

## Episode 14 - Dr. Cal Stoltenberg: Evidence-Based Clinical Supervision (part 2 of 2)

[00:00:08] Welcome to LIVING PROO the podcast series of the University at Buffalo School of Social Work at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). Celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson. Today's podcast is the second of a two part series featuring Dr Cal Stoltenberg lecturing on the art and science of clinical supervision at the fourth international interdisciplinary conference on clinical supervision convened in Buffalo New York. In this episode Dr. Stoltenberg discusses supervision using evidence based practices. Dr. Stoltenberg is coordinator of the Counseling Psychology Program at the University of Oklahoma. He has also served as the Director of Training and chair of the Department of Educational Psychology at the University of Oklahoma. Dr. Stoltenberg is a researcher and practitioner. His interests include counselors supervision and training counselor processes and outcomes research and marriage and family issues. Dr. Stoltenberg is known for his seminal article on training development that has influenced a generation of supervision researchers and his championing of the scientist practitioner model. In 2000 Dr. Stoltenberg was appointed as the Brian and Sandra O'Brien presidential professor. In 2005 he received the award for Distinguished Contributions of Applications of Psychology to education and training. Dr. Stoltenberg is a Fellow of the American Psychological Association the American Psychological Society and the American Association of Applied and preventative psychology and currently serves on the editorial board of the Journal of Social and Clinical Psychology. Now here's Professor Cal Stoltenberg discussing evidence based practices in supervision.

[00:02:24] What's the evidence for our own effectiveness. If we're unaware of the impact on our supervisees or of our supervisors and their clients we can't do a very effective job of supervision. How do we know what to emphasize and supervision sessions themselves. Unless we just focus on personal and professional growth of the training. Still some disagreement about what constitutes evidence and evidence based practice in psychology and there's a number of approaches that can be taken with this but a few of them seem to ring true for me. One of the things that I try to accomplish when I when I get my supervisor is in and I'll supervise eight to ten of them a year is to have them evaluate their own work number of years ago I started off real ambitiously wanting them to do actual end of one study. I've dropped my expectations back a bit. So you don't really expect to get a publishable end of one study out of any practicum sessions that we may have but we will try to get them to focus on what can be learned by that approach in terms of evaluating what's happening with their own clients or also change process research. I have students come in to me from different theoretical orientations and some of the students who come from a relational orientation will regularly say well what am I doing with my clients I'm building the relationship. Okay how many years in what are you. Well two. Okay well tell me when that relationship gets established and you're ready to move on down the road. How do you know what the relationship is like. With your client.

[00:04:09] How do you know what you're focusing on the session is having any impact. Case studies tied into theories also another approach it doesn't have to be necessarily so formal because we're not news we're not looking at publishing these and the validity of the information maybe maybe hurting a little bit but it beats the hell out of no information. And so getting the students getting our supervisors to the point in time where they actually try to check out some of the assumptions that they have of what's going on in the clinic clinical relationship with their clients. What's working and what isn't. I think it's a useful thing to do. For example it doesn't have to be real complicated. It depends on what kinds of outcomes you're looking for. I had a student who was working with a client here a few years ago and she goes I can't get anywhere because every time we

start getting to the issues that the client really I think the client really should be exploring she ends up talking about NASCAR and Oakland Raiders football interests. You know it's a wow for a catch on Atheros via a said well OK you know we videotape everything so how about you go back over the last five sessions. And track how many times the client changes direction on you with those issues. And what did in response to now is this a highly valid you know coding mechanism. Well but she charted it all out. And she took that into a session with her client in the first time NASCAR came up. She goes I want to show you something. And she explained the chart to the client and the client.

[00:05:41] Yeah. And she continued to charge after that and the number of side trips dramatically reduced. Now is that some incredibly important therapeutic intervention. Not necessarily. Did that student learn something about what she was doing with her own client. I think she did. I think the client learned some things to. So basically if we're going to take evidence based practice perspective at least try to begin to apply that to the supervision process we might recommend that our supervisors use approaches interventions that at least have some empirically established rationale or lacking that. And we all know different approaches are easier to research than others. And I'm not saying that the ones that are easy to research are more valid. They're just easier to research. But if you've got an approach if the trainees got an approach they're highly invested in where there's not a whole lot of empirical evidence out there to support it and you're in an agency where they have the choices that they can make in terms of how they approach their work with their clients then at least there has to be some strong theoretical grounding on that and they need to be prepared to evaluate at some level how the work they're doing with their with their clients matches the theory you know even if you use a highly supported evidence based empirically validated treatment approach you don't know that you or your students using that approach are going to yield the same kinds of results. One of the strengths of Manulife treatments for example is you have some control over how the therapeutic process plays itself out.

[00:07:27] Before he died a few years ago Neil Jacobsen had done a study where he looked at using an empirically validated manual lies treatments and he had experienced therapist doing. And some of the therapist he said stick to the treatment protocol stick to the manual and others said modify as you see fit. And a preliminary study what he found was the experience therapists who were allowed to modify and modify the manual as to approach had a more effective they had better outcomes with their clients. At any rate we've got it whatever it is that we're working with our supervisors to do we need to have some sense of does it work for them. How's it working with their clients. How well have the supervisors actually assessed client needs. What went into the selection of interventions. How well did they administer those interventions if they tracked that carefully. It's something they can take with them. Now granted I live in. I live in a never never land. I'm a university professor so you know we video everything. And I can call those videos in and we can take a look at it all and I can say go back and look at all those videos and track all of this over time out there in the world. No that's not possible in a lot of places. But to the extent that we can we need to figure out what how effective are people doing what they're doing. Depending on the developmental level of our supervisees we might approach treatment orientation selection somewhat differently and what interventions may be used also might be selected somewhat differently.

[00:09:03] I frankly don't think there's anything wrong with prescribing things for new trainees to do some more my biases. But if you want to kick the anxiety up of a beginning trainee do a supervisory standard supervision where you just you know well what can I do. What can I provide for you. What is it you want help they don't often know what they want. And unlike the regime driven approach to human development there's not necessarily there's therapist I think deep inside each of us who with the right kinds of conditions just kind of grows in flowers. I think there's a whole lot of learning that has to occur and for folks who haven't had a whole lot of exposure to the field they've got to get that exposure someplace so actually prescribing things I don't think is

necessarily a bad thing to do as they grow though and experience and understanding. Pulling back from that and processing with them their selection and why they made those selections is an important thing to do. I still bitter students over the head to constantly go to the literature to seek some guidance on our work with their clients. Of course they're all too busy to do that. But we keep on them anyway basically off the top of our head a three step approach to evidence based practice would include assessment of modifying factors relevant to the supervision process and goals including ongoing evaluation of supervisory effectiveness formulation of a supervision plan and then how we're going to implement that. We all know we need to monitor client well-being. It's an ethical duty.

[00:10:40] So in working with our supervisors we need to be sure that that a careful review discussion of all the assessment data that we have regarding the client's symptoms their goals background so on and so forth is done any formal assessments that have occurred we need to make sure that those are reviewed and if we don't observe them doing their work whether it's life or whether it's on video we really don't know what the hell they're doing. It's just a simple fact of life. We may not be able to in certain contexts which had just got to realize if you can't see it happen you don't know what happened and what they'll recall what they will reflect on from a given session is going to be different. I think here's a good study is going to be different depending on the amount of experience they have. Beginners aren't going to be aware of half the stuff going on in a given session as more experienced therapists will. And so again if we're just relying on their recollection their perspective of what happened we're kind of supervising in the dark we need to be sure that basic skills attitudes are develops feed back they have to get constructive feedback. Again if you look at Anderson's research on schema development it doesn't happen all that well automatically novice to expert how one develops from a novice to an expert is not an accidental event. And it's also not a natural event. Best example I can think of is chess. If anybody still plays chess lots of people play chess their whole lives lots of them never make it to being a chess master. You can do something forever. You don't necessarily get better at it. How do you get better at it.

[00:12:25] Productive feedback accurate useful feedback however you get that from a supervisor or from the clients watching your cell phone video. Once you've got some of the basic skills down advanced theoretical critical thinking abilities we think are important case presentations broad base case presentations my students roll their eyes when I have them do this. We've got a format that basically has them collect everything they can about the client except for perhaps hat size. Why are they going to use all that. Not necessarily but the process of collecting that information and being aware of it can sometimes be really useful in terms of other events that can be impacting the client beyond what the client just brings up to them. Literature reviews discussions of theories to broaden the perspective some and then work on integrating that Brett. Self-awareness develops over time as does the empathy and emotional competence. Again it was somebody else I was talking with here earlier. I'm not convinced a lot of our early my early supervisors really empathize. They kind of get empathy training. They can kind of reflect feelings back. I'm not sure it's really empathy. Research and cognition. Again the new term Social Neuroscience suggests there's a certain procedure by which we can actually empathize and empathy does risk result in responses from us that really do reflect the emotional experience of the client. But only if the conditions are correct. So helping helping the trainees learn about that and actually develop some of those skills can be an important thing to do if empathy is something that's real relevant to your to your mom.

[00:14:10] We've got all these methods in terms of increasing their self awareness that I have listed in them one time I think that we can confuse the heck out of students but I think if we focus too strongly on a particular theoretical orientation real early on we run the risk of the students going OK so that's the one that it's and so they don't broaden now. We've got some really good and charismatic faculty in our program and I'll get students into my second year practicum who are convinced that there is the way and that they just learn from somebody else. And my job I think is

to broaden that perspective because if we close off if we have premature closure of exploring alternatives then we will no longer entertain what other theoretical approaches have to offer and actually be able to process the research that's done on those as well as what we're attending to critical thinking theoretical reflection is really helpful. Once again you can't reflect on something that you're not aware of. And so if we focus primarily on reflection and the supervision process without having seen what they're reflecting on we're going to be limited empirically validated Manulife treatments can't can really serve a function. We don't always use them but they can provide a really interesting framework a useful framework for folks they get some sense of of how beginning middle and end of therapy actually carries out within a particular frame of reference that can be good. We also have to attend to what kind of qualities a supervisor brings in. I don't have time to go into it but there's some really nice work done on motivation out there and how motivation interacts with the sense of locus of causality and how we can change that over time in our supervises.

[00:16:07] And so one of the things I'm trying to do is be more explicit in that at least in terms of how it fits for supervision. We'll see if that happens again I said before we come from often a pretty encapsulated world view that needs to be expanded awareness the experiences that we have the awareness that we have is often a function of the social cultural context in which we've had the opportunity to function in so expanding those contexts in a training process is really important if we're going to be able to expand the understanding sensitivity and scheme of our students again with some of our middle class students that come walking in the door. We have to help remind them that there's all sorts of types of diversity that can impact their work with folks as well as their work with us and our work with them. Ethnicity of course is a very important one gender of course they're aware of these also socio economic status plays a heck of a role. Rural urban backgrounds relational family status. On down the list all of these impact to our clients are there are a number of things that they are and impacts or supervises are too. And so we need to attend to those and help them attend to them and work with them to understand how that's influencing their relationship with us their relationship with their clients and their work attend to development coming up with what you do and supervision. We need to constantly engage in our own cultural self-assessment. One of the things that I grew into learning was that we're never really done with all of this.

[00:17:37] We don't really reach this master stage where the world becomes clear to us and we know our domain in a way we go because it interacts with who we are. Right. So 30 years ago I didn't have any gray hair. I didn't wake up as tired in the morning and as stiff and sore I am not the same person I was 30 years ago. And so if I was trying to be the therapist I was 30 years ago I'd be a miserable failure and things are changing. We change the context we work in all change and these have to be monitored again more context after you get the handout I will go through it whether that's using instruments to measure what's going on in the session whether it's using actual observation of what goes on with our trainees and with our selves. We develop a plan based on what the needs are. This plan then should be ongoing evaluated over on a regular basis. And we would argue attending to things like motivation autonomy and awareness are sometimes clues to where students are where supervisors are from different domains monitoring the supervisory alliance is an important thing that we should be attending to what are the processes were the effects of these processes in terms of developing developing specific competencies. How do we evaluate all of this again being repetitious self reflection reflection isn't really enough although it's a wonderful thing to do. How do we get the data. How do we go about doing it.

[00:19:07] Rating forms client assessments work samples video audio live observation case conceptualisation case notes assessments we have all sorts of written things typically that occur that we can uses as examples of how effective the work is that our students are doing our supervisors are doing and whether they're acting on all of the information that they have regarding the clientele with whom they function. By and large supervision is a serious thing. We need to attend to it very

carefully. Lambert pointed out a few years ago that only about a third of us out there actually evaluate monitor client outcomes. We don't know if we're effective if we're not doing that. We talk a lot about clinical expertise. That's my chess example. You can play chess forever you will necessarily be a chess master. So how does this expertise develop we're just as susceptible to bias as anybody else. So we have to get feedback. One of the reasons supervision of supervision is so important is as we're developing supervision skills we can get feedback not just from the supervisory but also from the supervisor in terms of how effective we're being what the work that we're engaging in is really playing out to for our supervisees and whether or not we're having much of an impact. So conclusion do all the stuff I talked about you've been listening to the second of two podcasts featuring a lecture by Dr. Carl Stoltenberg on the art and science of clinical supervision using evidence based practices. Thanks for listening. And join us again for more lectures and conversations on social work practice and research. Hi I'm Nancy Smyth Professor Endean at the University of Buffalo School of Social Work. Thanks for listening to our podcast. Our school is celebrating 75 years of research teaching and service to the community.

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