Call/E-mail client emergency or alternate contact	Phone/Computer	3 attenpts over 10 days	
	7. Call/E-mail provider to research client contact information	Phone/Computer	3 attenpts over 10 days	
	8. Initial contact with client	Phone	15 minute increments	
Appointment	9. Review medical facility options with client and give contact information	Phone		Client attends medical appointment
	10. If requested, make client an appointment at medical facility	Phone		
	11. Call patient one day prior and remind of medical appointment	Phone		
	12. If requested, provide transportation or incentive	Client location		
	13. If requested, attend appointment with patient	Medical facility		
Support & Follow-up	14. Follow up with MD for lab results	Medical facility		Client remains engaged in care
	15. Enter data collection into MAI spreadsheet	Office		
	16. Follow-up with other services for client	Office		
	17. Follow-up with client on next steps	Phone		

Is this specific to:

- Content
- Sequence
- Timing
- Location
- Expected outcome

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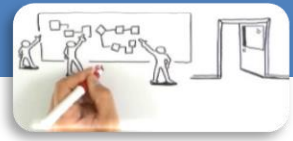

How did you connect with each other?

Assembler	Supervisor	Supplier
1) Talked to the supervisor	1) Talked to assembler 2) Gave order sheet to supplier	1) Received an order sheet

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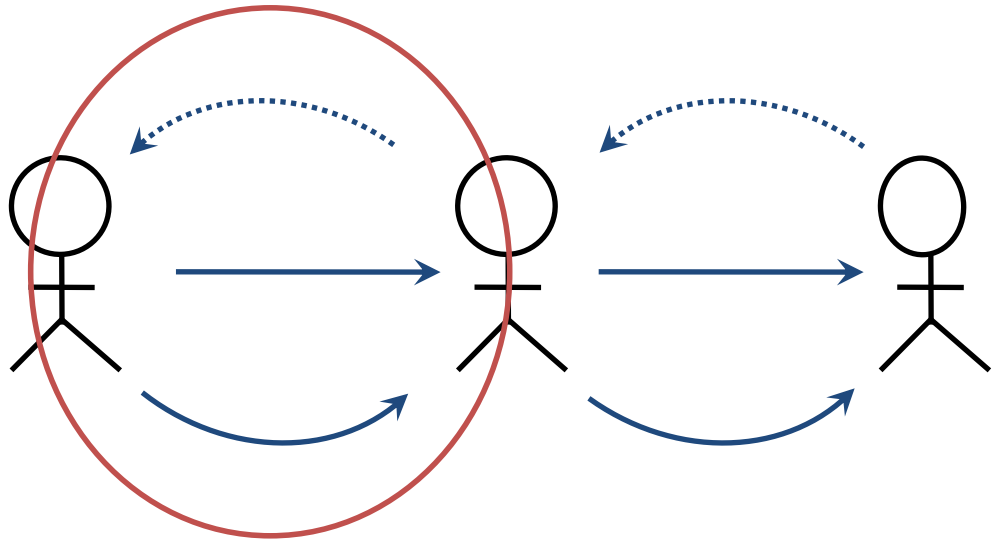
Rule 2: Connections

Connections between customers and suppliers must be:

- Highly specified
- Direct
- Binary – yes/no
- Unambiguous



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Example: Hospital Discharge

Simple Connections, right?

Hospital

- Identifies participant for discharge
- Alerts CLIFE

CLIFE UM RN

- Determines participant's care needs and transportation
- Coordinates participant's services

Transportation

- Picks up participant at hospital
- Transports to participant's home

Home

- Participant arrives home with care needs met

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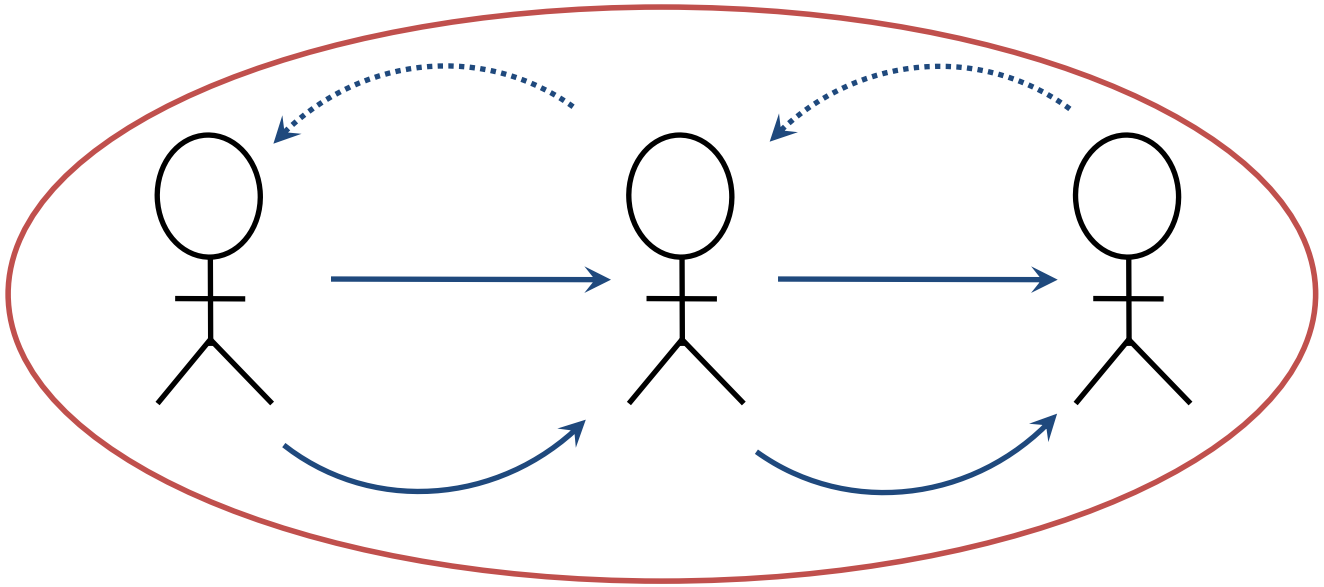
Rule 3: Pathways

Pathways, *flows constructed from connected activities,* must be:

- Highly specified
- Predefined
- Simple and direct
- No loops or forks



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Rule 4: One Rule of Improvement

Improvements are:

- Direct responses to a problem
- Made as close as possible to the problem
- Experiments using Plan Do Study Act thinking
- Made by those doing the work
- Guided by a teacher/coach

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Improvements

Rule of Improvement…in the spirit of quality improvement, never say the project is finished! You still need to monitor, create the standard work and sustain the gains.

Always strive for continuous improvement.

- What would you do differently?
- How could you apply this in your work?

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Team Leader, Group Leader

- Restore the system
- Coaching PDSA improvements
- Monitoring change

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Create a Learning Organization

- Create a community of scientists
- Look at work with a new perspective
- Perform continual experiments that improve the ***system***
- Challenge the most basic assumptions about what can and cannot be changed
- Learn by doing

“Everyone, every day, closer to better”

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Take a
15 minute
Break

Interprofessional Collaboration Through Case Studies

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Supervision Practices and Models

A Look at Milestones and Innovation in Clinical Supervision

Clinical supervision has been at the core of therapist training since Freud and before.

Clinical supervision may look very different today than in the early days, but it still has the same purpose.

Clinical supervision ensures that all therapists develop the necessary skills to care for their clients, meet the ethical requirements of the profession and be presented with opportunities for professional growth.

Early Hx of Clinical Supervision

- Prior to WW II Psychiatrists were the **guardians of psychotherapy**.
- Psychology was mostly an **academic field** focused on research and assessment.
- Familiar names: Erik Erikson, Alfred Adler, Karen Horney, Anna Freud, and Carl Jung met together under the guidance of Sigmund Freud to **discuss their cases and share their observations about li**fe.

For a long time, this was the model: psychiatrists and psychotherapists would **spend years under the mentorship of a respected authority** who took them by the hand and taught them their theories and practices.

The Growth and Development of Clinical Supervision

- Members in the field began to reject psychoanalytic theory
- Clinical supervision wasn't often defined or mentioned in the literature (presence assumed)
- Supervision focused on guiding staff in the principles and practices of the mentor's paradigm.
  - Ex: if your clinical supervisor was a Rogerian person-centered therapist, they-
    - focused on empathy, unconditional positive regard, and congruence.
    - analyzed the way you rephrased your client's statements and kept the conversation moving.

Following WWII

Following WWII there was an urgent need for psychotherapists and there was a need to develop a model for supervision that didn't require psychiatric training.

The Veterans Administration developed and funded a comprehensive training program for psychologists, including intensive supervision following WWI to deal with the number of troops who suffered from battle fatigue or what we now call PTSD.

In 1946, Virginia was the first state to codify mental health licensure of non-medical doctors. Eventually that provided the foundation for practitioners with Master's degrees to gain licensure.

New Programs with Different Perspectives on Etiology and Treatment

- **Traditional psychotherapy** focuses on the **bond between the client and the therapist**. It is in this relationship where healing happens.

Starting in the 1950s and 1960s other approaches were proposed and new professions developed around these theories.

- **Marriage and family therapy** (family, and child counseling): grew out of Family Systems Theory by Murray Bowen.
- **Family Systems Theory sees the individual and their struggles as a member of a complex system rather than as an isolated entity.**
- If something is going wrong, the whole system is out of whack. The person with the "presenting problem" is expressing that imbalance.
- Traditionally, marriage and family therapy treated the whole family-a different set of skills than one-on-one therapy.
- The first state to grant licensure to MFCCs (later changed to MFTs) was California in 1963.

More Programs and Perspectives on Etiology and Treatment

Licensed professional counselors

- possess Master's degrees in a counseling or psychology program and then undergo clinical supervision and examination.
- Virginia was the first state to offer an LPC license in 1976.

Addictions counseling

- started as a certification program without degree requirements but with a high requirement for clinical supervision (3000 hours in many states).
- **Substance use counseling:**
  - deals with issues surrounding addiction and recovery.
  - Developed into a tier program because of the need to professionalize the field and protect those who have extensive experience under previous definitions.
  - Without a Master's degree and licensure as a professional counselor, they can't engage in diagnosis and psychotherapy.

What this meant for Clinical Supervision

Originally the focus of Clinical Supervision was to **mentor trainees in the methods associated with each paradigm**.

Now LCSWs, LMFTs, and LPCs can all subscribe to various therapeutic paradigms or take an integrative approach.

Clinical supervision is **allied to the license instead of the therapeutic modality or the population served**

Most states do allow part of the clinical supervision requirement to be fulfilled by a supervisor with a different license.

The Hx of Clinical Supervision and the Law

In 1976, Tarasoff v. Regents of the University of California held that therapists have a duty to warn if they are made aware that a client is a threat to the safety of a third party. This ushered in a focus on ethical behavior and the need to train in ethics.

Therapist Behaviors and Ethics

Dual Relationships Therapists shouldn't treat those they know from other circles

Ethical Boundaries Therapists need to think about ways to communicate outside the office, self disclosure, gift giving, and practicing within your area of expertise

Confidentiality ad Privacy Confidentiality has always been a critical issue, but HIPPA identified gaps and codified patient's rights

As these areas become more necessary (and complicated), clinical supervision has incorporated ethical behavior into the supervision interaction so that the associate therapist learns how to think about these issues regarding their clients.

The Hx of Clinical Supervision and the Law

1976: Ethical Behavior

- Tarasoff v. Regents of the University of California held that therapists have a duty to warn if they are made aware that a client is a threat to the safety of a third party.

Therapist Behaviors & Ethics

- **Dual Relationships:** not treat those known from other circles
- **Ethical Boundaries:** consider ways to communicate outside the office, self disclosure, gift giving, and practicing within area of expertise
- **Confidentiality and Privacy:** always been a critical issue, but HIPPA identified gaps and codified patient's rights

Clinical Supervision

- **Clinical supervision has incorporated ethical behavior into the supervision interaction** so that the associate therapist learns how to think about these issues regarding their clients.

Models of Supervision

Traditional

- Focuses on what the trainee is doing either right or wrong and what they should do to improve.
- Supervisor is viewed as expert who provides guidance and feedback to supervisee

Cognitive Behavioral

- Emphasizes helping supervise to identify distorted thinking patterns and dysfunctional beliefs that may interfere with effective therapy.
- Supervisor may teach techniques to change dysfunctional beliefs and distorted thinking.

Systems or Family Systems

- Focuses on supervisees understanding of the impact of family, culture, ad other social factors on their client's presenting problem.
- Supervisor and supervisee work together to design interventions.

Models of Supervision (cont.)

Humanistic-Existential

- Focuses on the supervisee's personal growth and development.
- Supervisor helps the supervisee to become more aware of the values, beliefs, and biases.
- Beneficial in increasing self-awareness and developing therapeutic skills.

Psycho-dynamic

- Focuses on changing problematic behaviors by discovering the unconscious meanings and motivations.
- Characterized by a close working relationship between the clinician and the client.

Integrative Models

- **Technical eclecticism:** focuses on different choices from many approaches and is a collection of techniques. Model doesn't follow specific theoretical framework.
- **Theoretical integration:** refers to a conceptual or theoretical position beyond a blending of techniques. Produces a conceptual framework that synthesizes the best of two or more theoretical approaches.

Making the Most out of Supervision

Being a therapist is **seriously hard work**.

Cognitively and emotionally draining

Potential ethical pitfalls around every corner

No amount of "book learning" can aptly prepare you for the intensely raw and real scenarios that you encounter in this line of work.

Having an awesome clinical supervisor is an imperative and utilizing the time in supervision effectively is important for the supervisee and the clients being served.

Tips for Coming Prepared

1. Get started on time and end on time.

2. Recognize that clinical supervision is Your time, not your agency's time, or your supervisor's time.

3. Be prepared.

4. Be vulnerable and admit that you don't know what you don't know.

5. Talk about your own stuff and how it may be affecting your clinical work.

6. Talk about your long- term goals and your career journey.

Tips for Coming Prepared

1. Get started on time and end on time.

- Easy to get caught up in the daily grind of Community Mental Health Center and cut supervision short 5-15 minutes
- Adds up over time.
- If you are working on licensure requirements ethically, that time shouldn't be counted.

2. Recognize that clinical supervision is Your time, not your agency's time, or your supervisor's time.

- This is especially difficult if you are receiving clinical supervision and administrative supervision from the same person.
- Worst case scenario is that your time is used up discussing paperwork, productivity, organizational updates with no time to get your needs addressed.

Tips for Coming Prepared

3. Be prepared.

- Come with a list of topics you would like to discuss and a pen and paper to take notes.
- Keep a notebook handy between sessions to jot down topics, ethical concerns, and questions regarding interventions, progress, etc.

4. Be vulnerable and admit that you don't know what you don't know.

- There is strength in knowing your limits.
- Even skilled clinician's relish the opportunity to receive feedback on their work.

Tips for Coming Prepared

5. Talk about your own stuff and how it may be affecting your clinical work.

- This can be incredibly difficult, but supervision should be a safe place to talk about transference, counter-transference, vicarious trauma, and compassion fatigue.
- If you consistently have a lot of "stuff" in supervision you may want to get your own therapist.

6. Talk about your long- term goals and your career journey.

- While it is important to focus on staffing cases and learning interventions, it is also important to use some supervision time to develop a long- term career path.
- Your supervision can assist you to identify what types of careers are available in your area.
- Share ideas, seek feedback and talk openly about what you are loving and not about your job.
- Assert yourself to create a safe place and productive space to explore your long-term goals.

Preparation Tools for Supervision

Bio-Psycho-social Worksheet

- Tool to think about the complexity of interacting historical, current state, and vulnerability health risks across multiple domains.
- It is also helpful to identify protective factors.

Critical Questions Worksheet

- Tool presents clinical reasoning questions which when answered can be used for case formulation, and intervention planning.
- It can also be updated and used at regular intervals across a client's treatment stay.

Applying Tools to Case Studies

- Divide into four small groups
- Each group will be presented with a different case study.

Read the case study

As a team, complete the Bio-Psycho-Social Feedback Tool and the Clinical Questions Worksheet.

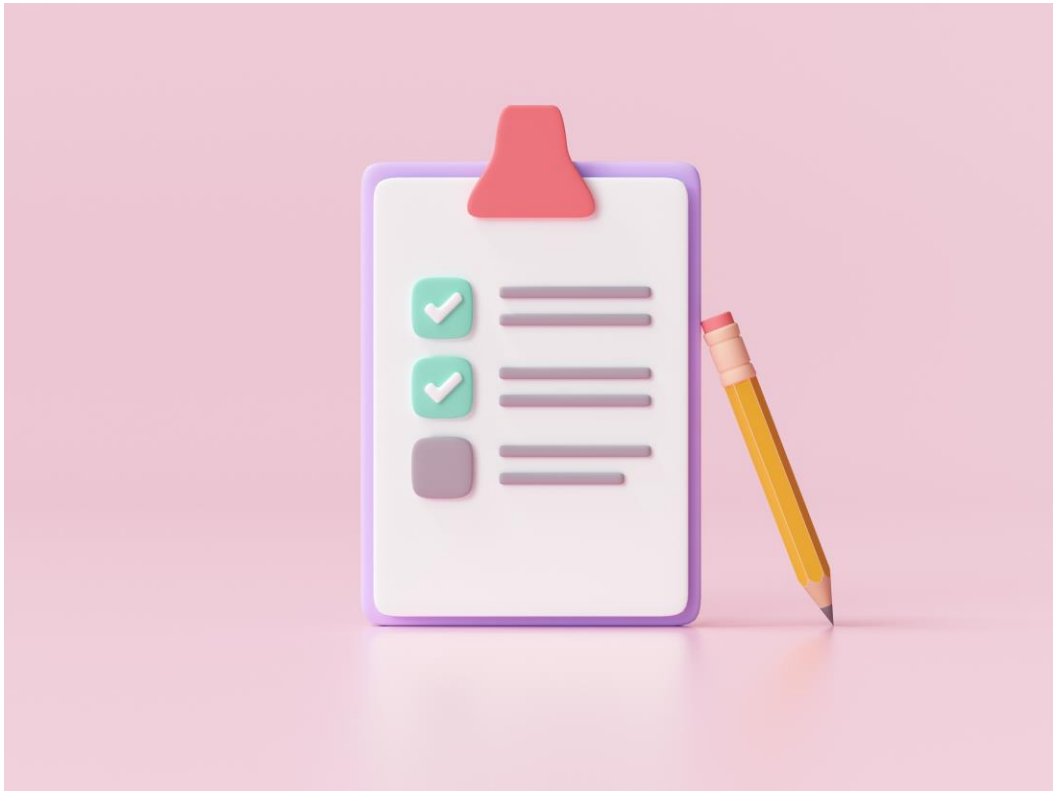
Be prepared to report out on the experience using the tools.

- What worked well?
- What were the challenges?
- Was there any part of the tools that you might like to utilize in your own supervision?

Following Supervision

Session Bridging Form

- Provides a way to reflect on your supervision and potential topics for further discussion with your supervisor.



Wrap up and Next Steps

- What is a take-away that you would like to take back to your team?
- How can you use what you learned today to enhance the supervision that you are receiving

Community Spotlight

[Community Care Behavioral Health]

BH Fellow Organization Spotlight

Allegheny Childrens Initiative


Drum Circle

Wrap Up

Reflections

Reminders:

- **Next training:** Center for Victims, half day experience

Today's Session Survey:

CEU Survey: