The longer I work with agencies across the country to implement IDDT (Integrated Dual Diagnosis Treatment) the more convinced I am that supervisory practice is critical to the success of any EBP practice. Research findings from the National Evidenced Based Practice project support this idea. “Clinical leaders needed to have a strong understanding of IDDT and mastery of the skills in order to insure that staff have the skills to deliver the service. The internal capacity to train and supervise staff was found to be critical to maintaining skilled workers in IDDT programs.” This article focuses on four core supervisory tasks we have found to be key in the implementation of IDDT, Supported Employment and Strengths Based Case Management.

Element #1: Group Supervision

Group supervision remains the cornerstone of EBP supervision. Group supervision follows a specific form and is more than simply holding a weekly team meeting. Typical team meetings consist of administrative announcements, medical team updates, vocational updates, vacation coverage, crises and sometimes successes. While these are necessary components of the work, it is NOT group supervision.

Group supervision is the fuel that keeps an EBP practice alive and strong on a team level. The goal of group supervision is to develop new strategies (based on EBP specific assessments) to assist
clients to move toward goal attainment from a multidisciplinary approach. Team meetings that do not follow a structured format tend to get side-tracked by a variety of tangents, and do not produce the level of in depth clinical review that produces movement. The structure is designed to keep the team focused on generating creative strategies, rather than digressing into venting or rehashing of problems. Group supervision consists of seven steps; each is distinct and critical to the success of the process. Each discussion of a client situation should take no more than 20-30 minutes so that four to five clients can be covered during typical two hour supervision.

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**Step 1: Distribute Assessments related to IDDT**, (ie. Strengths Assessments, Longitudinal and Contextual Analyses) - The presenting staff person makes copies of these assessments for every team member. The process will NOT work unless each team member has his or her own copy of the assessments for the person being presented.

**Step 2: What do I need?** - The presenting staff person states very precisely what he or she needs from the team (i.e., I need ideas on how to engage with Mary; I need help on how to assist Joe to reach his goal, etc.). This keeps the provider and team focused on what is to be accomplished in this meeting.

**Step 3: Thumbnail sketch** - The presenting staff person gives a one to two minute description of the situation, including the Stage of Treatment, and a few things that have already been tried.

**Step 4: Questions only** - For five to ten minutes the team asks questions of the staff person to further clarify things written on the strengths, longitudinal and contextual assessments. For example, “It says here that the grandmother is supportive. Tell me more about her role in the person’s life.” No advice can be given in this section; focus of questions should be based on the material in the various assessments presented.

**Step 5: Brainstorming** - For five to ten minutes the team brainstorms ideas. The presenting staff person MUST write down every idea without speaking (i.e., no evaluation of the ideas or “yes, buts”). For example, “The client could ask the grandmother to call her every Saturday to see how she is doing.” The list usually includes 20 to 40 ideas.

**Step 6: Review List with Consumer** - The presenting staff person reviews the ideas and asks for clarification on any ideas if necessary. Depending on the nature of the goal being reviewed, the
provider may present the list to the client (at their next meeting) as possible strategies to help him or her reach the goal, or may choose two or three strategies he or she will employ in order to make progress toward the goal.

**Step 7: Supervisor Follow Up** - At the next meeting the supervisor or team leader needs to follow up on implementation of ideas and get feedback on the progress. If it’s working, wonderful; if not, schedule another staffing and or field mentoring.

**Element #2: Field Mentoring**

How well do we really know how are staff are doing? Do we evaluate staff solely on what we observe in the office? Field mentoring is then the second element of EBP supervision. The idea of field mentoring is to observe, teach, and help staff develop skills in the field. Field mentoring is a supervisory tool used to help staff further develop and refine their use of skills and/or tools in actual practice. The climate for field mentoring should be one of mutual learning and professional development rather than micro-management. The goal for the field mentoring session should be agreed upon between the supervisor and the staff member prior to meeting the client in the community. Field mentoring itself can include anything from supervisor observation to skills modeling and various shared roles in between. There should be an expectation that all staff continue in their professional development throughout the year, and the role of the supervisor is to support the enhancement of their professional skills. There are many benefits to field mentoring including: reinforcing staff strengths, enhancing transfer of training, skills building, developing confidence, and assisting staff with areas they identify that they are struggling with. (Rapp, Etzel-Wise, Marty, Coffman, et al. [in press]).

**Element #3: Quality Reviews**

The third component of supervision is quality review of EBP tools. We recommend spending at least 30 minutes per staff per week reviewing EBP Tools (e.g., Strengths Assessments, Contextual Analysis, Longitudinal Analysis, etc.). Reviewing tools are enhanced when the supervisor is familiar with the client, the client’s goals, and the services provided to the client. There are two core components of reviewing EBP tools: quality and integration. Quality review means that the supervisor must be skilled at knowing how to use the EBP tool and understand the importance of using the EBP tool correctly. The supervisor must be able to provide staff with examples of how you
want EBP tools used as well as giving staff the opportunity to practice using EBP tools.

Reviewing comprehensive document requires sitting down with an entire chart for a particular client. Begin by reviewing the treatment plan.

- Are these the client’s goals?
- Do goals meet both Strengths and Medicaid criteria?
- Do objectives reflect what staff are actually doing?
- Are objectives written in such a way as to generate movement or progress?

Secondly, review all EBP tools (Strengths Assessment, Recovery Goal Worksheets, Vocational Profile, Longitudinal Analysis, Contextual Analysis, etc.)

- Is the information collected with these tools able to generate movement toward the goal(s)?
- Is there missing information or areas that could be further explored?
- Are the client’s strengths emphasized and made specific?

Third, review Progress Notes going back three months or to the time of the last chart review

- Progress notes should clearly reflect the work being done and demonstrate progress towards goals and objectives
- Does the work reflect the goals and objectives on the treatment plan?
  - Goal displacement
  - Mismatch of stage of change
  - Ineffective/unnecessary interventions
  - Client goals ignored or put on hold
• Is information from assessment being reflected in practice?

  ○ Used to develop goals

  ○ Naturally occurring resources identified and used

  ○ Client skills identified and used

  ○ Use of client’s personal medicine

• Do the notes reflect a continuous search for or development of client strengths?

• Does the work reflect purposeful movement toward goals and objectives?

**Element #4: Performance Feedback**

The final key component of EBP supervision is performance feedback. Performance feedback is the process of giving both positive and constructive comments to staff about practice behaviors. It filters throughout all aspects of supervision and ties all the elements together. It should not only come from supervisor to supervisee, but also from clients, family members, employers and other involved parties. **Performance feedback needs to be continuous and ongoing.** No one should ever be surprised about information on an annual performance appraisal. Rather think of feedback as a tool that enhances professional practice which supports improved client outcomes.

Putting it all together in a work week looks like this:

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>2 hours in group supervision</td>
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<tr>
<td>2</td>
<td>2 hours doing field mentoring</td>
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<tr>
<td>3</td>
<td>2 hours doing quality review of documentation</td>
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<tr>
<td>4</td>
<td>2 hours of giving performance feedback in addition to the above</td>
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</tbody>
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