

# Critical Components of Effective Supervision: Merging Implementation Science and Motivational Interviewing



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WEBER  
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# What is Implementation Science?

“The scientific study of methods to promote the systematic uptake of research findings and other EBPs into routine practice, and, hence, to improve the quality and effectiveness of health services.”

<https://www.youtube.com/watch?v=ptLebz6lCps>

“The movement of evidence-based practices (EBPs) into routine clinical usage is not spontaneous, but requires focused efforts. The field of implementation science has developed to facilitate the spread of EBPs, including both psychosocial and medical interventions for mental and physical health concerns.”

Bauer, M.S. et., al. (2015) “An introduction to implementation science for the non specialist.” BMC Psychology. Vol. 3 (1) 32.

## Where and When Do We Acquire the Skill to Effectively Achieve Outcomes?

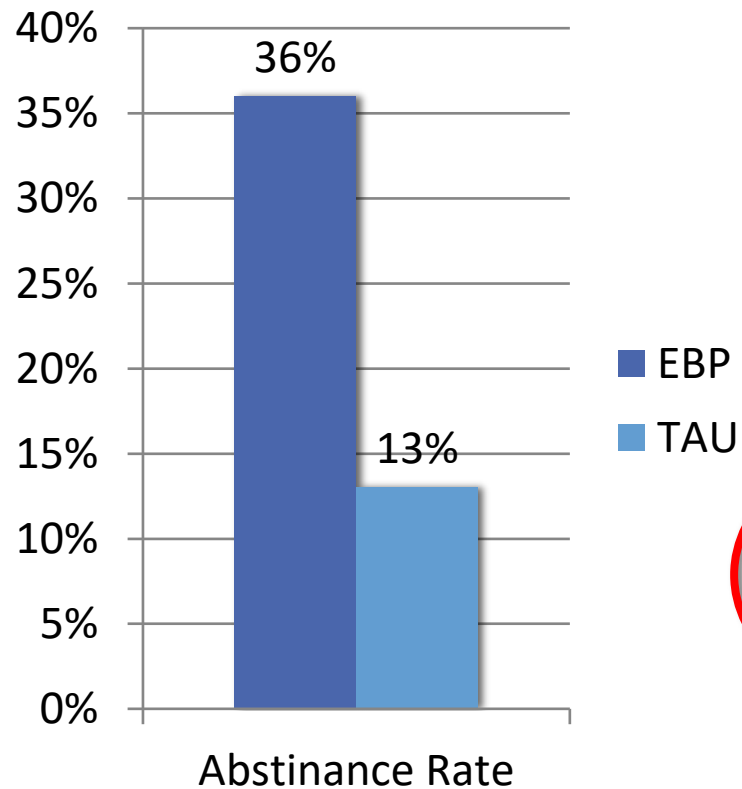
“[Behavioral health centers], as organizations, aren’t designed as places where people are expected to engage in sustained improvement of their practice, where they are supported in this improvement, or where they are expected to subject their practice to the scrutiny of peers or the discipline of evaluations based on [client outcome].”

“The prevailing assumption is that [therapists] learn most of what they need to know about how to [treat] before they enter [practice] despite massive evidence to the contrary—and that most of what they learn after they begin [counseling] falls into the amorphous category of ‘experience,’ ...this limited view of what [therapists] need to know and do demands little leadership from administrators [and supervisors].”

Elmore, R.F. (2002). Bridging the Gap Between Standards and Achievement. Albert Shanker Institute. Harvard Graduate School of Education. [http://www.shankerinstitute.org/Downloads/Bridging\\_Gap.pdf](http://www.shankerinstitute.org/Downloads/Bridging_Gap.pdf)

# The Difference Between What is in a Research Journal and What Happens in Front Line Settings

## Typical Randomized Investigation



## What's Not Typical in Frontline Organizations

- Treatment was manual guided.
- Therapists trained for 40 hours with expert trainer.
- Therapists participated in ongoing, weekly supervision that included review of taped therapy sessions.

# Self-Correction is Difficult without Feedback

“Learning any new skill does not occur without feedback. One of the most consistent findings in motivational psychology is that feedback improves performance. Trying to learn a counseling method without feedback is like learning to bowl in the dark: One may get a feeling on how to release a ball and subsequent noise will provide some clue about accuracy, but without information about where the ball struck, years of practice may yield little improvement. ***Self-perceived competence in delivering a behavioral treatment bears little or no relationship to actual practice proficiency.***”

Miller, W.R., Sorensen, J.L., Selzer, J.A., & Brigham, G.S. (2006). “Disseminating Evidence-Based Practices in Substance Abuse Treatment: A Review with Suggestions.” *Journal of Substance Abuse Treatment*. 31, 25-39

# Thought Processes Conducive to Learning MI

Client statement – “I’m getting really discouraged about controlling my diabetes.”

Practitioner thought process – “I’m sure you’ll do fine.” **No – that’s not listening. I want to make suggestions, but that’s my righting reflex and I need to understand.** What’s discouraging her? “Do you mean that you’ve been trying hard but your sugar levels are still high?” **Now make it a reflection!**

Practitioner aloud – “You’ve been trying hard but your sugar levels are still high.”

“That seems like a lot of mental effort for one reflection, and it is. Reflective listening can be hard work at first, more difficult than asking questions. The good news is that, like most skills, it gets easier with practice.”

# Why is Deliberate Practice Used in Other Fields, but not Psychotherapy?

“Deliberate practice presents performers with tasks that are initially outside their current realm of reliable performance, yet can be mastered...by concentrating on critical aspects and by gradually refining performance through repetitions after feedback. Hence, the requirement for concentration sets deliberate practice apart...”

Ericsson, K. Anders. (2006). “The Cambridge handbook of expertise and expert performance.” (pp. 683-703). New York, NY, US: Cambridge University Press, xv, 901 pp. <http://dx.doi.org/10.1017/CBO9780511816796.038>

# We Made a Purposeful Shift in our Supervision Model



**Story Telling**  
(The Apprentice Model)

**Skill Mastery**  
(The Coaching Model)





# Mistake-Focused, the Edge of your Capabilities, & Passion

- “Why is targeted, mistake focused practice so effective? Because the best way to build a good circuit is to fire it, attend to mistakes, then fire it again, over and over. Struggle is not an option: it’s a biological requirement.”
- “Repetition is invaluable and irreplaceable. Spending more times is effective – but only if you’re still in the sweet spot at the edge of your capabilities, attentively building and honing circuits.”
- “Why are passion and persistence key ingredients of talent? Because wrapping myelin around a big circuit requires immense energy and time. If you don’t love it, you’ll never work hard enough to be great.”

# Skill Practice Principles

- Skills are broken down into smaller segments, and then linked into larger groupings.
- Emphasis is placed on therapists “going slow” and attending to mistakes.
- Practice scenarios are purposely diverse, and become increasingly difficult.
- Trainer feedback is skill focused, and behaviorally specific.
- Skills are practiced with repetition and reinforcement is used when skill improvement occurs.

# What should a Quality Supervision Session Look Like that has the Potential to Impact a Client?

## *Quality Supervisory Relationship*

**Person Centered**  
(Collaborative)

**Performance Driven**  
(Direct Observation Feedback in the Context of Service Delivery)

**Purpose Producing**  
(Confidence)  
(Mastery)

## *Structure of Supervision*

**Prepare for Supervision**

**Collaboratively Set the Agenda**

**Follow Up From Previous Session**

**Incorporate Skill Learning Strategies**

**Plan for Skill Incorporation in Treatment Setting**

## *Supervision Strategies*

**Identifying and reinforcing skill strengths**

**Review feedback from direct observation**

**Modeling, skill practice, and coaching**

**Didactic learning**

**Plan development for future skill incorporation**

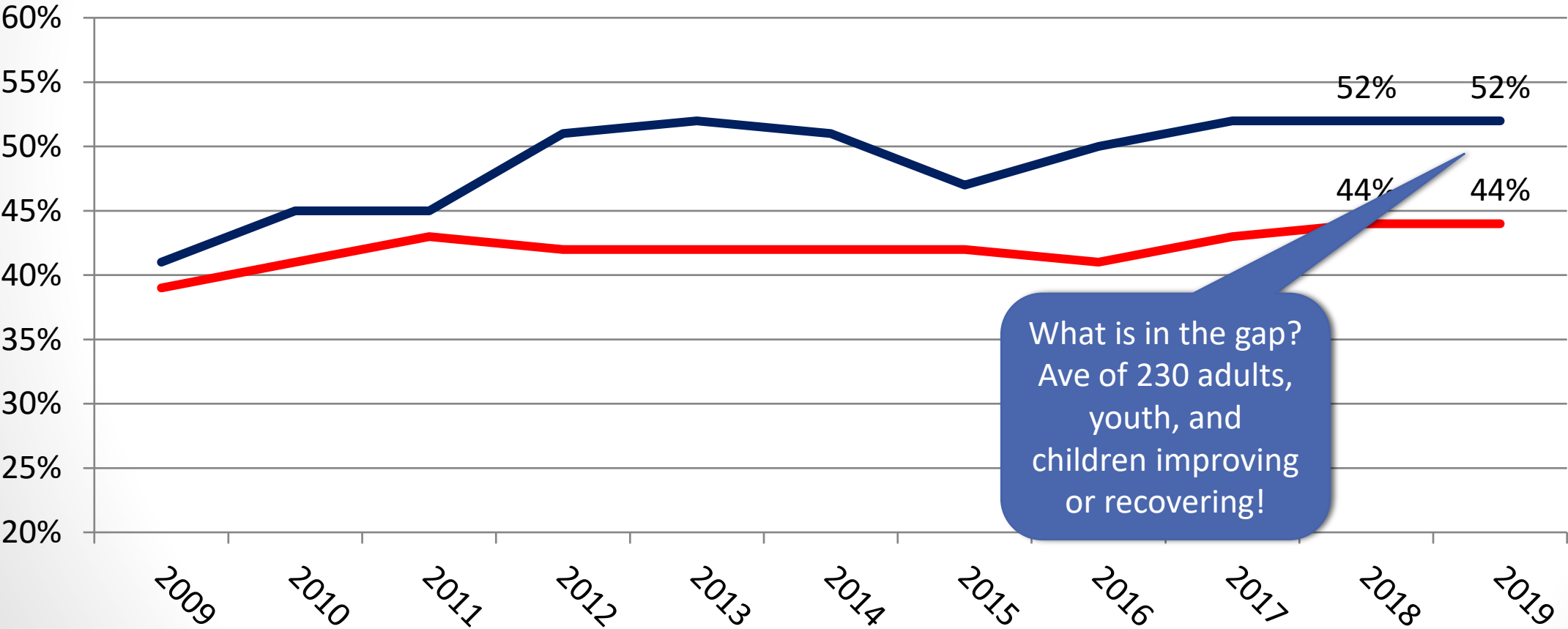
# What are Some of the Results of WHS Using Implementation Science Strategies?



# The Gap Between the Statewide Average and WHS Current Outcomes Matters to about 250 Additional Clients Every Year

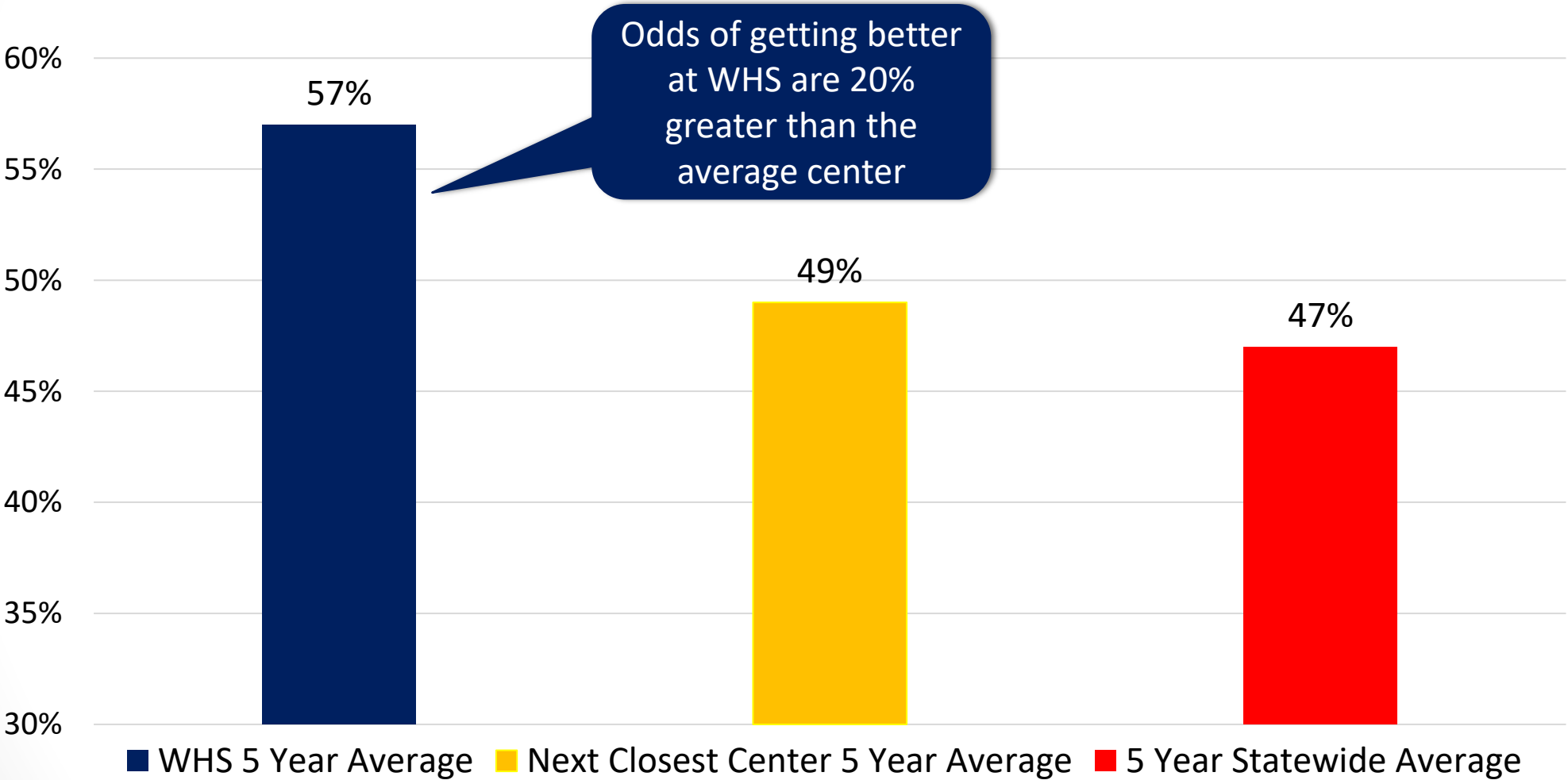
*Percent of clients experiencing statically significant improvement or recovery*

—WHS —Statewide Ave.



What is in the gap?  
Ave of 230 adults, youth, and children improving or recovering!

# Percentage of Children/Youth Clients Experiencing Symptom Improvement and/or Recovery



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Connecting Science  
and Service –  
Advanced Treatment  
in Behavioral Health  
Care



# Questions?

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