

Supporting High Quality Clinical Practice: Updates from Research on Supervision and Treatment Fidelity

Shannon Dorsey, PhD
January 27, 2026



Goal

- Efficiently and effectively help supervisors and therapists obtain the best shared understanding of how an EBT is being delivered to children and adolescents
- Build skills and support fidelity for upcoming sessions
 - Aim of supporting therapists in their work *AND*
 - Best clinical outcomes for children and adolescents



Interventions

Implementation

Clinical Supervision



One of the least investigated
aspects of treatment
implementation.

(Schoenwald, Mehta, Frazier, & Shernoff, et al., 2013)

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Best Shared Understanding of EBT Delivery



What are the things that best fit in a supervisor's day/workflow?



NIMH Funded
Dorsey, PI

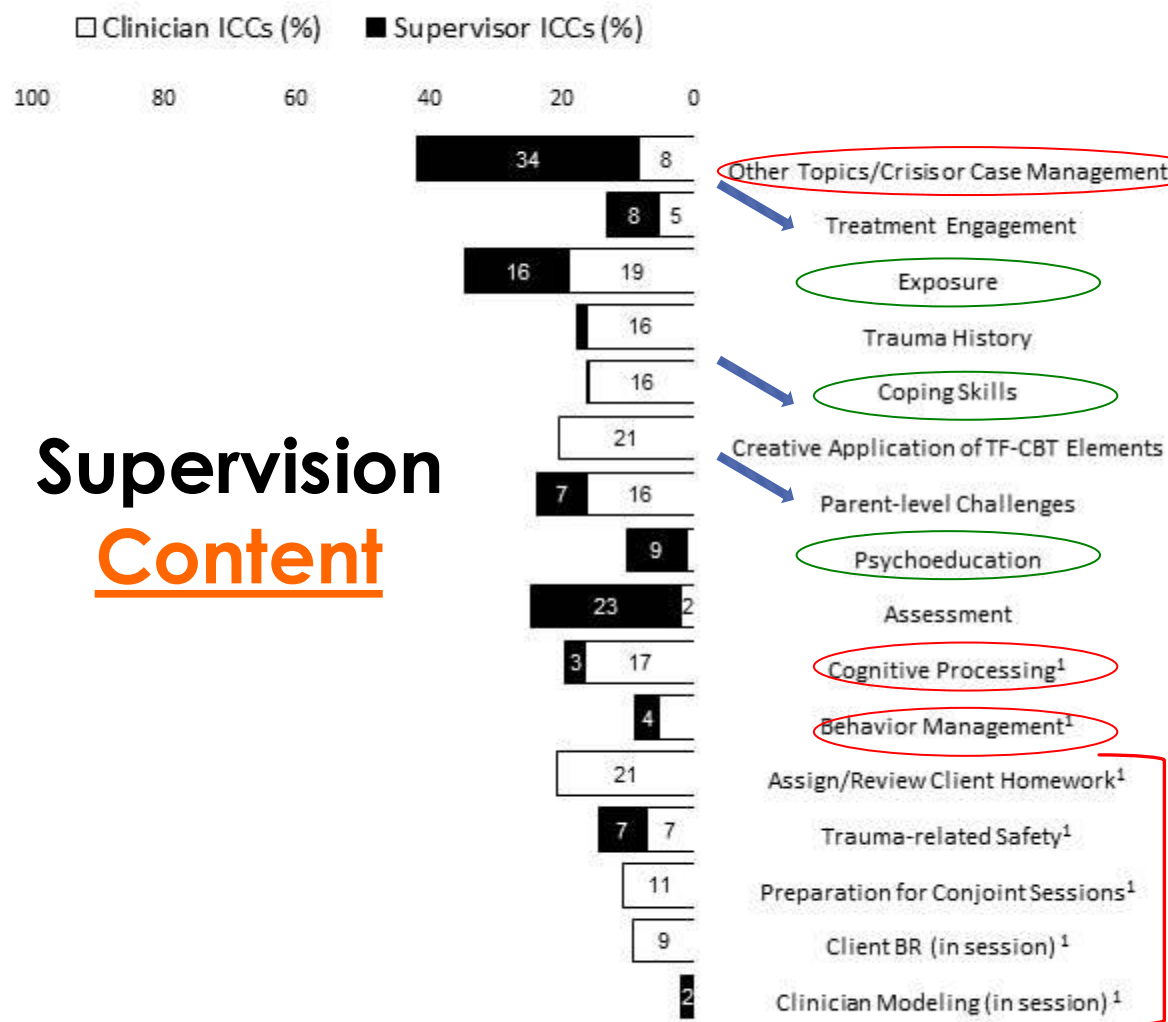
Study Sample

438



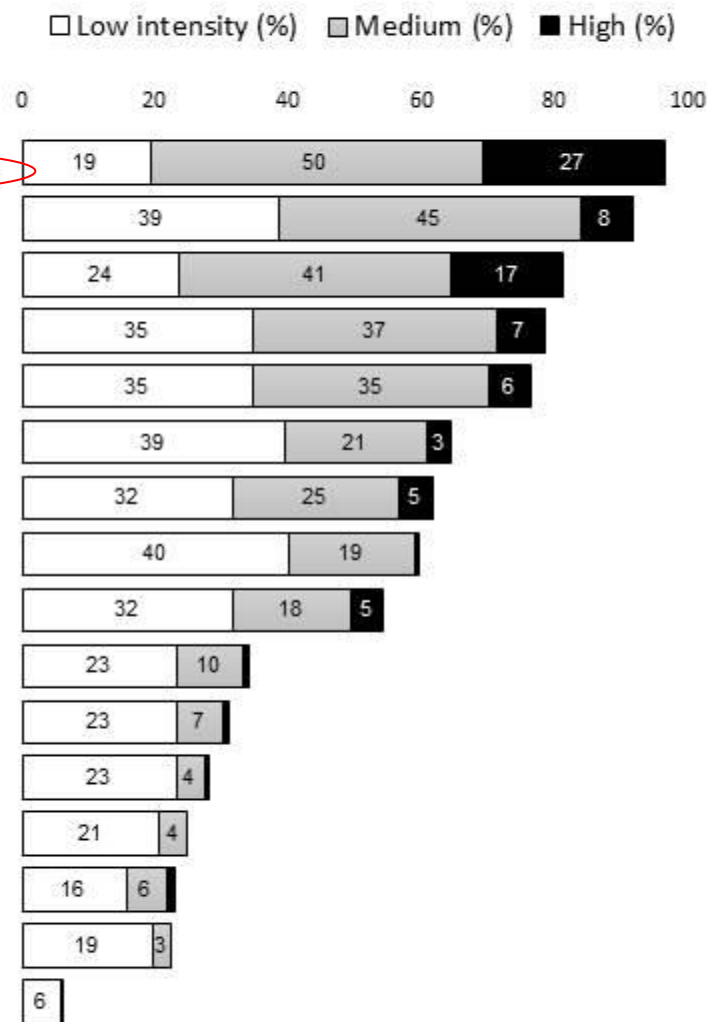
17 Community Mental Health
Organizations
23 Offices
28 Supervisors
98 Staff Clinicians

Percent of content variance attributable to supervisor or clinician



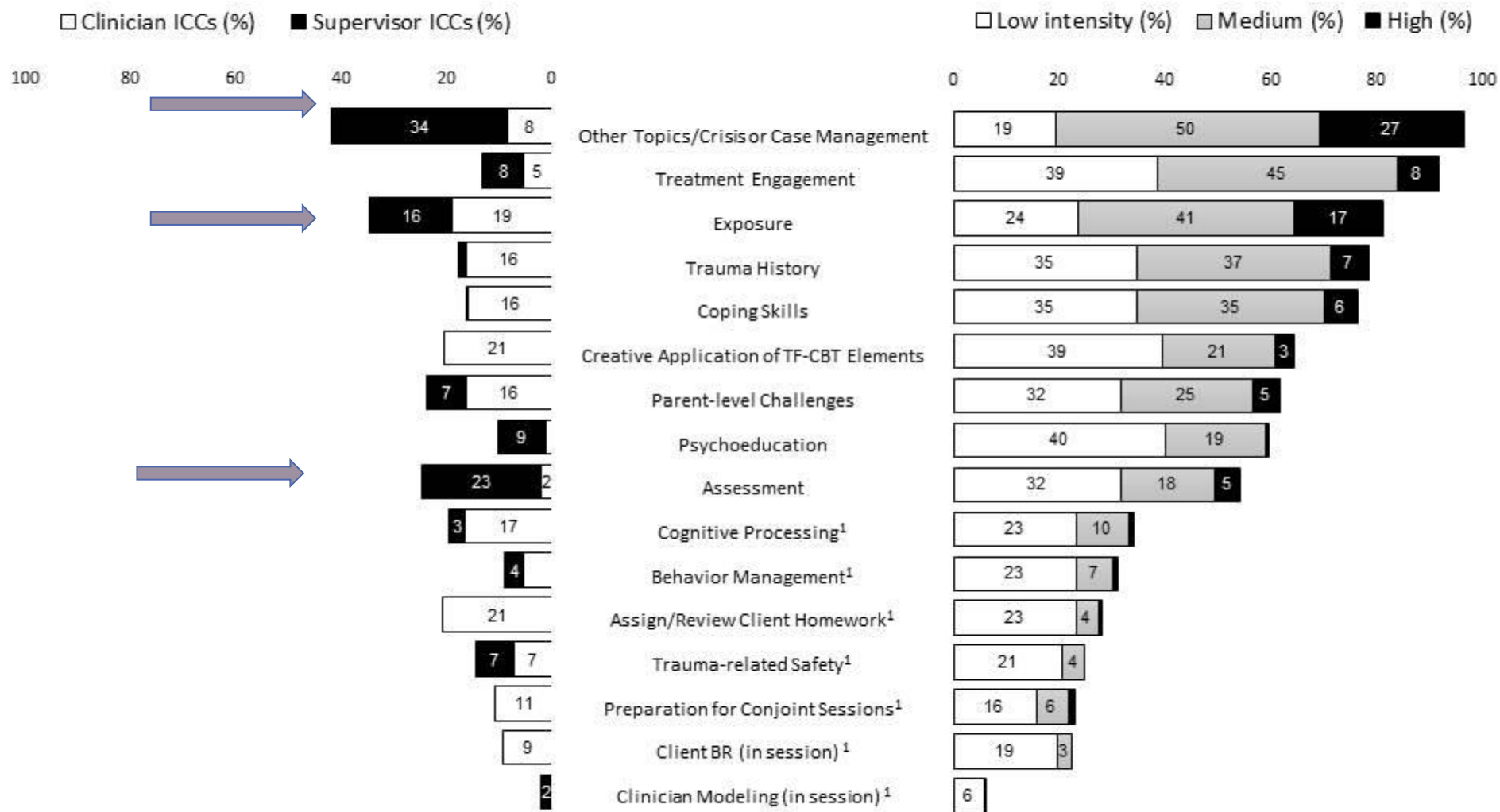
Supervision Content

Percent of supervision sessions with content by intensity



¹ Due to limited variance, estimated ICCs for these techniques will be less precise.

Level of Variance



¹ Due to limited variance, estimated ICCs for these techniques will be less precise.

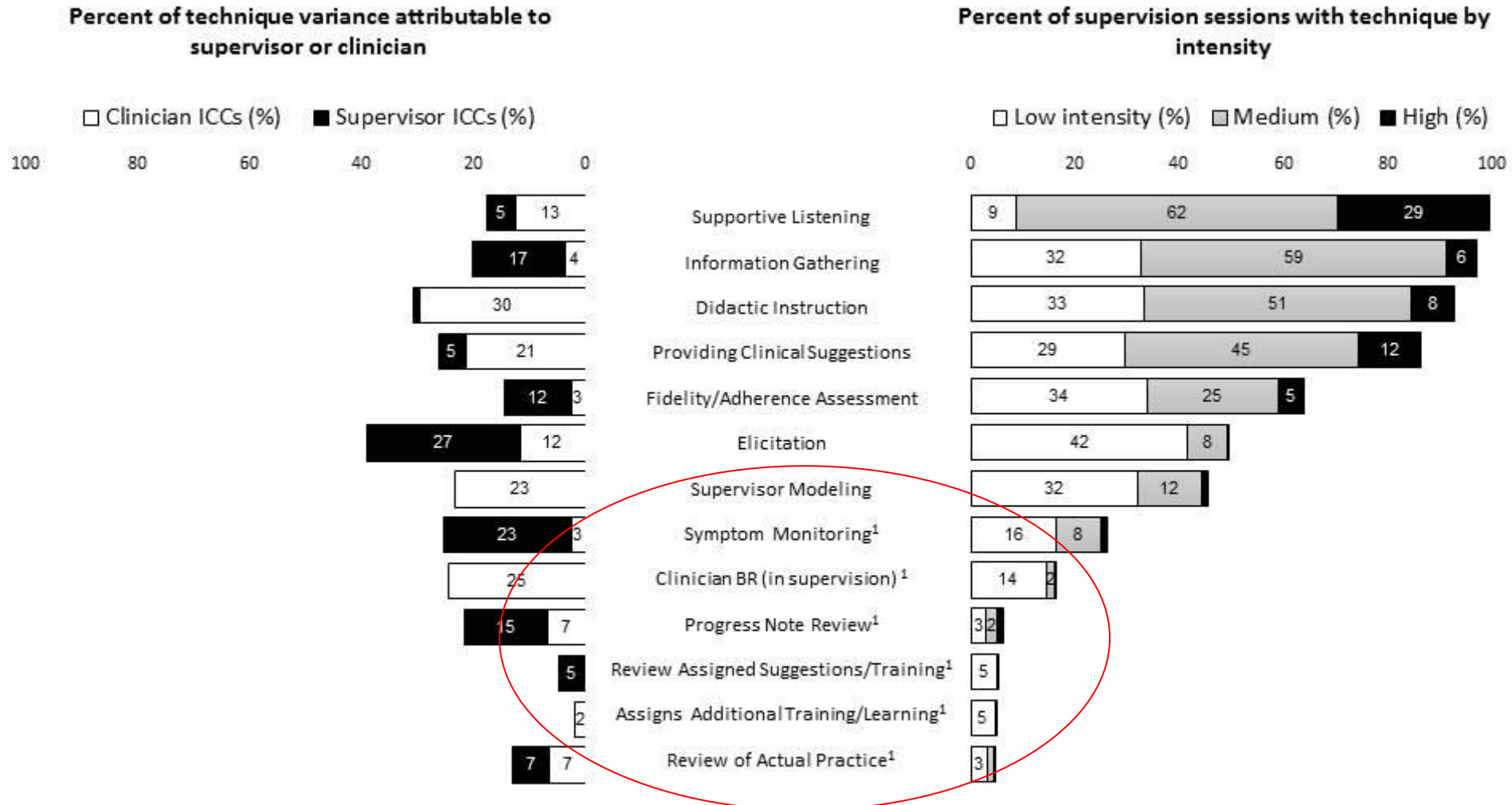
“Other Topics”: Non-EBT coverage

34%

Variance:
Supervisor Level



Techniques of Supervision



¹ Due to limited variance, estimated ICCs for these content areas will be less precise.

Most Common Techniques



Fidelity
Assessment

Less Used Techniques

5%



SEE ONE
DO ONE
TEACH ONE

45% (low intensity)



KEEP
CALM
AND
ROLE
PLAY

16%

What are the things that best fit in a supervisor's day/workflow?

Toward the Effective and Efficient Measurement of Implementation Fidelity

Sonja K. Schoenwald · Ann F. Garland ·
Jason E. Chapman · Stacy L. Frazier ·
Ashli J. Sheidow · Michael A. Southam-Gerow

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Abstract Implementation science in mental health is informed by other academic disciplines and industries. Conceptual and methodological territory charted in psychotherapy research is pertinent to two elements of the conceptual model of implementation posited by Aarons and colleagues (2010)—implementation fidelity and innovation feedback systems. Key characteristics of scientifically validated fidelity instruments, and of the feasibility of their use in routine care, are presented. The challenges of ensuring fidelity measurement methods are both effective (scientifically validated) and efficient (feasible and useful in routine care) are identified as are examples of implementation research attempting to balance these attributes of fidelity measurement.

Keywords Implementation fidelity · Fidelity measurement methods · Adherence

The conceptual model of implementation described by Aarons and colleagues (Aarons et al. 2010, this issue) focuses on the implementation of evidence-based interventions for children and their families served. Among the implementation process elements identified in the model (see Fig. 1, Aarons et al.) are: “Establish/maintain a clear fidelity focus,” and, “Establish innovation monitoring feedback system.” These elements reflect the migration into implementation research of constructs originally defined, and to varying degrees, measured, in the psychotherapy treatment outcome literature. The objectives of this article are to highlight key issues in the conceptualization and measurement of fidelity in that literature and their implications for implementation research.

Effective-
scientifically
validated

Efficient-
feasible and
useful in
routine care





Behavior Therapy

Volume 53, Issue 6, November 2022, Pages 1191-1204



Emily Becker-Haimes
Pennsylvania's Perelman
School of Medicine

A Randomized Trial to Identify Accurate Measurement Methods for Adherence to Cognitive-Behavioral Therapy ☆, ☆☆

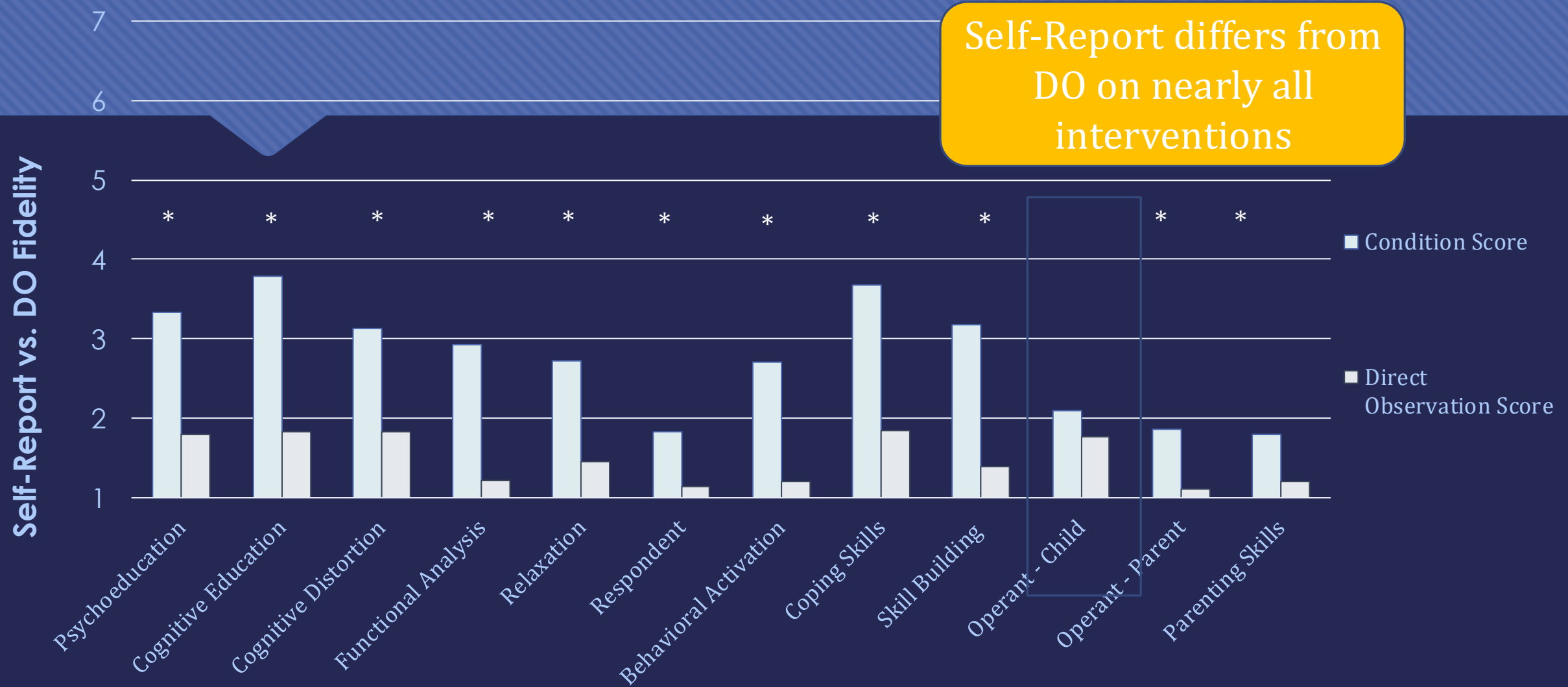
Emily M. Becker-Haimes  , Steven C. Marcus, Melanie R. Klein, Sonja K. Schoenwald,
Perrin B. Fugo, Bryce D. McLeod, Shannon Dorsey, Nathaniel J. Williams, David S. Mandell,
Rinad S. Beidas



Rinad Beidas
Northwestern
Feinberg School of
Medicine

To identify accurate and cost-effective fidelity measurement methods for CBT for youth

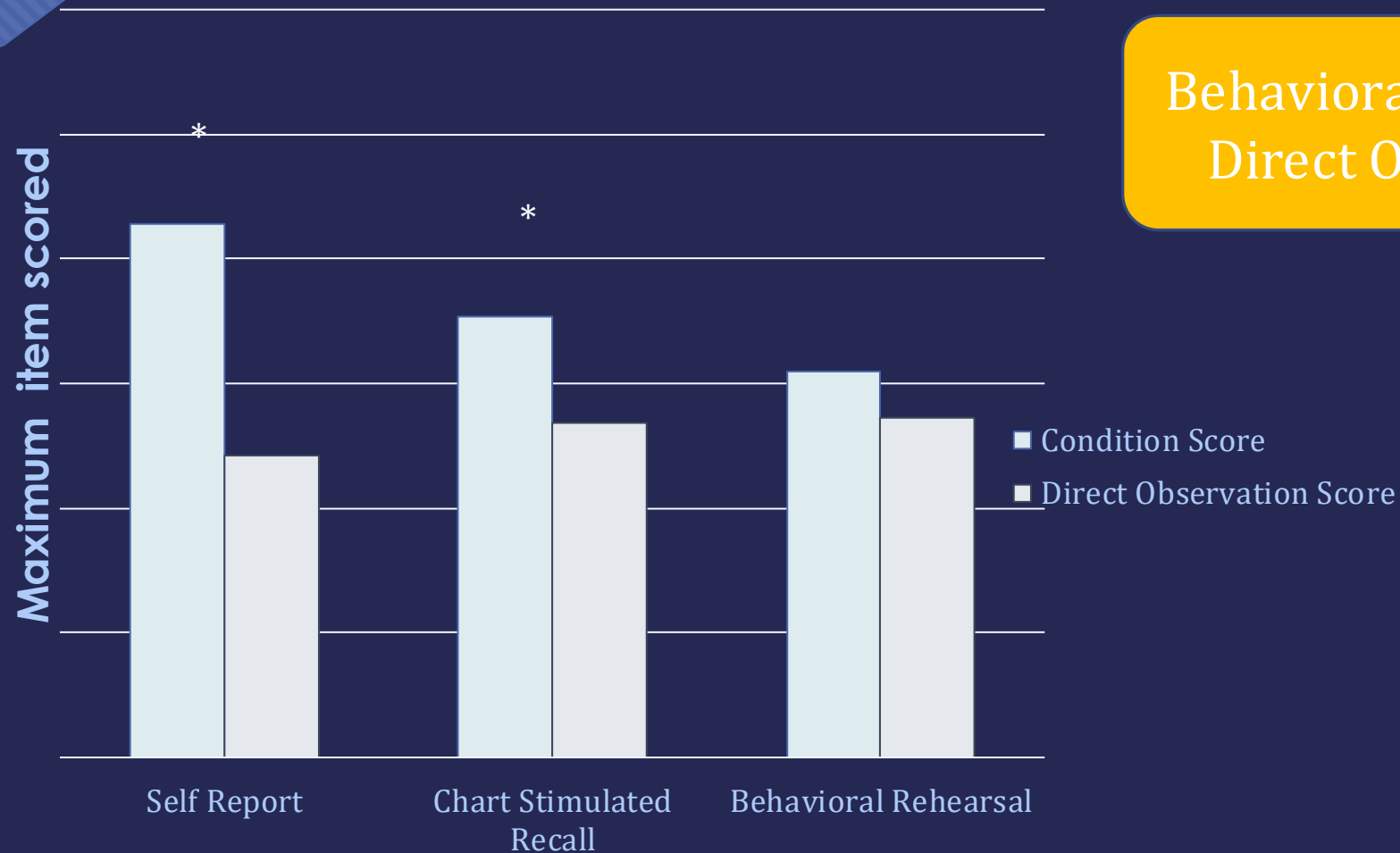
Self-Report vs. Direct Observation



Becker-Haimes, Marcus, Klein, Schoenwald, Fugo, McLeod, Dorsey, Williams, Mandell, & Beidas. (2022).

A randomized trial to identify accurate measurement methods for adherence to cognitive-behavioral therapy. *Behavior Therapy*.

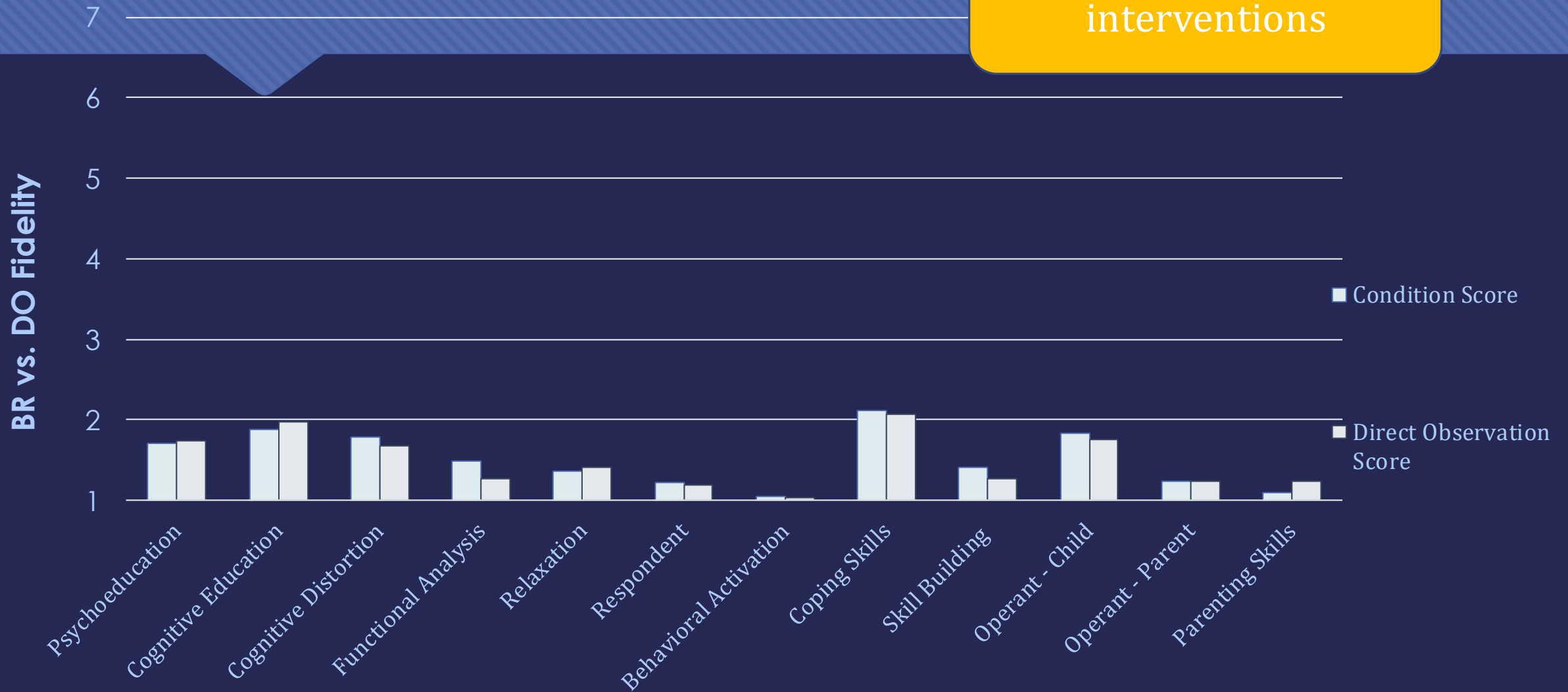
Comparing Novel Fidelity Measures to Direct Observation



Behavioral Rehearsal =
Direct Observation!

Looking *across* Interventions: Behavioral Rehearsal

BR = DO on all interventions



Past vs. Future: Behavioral Rehearsals And Supervision



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More Practice, Less Preach? The Role of Supervision Processes and Therapist Characteristics in EBP Implementation

Sarah Kate Bearman · John R. Weisz · Bruce F. Chorpita ·
Kimberly Hoagwood · Alyssa Ward · Ana M. Ugueto ·
Adam Bernstein · The Research Network on Youth Mental Health

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Abstract Identifying predictors of evidence-based practice (EBP) use, such as supervision processes and therapist characteristics, may support dissemination. Therapists ($N = 57$) received training and supervision in EBPs to treat community-based youth ($N = 136$). Supervision involving modeling and role-play predicted higher overall practice use than supervision involving discussion, and modeling predicted practice use in the next therapy session. No therapist characteristics predicted practice use, but therapist sex and age moderated the supervision and practice use relation. Supervision involving discussion predicted

practice use for male therapists only, and modeling and role-play in supervision predicted practice use for older, not younger, therapists.

Keywords Clinical supervision · Therapist characteristics · Treatment adherence · Evidence based practices

Introduction

Establishing effective, evidence-based care in community practice contexts for youth has emerged as one of the dominant challenges of the past decade in mental health services research and implementation. By community practice, we



Conditions

- Symptom and Fidelity Monitoring (SFM)
- SFM + Behavioral Rehearsal

Behavioral Rehearsal

Cognitive Coping: Introducing and Practicing



STEPS
SUPERVISION TO ENHANCE
PRACTICE STUDY | WASHINGTON

BEHAVIORAL REHEARSAL GUIDELINES

Shannon Dorsey, PhD | University of Washington | dorsey2@uw.edu

Remember approximately 5-10 minutes. Do not review the goals of the behavioral rehearsal task. This is meant to provide an estimate of clinician fidelity for this component. Do not interrupt the therapists rehearsing to provide feedback. After the rehearsal, provide feedback on strengths and needed improvements.

CHOICE

The therapist can practice with either the child or caregiver. Choose based on either a) your experience with the clinician's skill or b) clinician's thoughts about which behavioral rehearsal would be most helpful to practice in advance of the next session.

PROMPT FOR THERAPIST

Please show me how you would introduce the concept of Cognitive Coping and apply it to a situation relevant to the [CHILD/CAREGIVER].

SUPERVISOR INSTRUCTIONS

You will play the child or caregiver. During this role-play the therapist may ask you (as the client) to identify a situation from your experience in which to apply cognitive coping. If asked, be willing to describe a situation that is currently distressing for you (as the child or caregiver).

EXPECTATIONS

- ☐ * Introduces/uses **cognitive triangle drawing or other diagram/figure** to illustrate link between thoughts, feelings and behaviors
- ☐ * Uses an **example situation** to illustrate how **different thoughts about the same situation** (e.g., situation and thought are different) can result in different feelings and behaviors
- ☐ * **Elicits a situation and the thought(s)** about the situation from client's own experience, and helps client develop a new thought
 - Children, focus on cognitive coping with day-to-day (ideally not trauma-related) situations/thoughts (e.g., fight with a friend, exam)

Evidence-Based Practices and Treatments in Mental Health

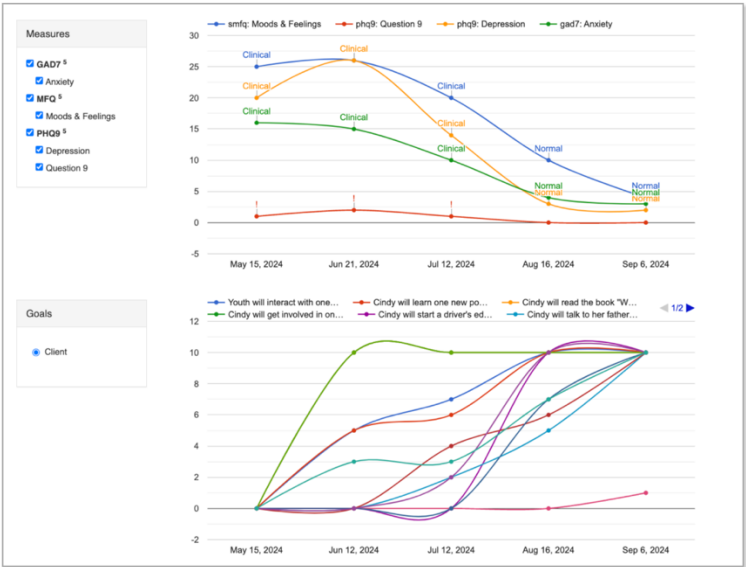
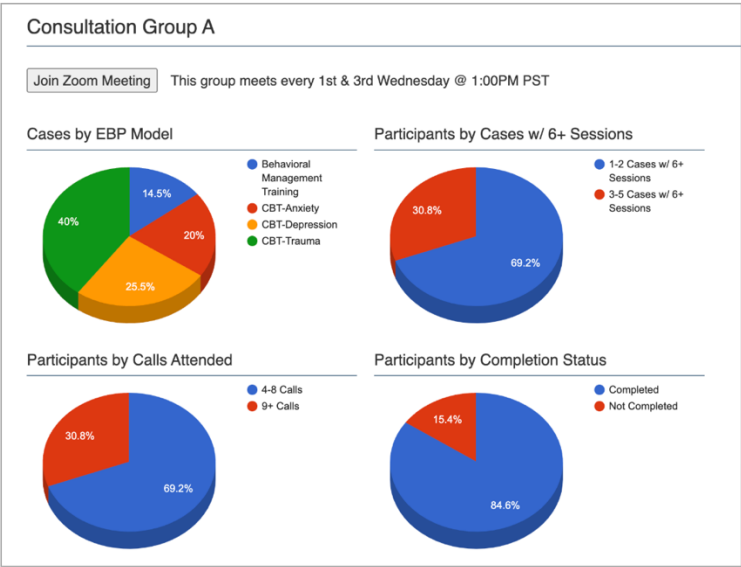
The EBP Toolkit facilitates best practices in the training, implementation and supervision of evidence-based treatments for mental health. It is used by clinicians, agencies and training organizations nationwide.

Participants & Consultants

[Sign up for training](#)

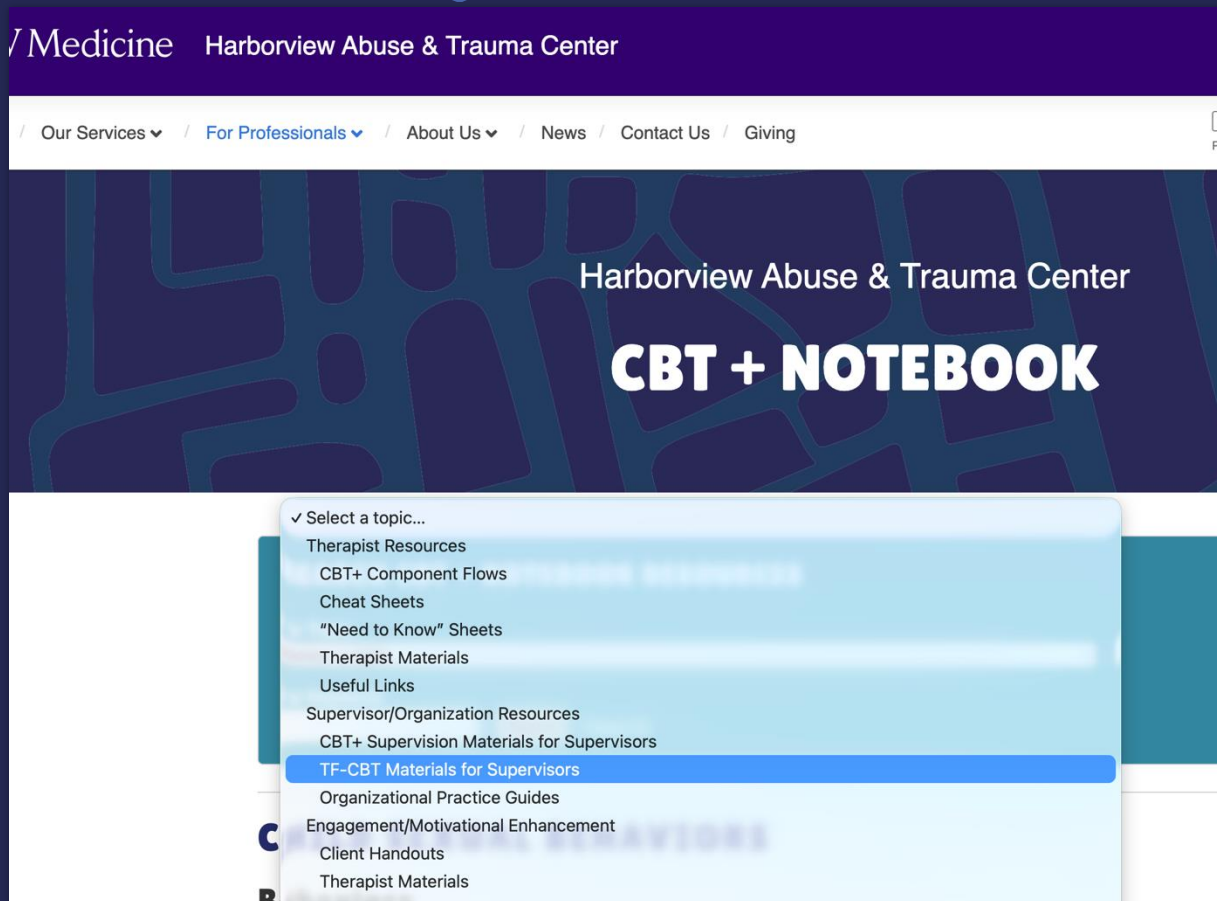
Product Features & Pricing

[Learn more](#)



Trauma-focused CBT Behavior Rehearsals

search “CBT+ Notebook” then “Supervisor/Organizational Resources



TF–CBT Materials for Supervisors

- [Affective Modulation – Introducing & Working on Skill](#)
- [Affective Modulation – Planning for At Home Practice](#)
- [Cognitive Coping – Introducing & Practicing](#)
- [Cognitive Processing – Processing Trauma-Related Thoughts](#)
- [Conjoint TN Share – Preparing the Caregiver](#)
- [Crisis Management in TF-CBT](#)
- [Engagement – Homework Not Done](#)
- [Engagement – No Show or Cancellation](#)
- [Engagement – Reluctant Parent](#)
- [Enhancing Safety – Current Safety Plan](#)
- [Enhancing Safety – Developing Future Safety Skills](#)
- [In Vivo – Assigning Exposure Practice](#)
- [In Vivo – Establishing Exposure Hierarchy \(Fear Ladder\)](#)
- [Parenting – Praise – Planning for At Home Practice](#)
- [Parenting – Rewards – Planning for Home Practice](#)
- [Psychoeducation – About Traumatic Event\(s\)](#)
- [Psychoeducation – Assessment & Tx Intro](#)
- [Relaxation – Planning for At Home Practice](#)
- [Trauma Narrative – Getting the First Pass](#)
- [Trauma Narrative – Introducing & Getting Buy-In](#)
- [Trauma Narrative – Second Pass & Elaboration](#)
- [STEPS 1 on 1 Time – Planning At Home Practice](#)
- [STEPS 1 on 1 Time – Teaching](#)
- [STEPS Affective Modulation – Introducing & Working on a Skill](#)
- [STEPS Affective Modulation – Planning for At Home Practice](#)
- [STEPS Introducing & Practicing Cognitive Coping](#)
- [STEPS Introducing and Teaching Relaxation](#)
- [STEPS Introducing Rewards](#)
- [STEPS Praise – Plan at Home Practice](#)
- [STEPS Praise Introducing](#)
- [STEPS Psychoed Assessment and Tx Intro](#)
- [STEPS Relaxation – Cognitive Processing of Trauma-Related Thoughts](#)

Satisfaction: Behavioral Rehearsal (Initial Themes)

- **Better Sense of Clinician Strengths and Weaknesses**

- *“Getting a glimpse into how my therapists interact with clients/families in the real world. I don’t audio record or video record their sessions so this was as close as I could get.”*

- **Case Conceptualization**

- **Improved Clinician Confidence**

- *“After we got past the awkwardness, this piece of the supervision has helped clinicians practice and pre-plan their next sessions. Feedback from them indicates that it has helped them provide interventions that they may not have provided without prior practice just because they were uncomfortable or didn’t know how to approach the situation.”*

Clinicians

- **Behavioral Rehearsal**

- *“The Behavioral Rehearsal allowed for a more concrete plan to be set in my mind prior to seeing my client. Gave me more clear direction.”*
- *“Role plays were very helpful in conceptualizing what the next session would entail and how to word things for the client.”*

Considering Supervisor “Styles”



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OPEN ACCESS

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SPECIALTY SECTION

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and Dorsey S (2023) Clinical
supervision approach predicts
evidence-based trauma treatment

Clinical supervision approach predicts evidence-based trauma treatment delivery in children's mental health

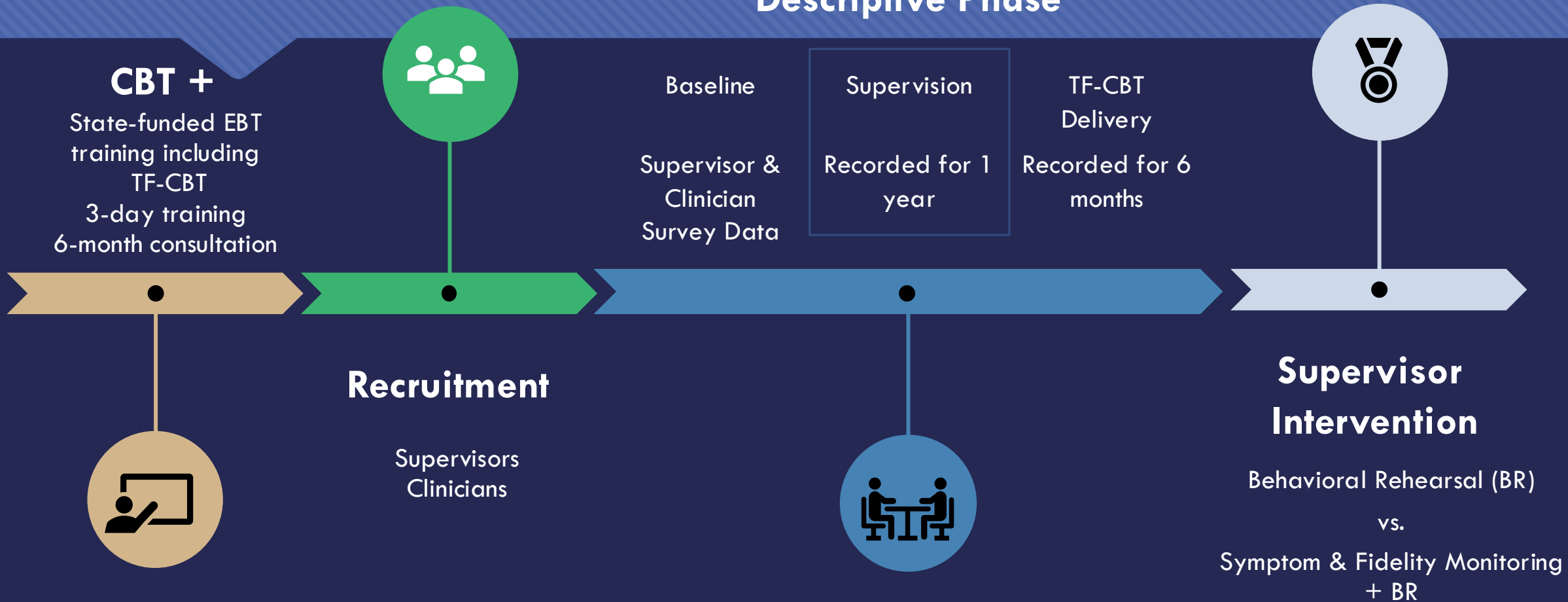
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Objective: Observational studies of practices used in clinical supervision-as-usual can be leveraged to advance the limited research on workplace-based supervision as an evidence-based treatment (EBT) implementation strategy. This exploratory observational study examined the presence of supervision approaches (comprised of supervision techniques) and whether these predicted clinicians' EBT technique delivery.

Procedures

Descriptive Phase



Measures: Direct Observation Coding

Supervision techniques: Coded presence and intensity of 11 supervision techniques

Experiential
Learning

Behavioral rehearsal
Modeling

Directive

Didactic instruction
Clinical suggestions

Monitoring & Quality
Assurance

Symptom monitoring
Reviewing practice
Fidelity assessment
Progress note review

Elicitation

Elicitation

Passive-
Supportive

Supportive listening
Information gathering

Coding: 0: *did not occur*, 1-2: *low intensity*, 3-4: *moderate intensity*, 5-6 *high intensity*

Session sampling: 438 audio files; 23 per supervisor

Techniques to support clinicians

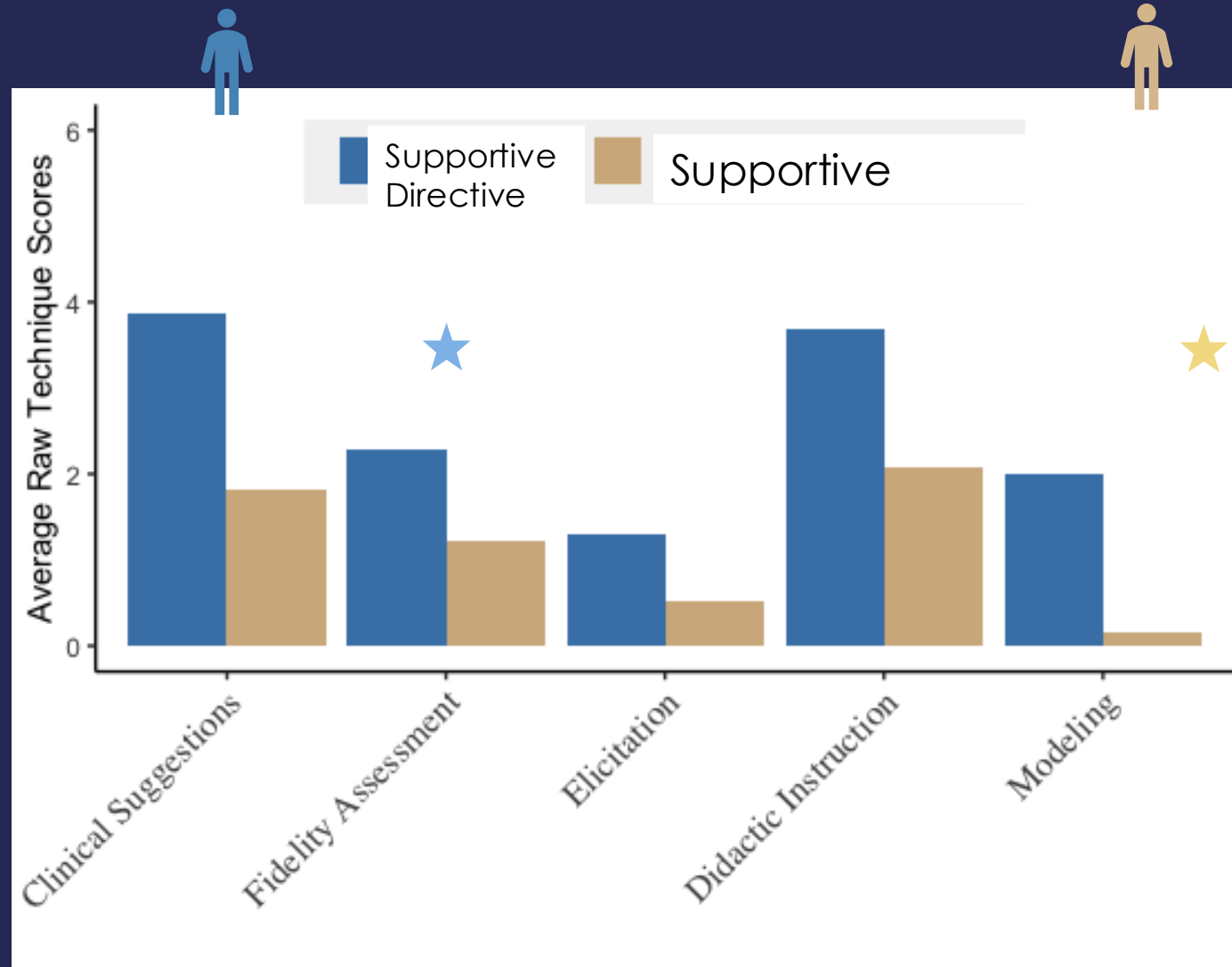
Efficacy, Training, Consultation, Supervision



Average technique scores



Symptom monitoring
Reviewing practice
Progress note review
Behavioral Rehearsal



Supportive Listening
Information Gathering

Results

Dose of either supervision condition did not predict receipt of stabilization phase/PRAC elements.

- TF-CBT PRAC: Psychoeducation, relaxation, affective modulation and cognitive coping

Dose of “supportive directive” supervision predicted higher odds of delivering the trauma narrative (OR = 19.92; CI = 1.92–196.82)

Results

Dose of either supervision condition did not predict receipt of stabilization phase/PRAC elements.

○ TF-CBT PRAC: Psychoeducation, relaxation, affective modulation and cognitive coping

The odds of a clinician delivering the trauma narrative was 18.46 times higher

**Large confidence interval; reflecting imprecise estimate*

McLeod, Cox, Jensen-Doss, et al., 2019 clinician learning training theory



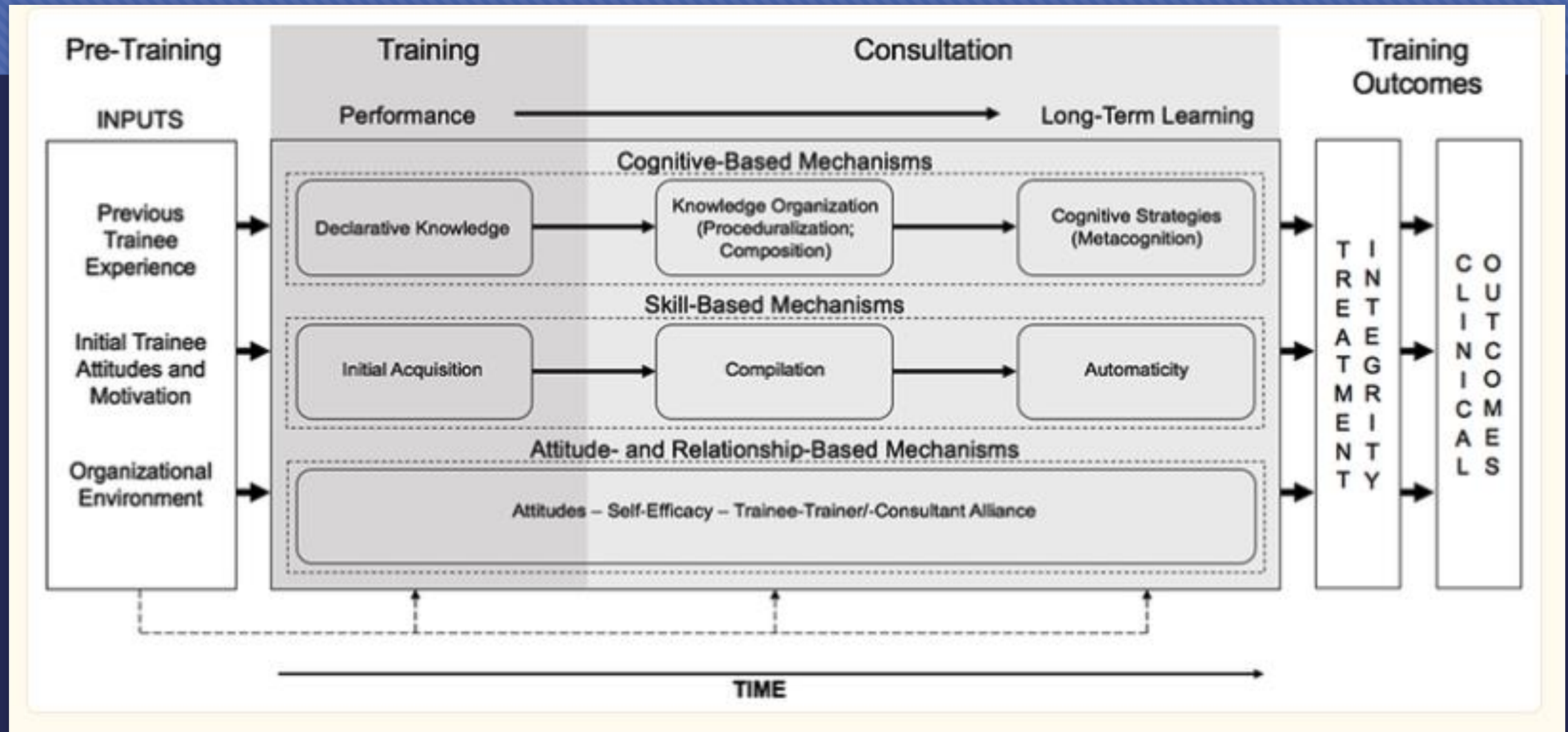
Bryce McLeod
VCU



Julia Revillion Cox
UCLA Health



Mandy Jensen-Doss
University of Miami



Developing a Shared Understanding of Treatment Delivery: Alternative forms of assessing fidelity



Shannon Wiltsey-Stirman, PhD
Professor at Stanford Medical
School



Clara Johnson
PhD Candidate at UW
My brilliant Grad

Permission granted to share these slides from Dr. Wiltsey-Stirman and Ms. Johnson

Client Worksheets as a Tool

Worksheets Can Provide Rich Information

Activating Event
(Something happens)

Belief
(I tell myself something)

Consequence
(I feel something)

I was fired from my
job

I'm a failure

Angry, hopeless

Worksheets Can Provide Rich Information

Activating Event (Something happens)	Belief (I tell myself something)	Consequence (I feel something)
---	-------------------------------------	-----------------------------------

I was fired because I can't do anything right.	I'm so mad at myself	Angry, hopeless
--	----------------------	-----------------

*But wait, includes
an automatic thought,
goes in belief column*

Worksheets Can Provide Rich Information

Activating Event (Something happens)	Belief (I tell myself something)	Consequence (I feel something)
I was fired because I can't do anything right.	I'm so mad at myself	Angry, hopeless

*An emotion embedded in,
This should go in the
consequence column*

If a therapist is using a worksheet in session to help their client differentiate events, thoughts and feelings they would of course be making sure that each column only contained the appropriate element.

Example of how to code a CBT Worksheet

Adherence:

Is there a response to this item?

0 = no

1 = yes

- The imAPP study team developed a coding guide for CBT worksheets and adapted an initial coding guide for CPT worksheets (Wiltsey-Stirman et al., 2021). Main outcomes paper is under review.

Competence Question	Rating scale and anchors
Did they achieve the goal of the worksheet?	0 = Fails to meet the goal of the worksheet 1 = Not fully completed and/or only partially meets the goal of the worksheet 2 = All or most of the work on the worksheet achieves the goal of the worksheet
Is there depth to the responses?	0 = below a minimum standard 1 = adequate but not full depth 2 = good depth to responses
Is there alignment among items (activities/thoughts/responses)?	0 = little or no alignment 1 = some alignment 2 = full alignment
Did they complete the worksheet correctly from a technical perspective?	0 = <33% completed correct 1 = 33-66% completed correctly 2 = 66% or more completed correctly
Is there clarity for someone reading the worksheet who isn't the clinician or client?	0 = responses do not make sense 1 = an interpretation can be made but there may be alternative ways of understanding the response 2 = responses are clear and do not require interpretation

Thought Record (Example)

Date	Situation – where were you – and what was going on – when you got upset?	Emotions What emotions (sad, anxious, angry, etc.) did you feel at the time? Rate the intensity of each (0-100%)	Automatic Thoughts What thoughts and/or images went through your mind? Rate your beliefs to each (0-100%)	Alternative responses Use the questions at the bottom to compose responses to the automatic thoughts. Rate your belief in each (0-100%) Also consult the list of possible distortions.
	<p><i>I woke up in the middle of the night last night</i></p> <div> <p>1. Adherence (0-1): Is There a Response in the Box? 1, Yes.</p> <p>2. Competence: 2, because the situation is clear and specific enough for a therapist to know what the client is talking about.</p> </div>	<p><i>Frustrated</i> 60%</p> <div> <p>1. Adherence (0-1): Did they include a response?: 1, yes there is a response</p> <p>3. Competence: 2, the emotion is clear and concise.</p> </div>	<p><i>I wish I could sleep 90%</i> <i>It will be annoying to get up out of bed. 100%</i> <i>Will I wake up my kids 50%</i> <i>There's nothing to do in the middle of the night. 100%</i></p> <div> <p>1. Adherence (0-1): Is there a response to this item?: 1, yes.</p> <p>2. Competence: 1, because there is not one obvious automatic thought. They are also not all well phrased, seem to include some facts and questions.</p> </div>	<p><i>My sleep has gotten better lately..</i></p> <p><i>I could do something I like doing if I get up.</i></p> <div> <p>1. Adherence: 1, there is a response.</p> <p>2. Competence: 1 because the rational responses do not seem to be based on the work done on the worksheet, nor do they seem to be balanced enough for a 2.</p> </div>

Activity Planning

Part of feeling good is about planning and carrying out activities that we enjoy. Try to plan an activity you enjoy for the morning, afternoon and evening over the next week. Record how you feel when you complete one of these. Try to include a mix of activities with other people as well as activities you do on your own.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Appointment 11:00				Slept in woke up at 10:50	Sports(4)	Sports (0)
	<p>← Take my mom to work →</p> <p>Consider the instructions of the worksheet when rating this worksheet. The worksheet's purpose is for a client to plan activities in the next week. So, we will use the "Behavior Planning" item. Because the instructions are a bit vague, we will not rate intensity rating or feeling/mood.</p>						
Afternoon	<p>1. Does the sheet ask for behaviors on multiple days or multiple behaviors (whether in a grid or list of multiple activities)? Yes, There are multiple days</p> <p>2. Adherence: Is at least one activity listed (if room for multiple activities) or one activity per day (if space for multiple days/calendar set up) ? Yes</p>						
	Soaps				Shoprite food shopping	Cooked some food (4)	Cooked some food (4)
Evening	Home depot (4) airport pick up my son	Watched TV (4)	Chicago weds (5)	Thursday night football	Went to New Jersey	Sports SAT (4)	Sports Sunday
	<p>3. Variability. Note. A "2" will have a mix of pleasure/mastery activities or different types of activities (wouldn't want the patient to do the same thing over and over in one category; example of repetition when it's not okay = get up, go to work, make dinner, go to bed each day) 1, Because many of the activities are repetitive and seem to be routine activities.</p> <p>4. Specificity Detail and Quantify what they are doing 1, Because many of the activities are lack detail (e.g., "sports" might be playing sports, or watching sports) to allow client to be successful.</p>						

Rater Agreement

- The results displayed reflect CPT fidelity

Observer rated Adherence (n = 660)	Observer rated Competence (n = 660)	Worksheet rated Adherence (n = 1422)	Worksheet rated Competence (n = 1422)
<i>Kappa</i> = 0.93	ICC = 0.79	<i>Kappa</i> = 0.99	ICCs ranged by worksheet type: 0.70-0.83

(Wiltsey-Stirman et al., under review)

Associations between methods and observer-rated fidelity

- Results reflect CPT fidelity

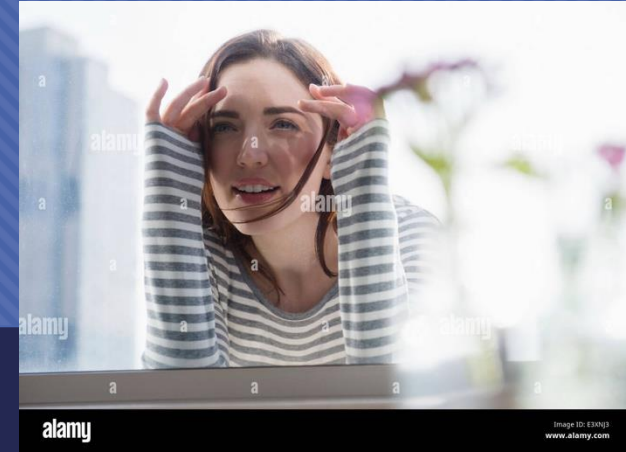
Worksheet rated Adherence	Worksheet rated Competence
$\rho = 0.15$ ($p = 0.04$)	$\rho = 0.16$ ($p = 0.02$)

(Wiltsey-Stirman et al., under review)

Implications

- Worksheets may give you a glimpse at adherence and competence of supervisee sessions, highlighting strengths and areas of growth

Conclusions



- How we spend supervision time, what we talk about, what we review, what we do in supervision matters
- Appear to be benefits to “seeing” inside the therapist session
 - Behavioral rehearsal or role play, reviewing client worksheets or other routine clinical material
 - These strategies may be more “accurate” than our own therapist self-report while still feasible/now burden
 - Therapist self-report along with client symptom monitoring or measurement-based care –one approach if other strategies are not feasible

What will you try by next Tuesday?





THANK YOU

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Research in Implementation and Effectiveness Research- Mental Health
RISE-MH: <http://depts.washington.edu/risemh/>