

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

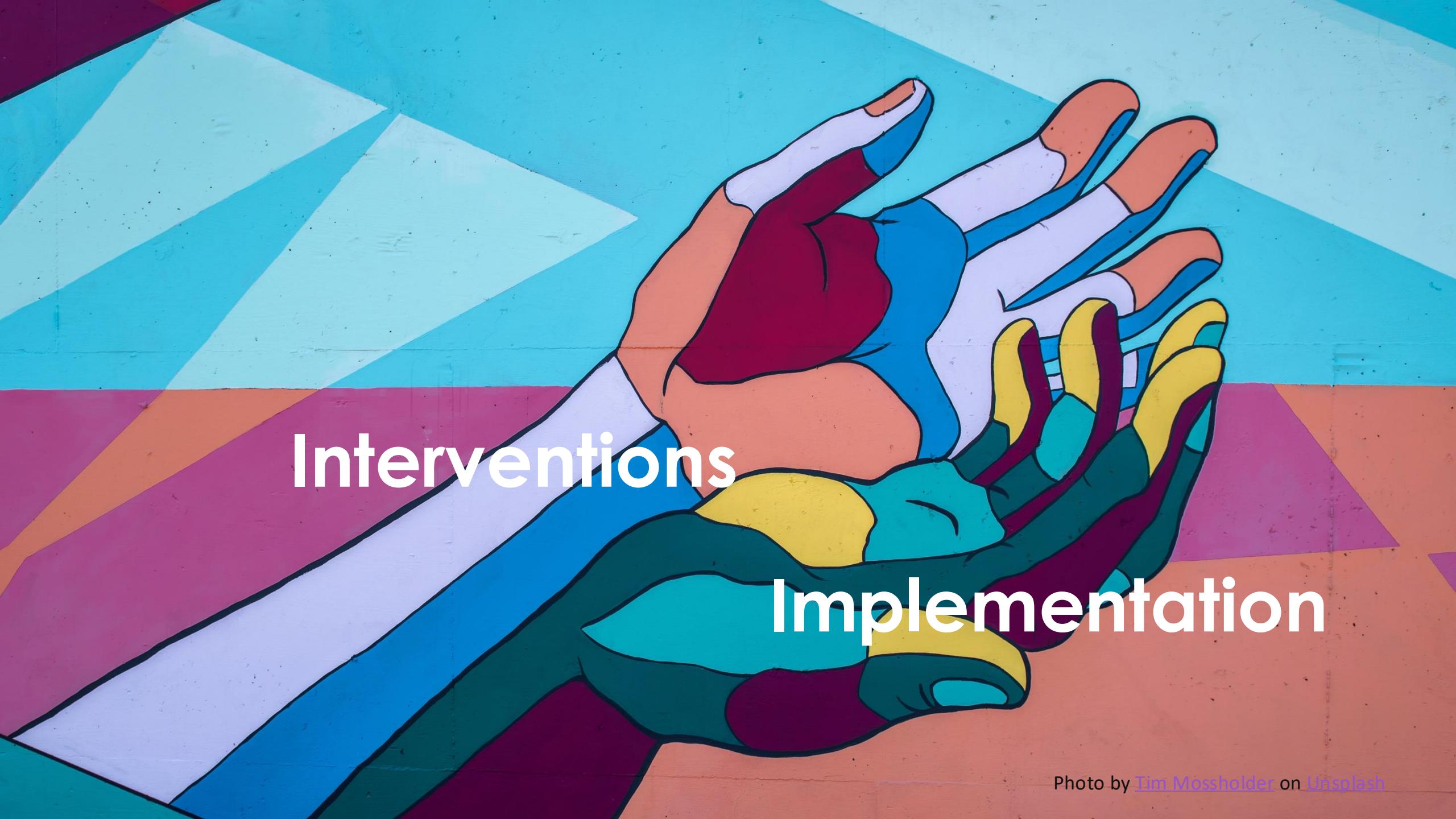
Shannon Dorsey, PhD

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

A vibrant mural on a wall featuring two hands reaching out from opposite sides towards each other. The hands are rendered in a stylized, blocky style with a variety of colors including red, orange, yellow, blue, purple, and teal. The background behind the hands consists of large, overlapping triangles in shades of blue, teal, and orange. The overall composition is dynamic and suggests a theme of connection or collaboration.

Interventions

Implementation

# Clinical Supervision



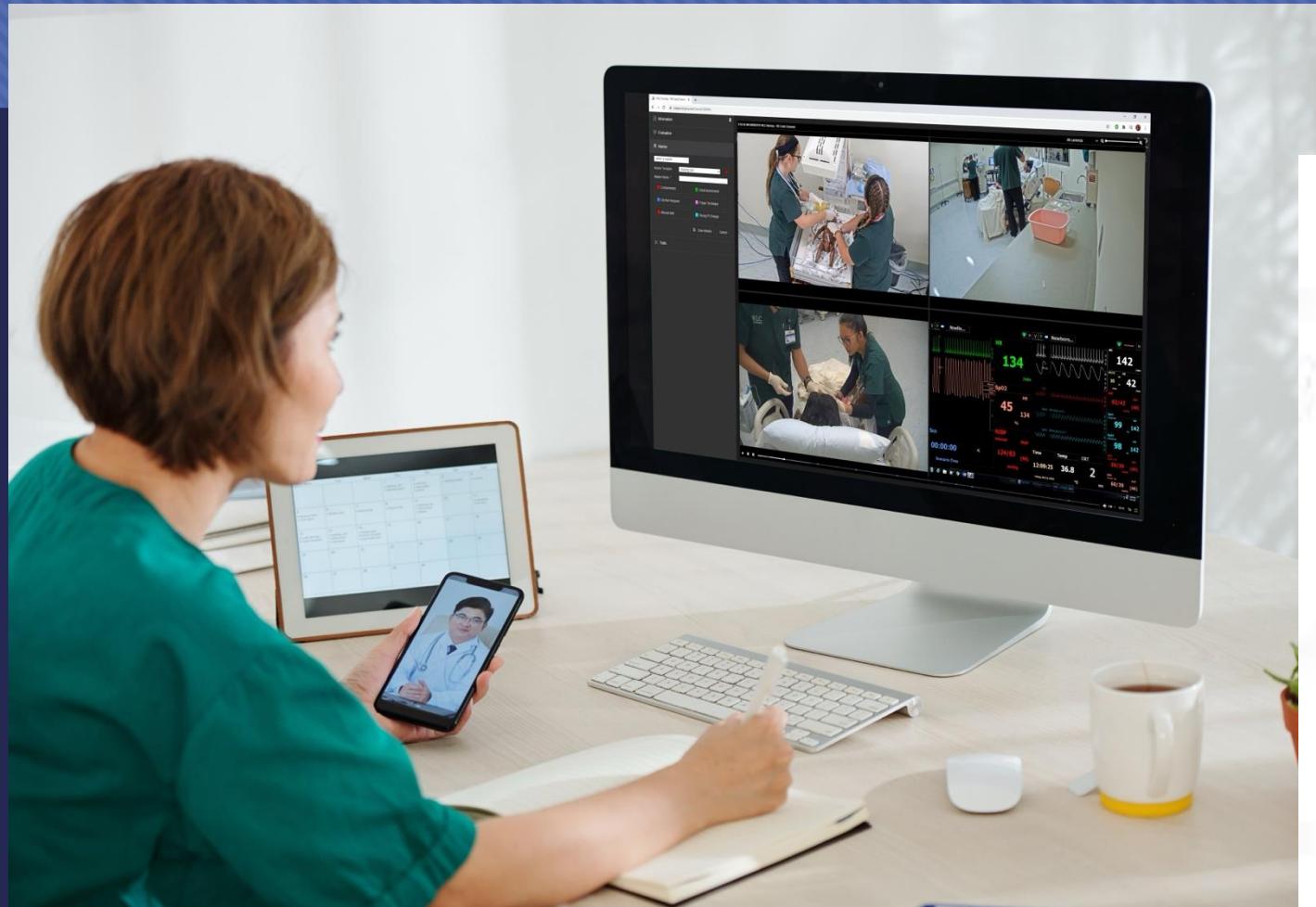
**One of the least investigated  
aspects of treatment  
implementation.**

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

# Goal

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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

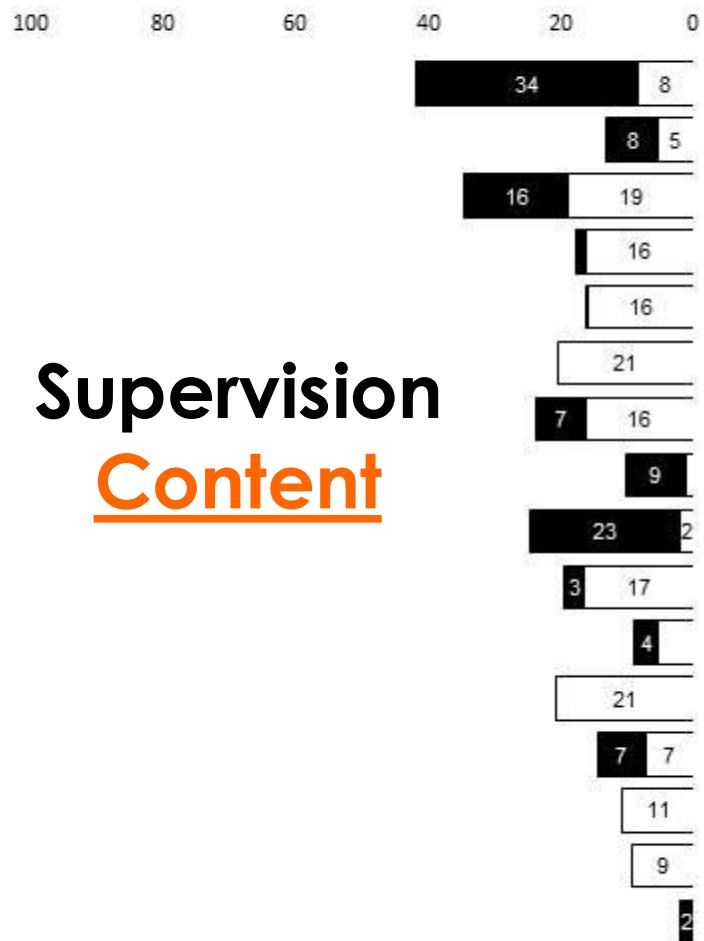
438



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

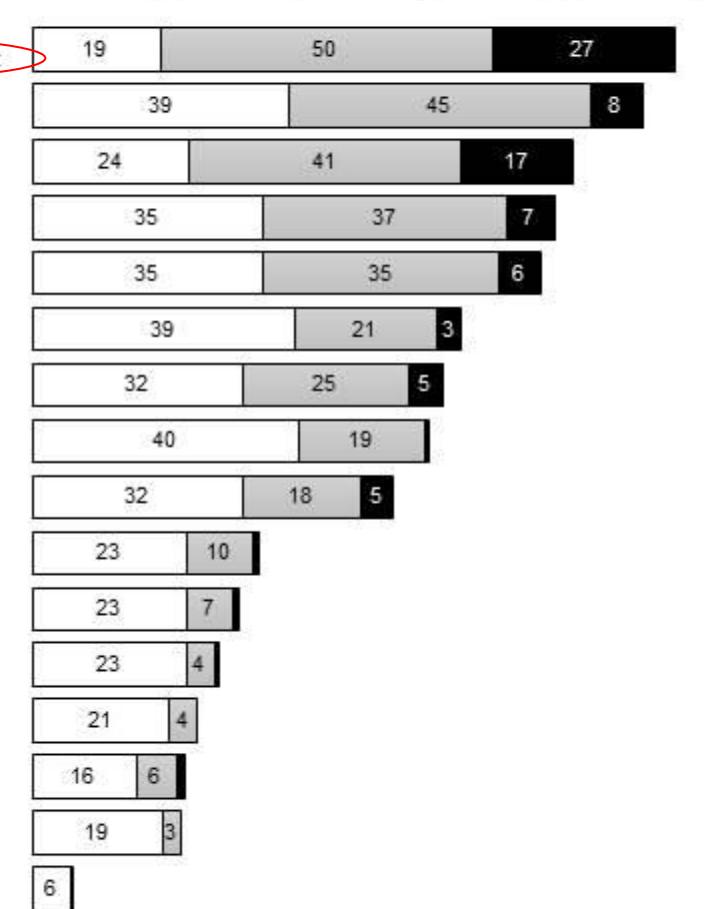
Percent of content variance attributable to supervisor or clinician

□ Clinician ICCs (%)   ■ Supervisor ICCs (%)



Percent of supervision sessions with content by intensity

□ Low intensity (%)   □ Medium (%)   ■ High (%)

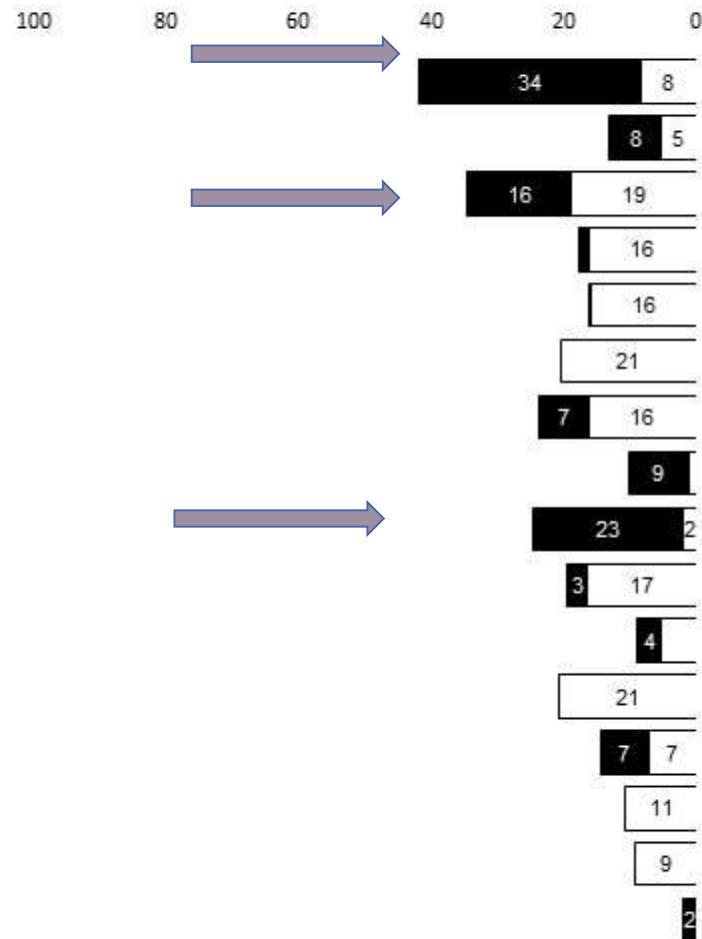


## Supervision Content

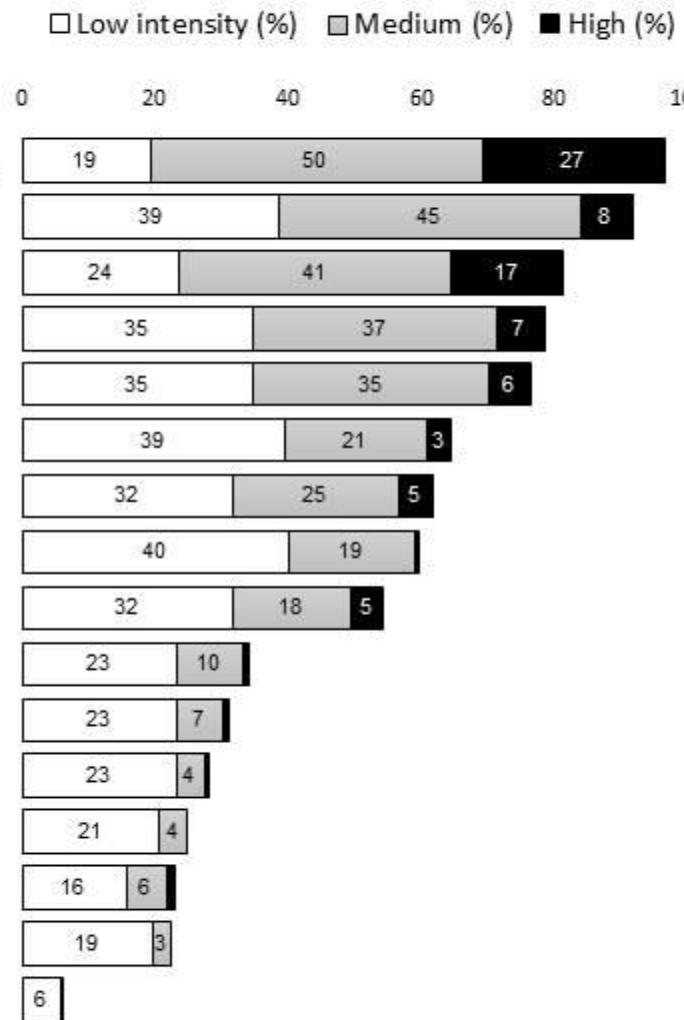
<sup>1</sup> Due to limited variance, estimated ICCs for these techniques will be less precise.

# Level of Variance

□ Clinician ICCs (%)   ■ Supervisor ICCs (%)



Percent of supervision sessions with content by intensity



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

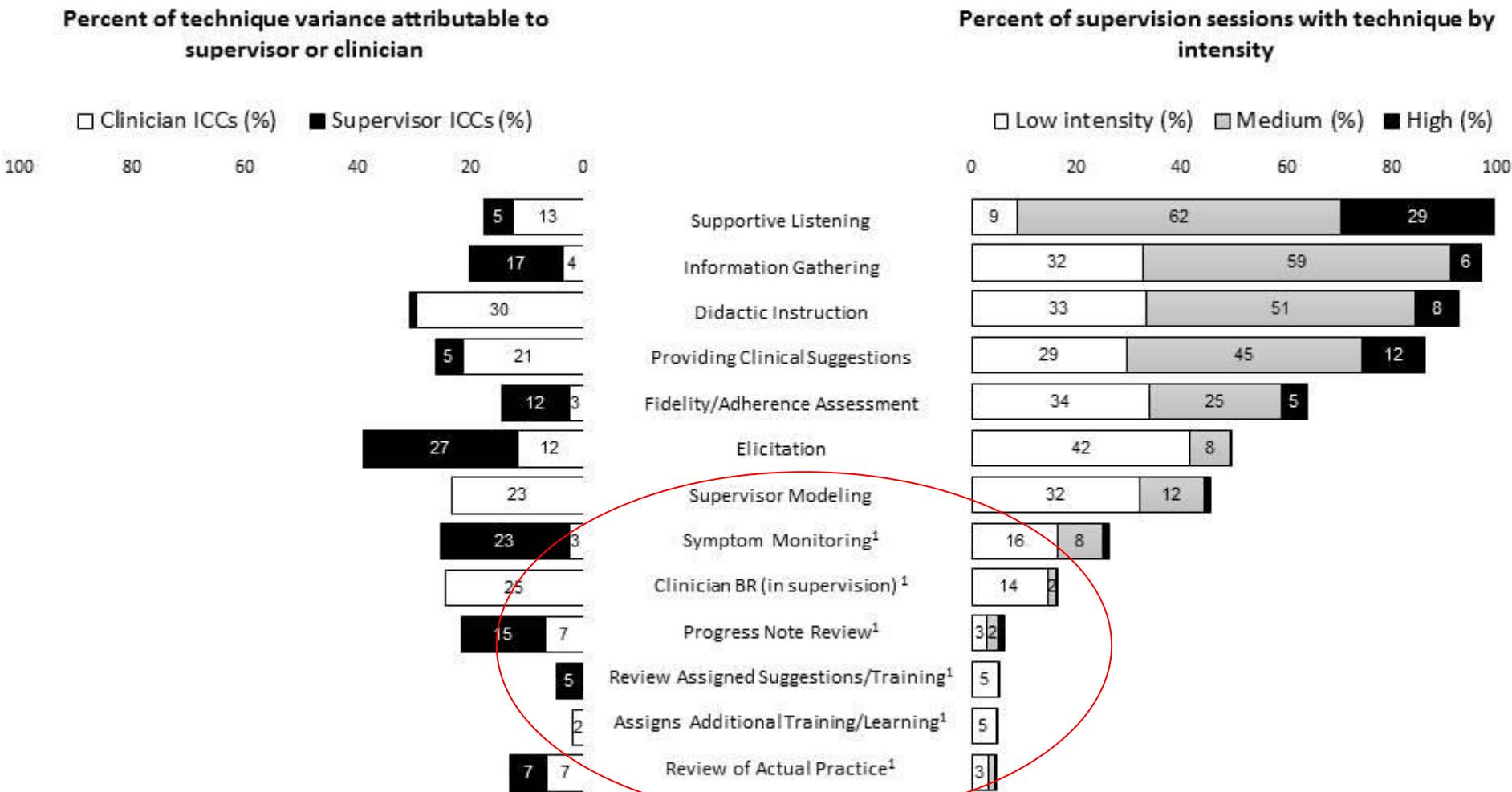
# “Other Topics”: Non-EBT coverage

34%

Variance:  
Supervisor Level



# Techniques of Supervision



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

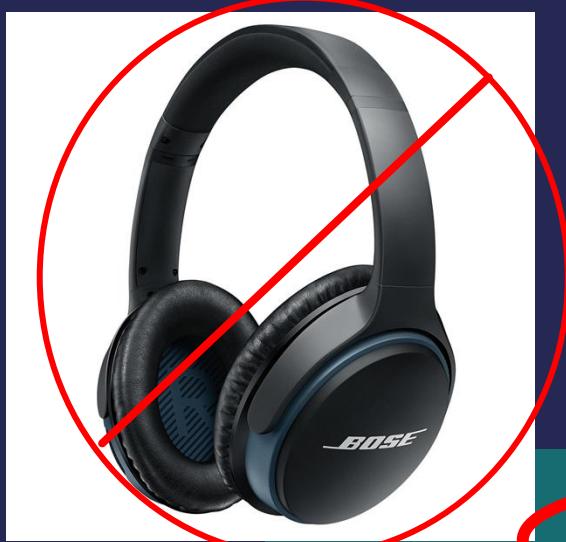
# Most Common Techniques



Fidelity  
Assessment

# Less Used Techniques

5%



SEE ONE  
DO ONE  
TEACH ONE

45% (low intensity)

16%



KEEP  
CALM  
AND  
ROLE  
PLAY

**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

Published online: 20 October 2010  
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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



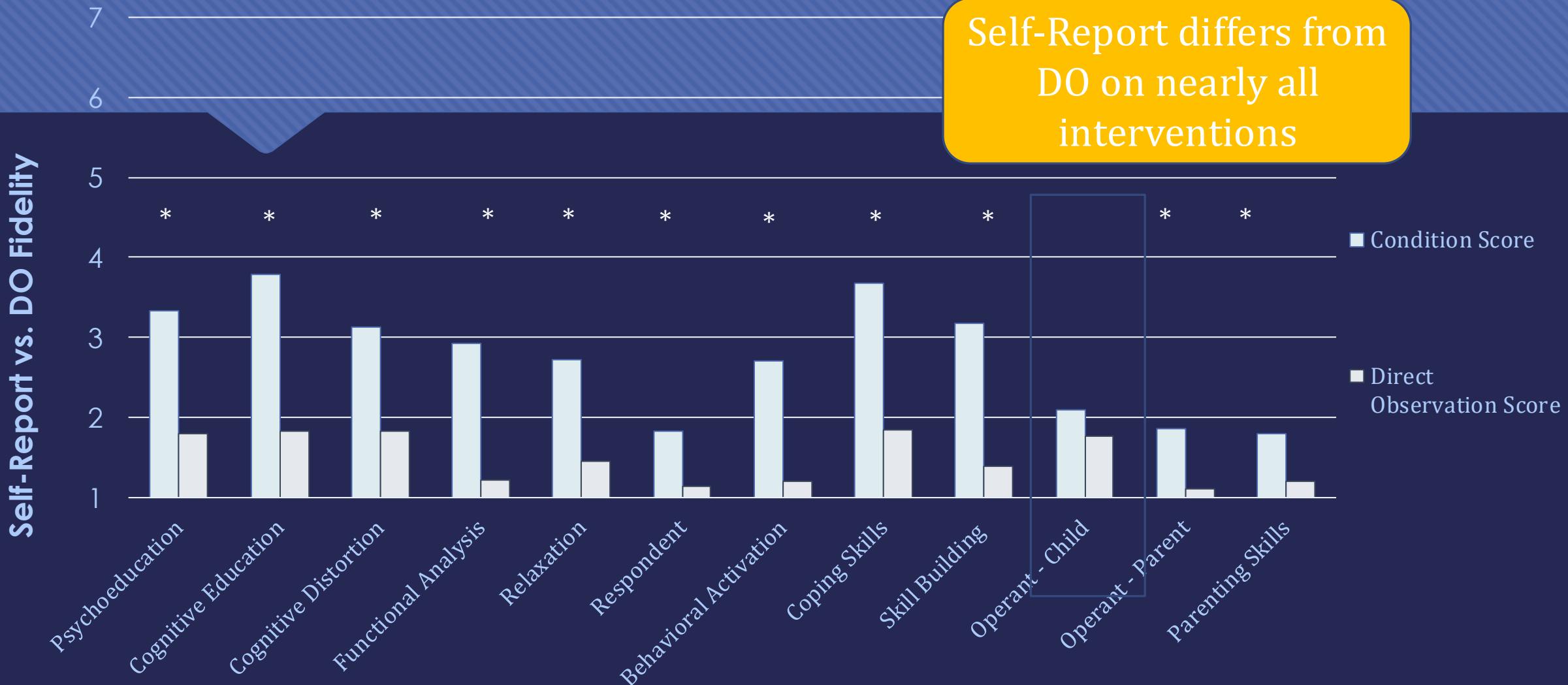
Rinad Beidas  
Northwestern  
Feinberg School of  
Medicine

# A Randomized Trial to Identify Accurate Measurement Methods for Adherence to Cognitive-Behavioral Therapy <sup>☆, ☆☆</sup>

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

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

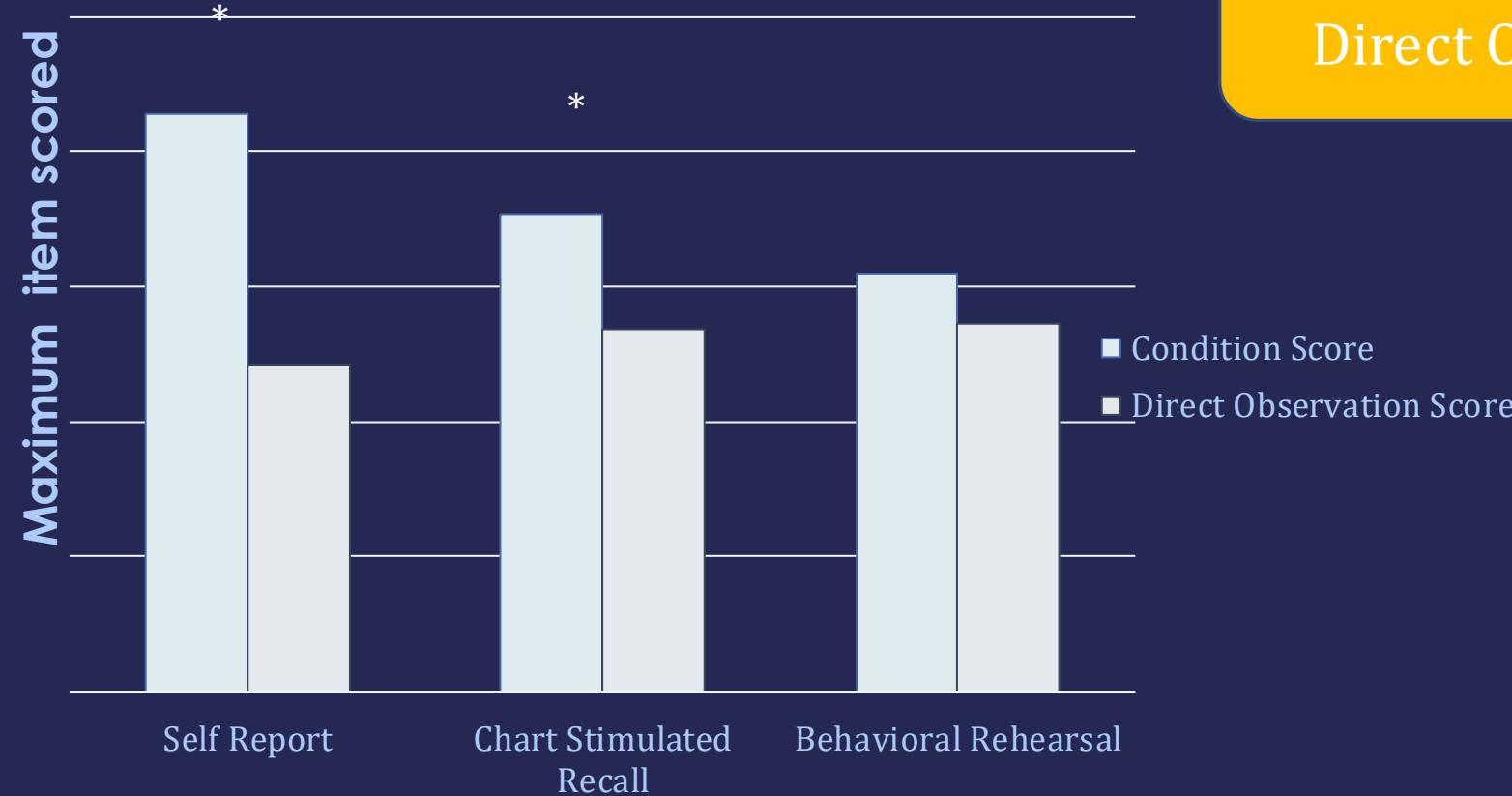
# Self-Report vs. Direct Observation



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

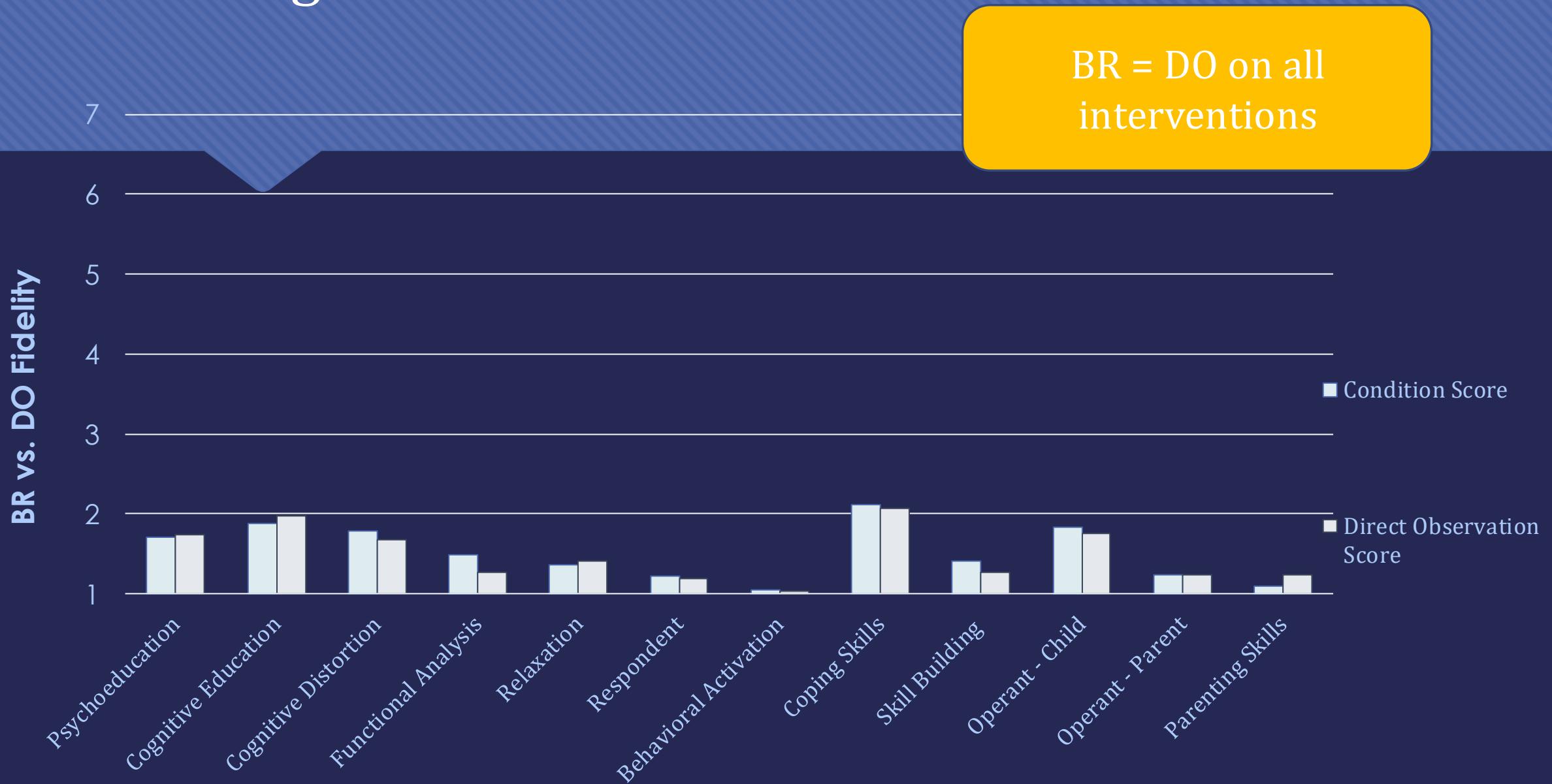
A randomized trial to identify accurate measurement methods for adherence to cognitive-behavioral therapy. *Behavior Therapy*.

# Comparing Novel Fidelity Measures to Direct Observation



Behavioral Rehearsal =  
Direct Observation!

# Looking *across* Interventions: Behavioral Rehearsal



# Past vs. Future: Behavioral Rehearsals And Supervision



# Goal

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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

OSymptom and Fidelity Monitoring  
(SFM)

OSFM + Behavioral Rehearsal

# Behavioral Rehearsal

## Cognitive Coping: Introducing and Practicing



### 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)

 **EBP Toolkit** Powering Measurement Based Care Sign in Create an account

## 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.

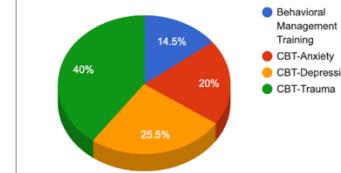
### Participants & Consultants

[Sign up for training](#)

#### Consultation Group A

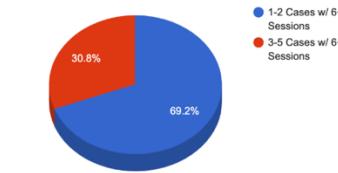
[Join Zoom Meeting](#) This group meets every 1st & 3rd Wednesday @ 1:00PM PST

##### Cases by EBP Model



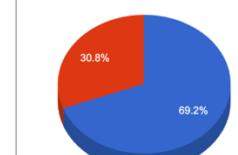
EBP Model	Percentage
CBT-Trauma	40%
CBT-Anxiety	25.5%
CBT-Depression	20%
Behavioral Management Training	14.5%

##### Participants by Cases w/ 6+ Sessions



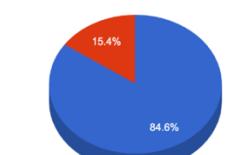
Number of Cases w/ 6+ Sessions	Percentage
1-2 Cases w/ 6+ Sessions	69.2%
3-5 Cases w/ 6+ Sessions	30.8%

##### Participants by Calls Attended



Number of Calls Attended	Percentage
4-8 Calls	69.2%
9+ Calls	30.8%

##### Participants by Completion Status



Completion Status	Percentage
Completed	84.6%
Not Completed	15.4%

### Product Features & Pricing

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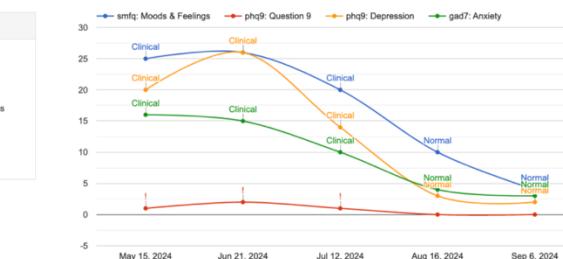
#### Measures

- GAD7 5
- Anxiety
- MFQ 5
- Moods & Feelings
- PHQ9 5
- Depression
- Question 9

#### Goals

- Client

#### smfq: Moods & Feelings, phq9: Question 9, phq9: Depression, gad7: Anxiety



Measure	May 15, 2024	Jun 21, 2024	Jul 12, 2024	Aug 16, 2024	Sep 6, 2024
GAD7	Clinical	Clinical	Clinical	Clinical	Normal
Anxiety	Clinical	Clinical	Clinical	Clinical	Normal
MFQ	Clinical	Clinical	Clinical	Clinical	Normal
Moods & Feelings	Clinical	Clinical	Clinical	Clinical	Normal
PHQ9	Clinical	Clinical	Clinical	Clinical	Normal
Depression	Clinical	Clinical	Clinical	Clinical	Normal
Question 9	Clinical	Clinical	Clinical	Clinical	Normal

#### Youth will interact with one...

#### Cindy will learn one new po...

#### Cindy will read the book "W...

#### Cindy will talk to her father...

#### Cindy will get involved in on...

#### Cindy will start a driver's ed...

#### Cindy will talk to her father...

# Trauma-focused CBT Behavior Rehearsals

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

The screenshot shows the Harborview Abuse & Trauma Center website. The top navigation bar includes links for Medicine, Harborview Abuse & Trauma Center, Our Services, For Professionals, About Us, News, Contact Us, and Giving. The main content area features a large, stylized brain graphic. The text "Harborview Abuse & Trauma Center" and "CBT + NOTEBOOK" are prominently displayed. A sidebar on the left lists various resources, with "Supervisor/Organization Resources" and "CBT+ Materials for Supervisors" being the most relevant to the search query. The "CBT+ Materials for Supervisors" link is highlighted with a blue background.

- ✓ Select a topic...
- Therapist Resources
- CBT+ Component Flows
- Cheat Sheets
- "Need to Know" Sheets
- Therapist Materials
- Useful Links
- Supervisor/Organization Resources
- CBT+ Supervision Materials for Supervisors
- TF-CBT Materials for Supervisors**
- Organizational Practice Guides
- Engagement/Motivational Enhancement
- Client Handouts
- Therapist Materials

### 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”



Rosemary  
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## CITATION

Meza RD, AlRasheed R, Pullmann MD  
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

Rosemary D. Meza<sup>1\*</sup>, Rashed AlRasheed<sup>2</sup>,  
Michael D. Pullmann<sup>3</sup> and Shannon Dorsey<sup>2</sup>

<sup>1</sup>Kaiser Permanente Washington Health Research Institute, Seattle, WA, United States, <sup>2</sup>Department of Psychology, University of Washington, Seattle, WA, United States, <sup>3</sup>Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA, United States

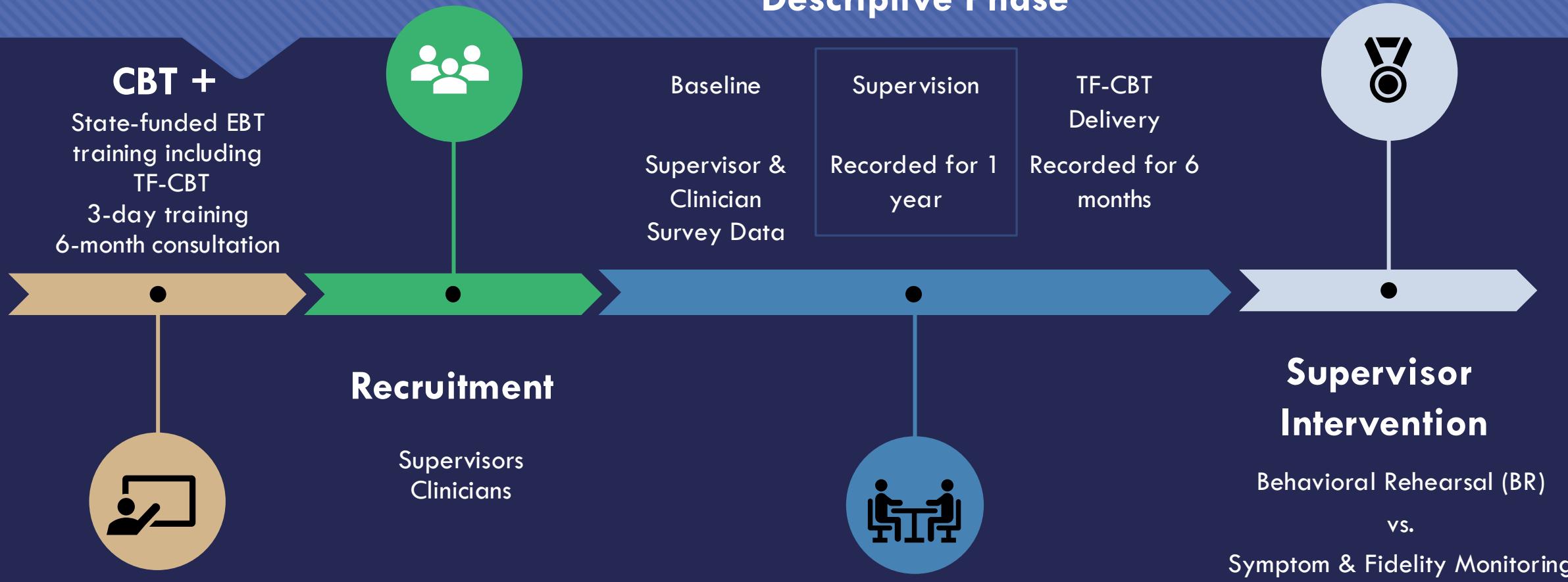
**Objective:** Observational studies of practices used in clinical supervision-as-usual can be leveraged to advance the limited research on workplace-based supervision as an evidence-based treatment (EBT) implementation strategy. This exploratory observational study examined the presence of supervision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

**Method:** Participants included 122 clinicians (72 clinicians) from a



# 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

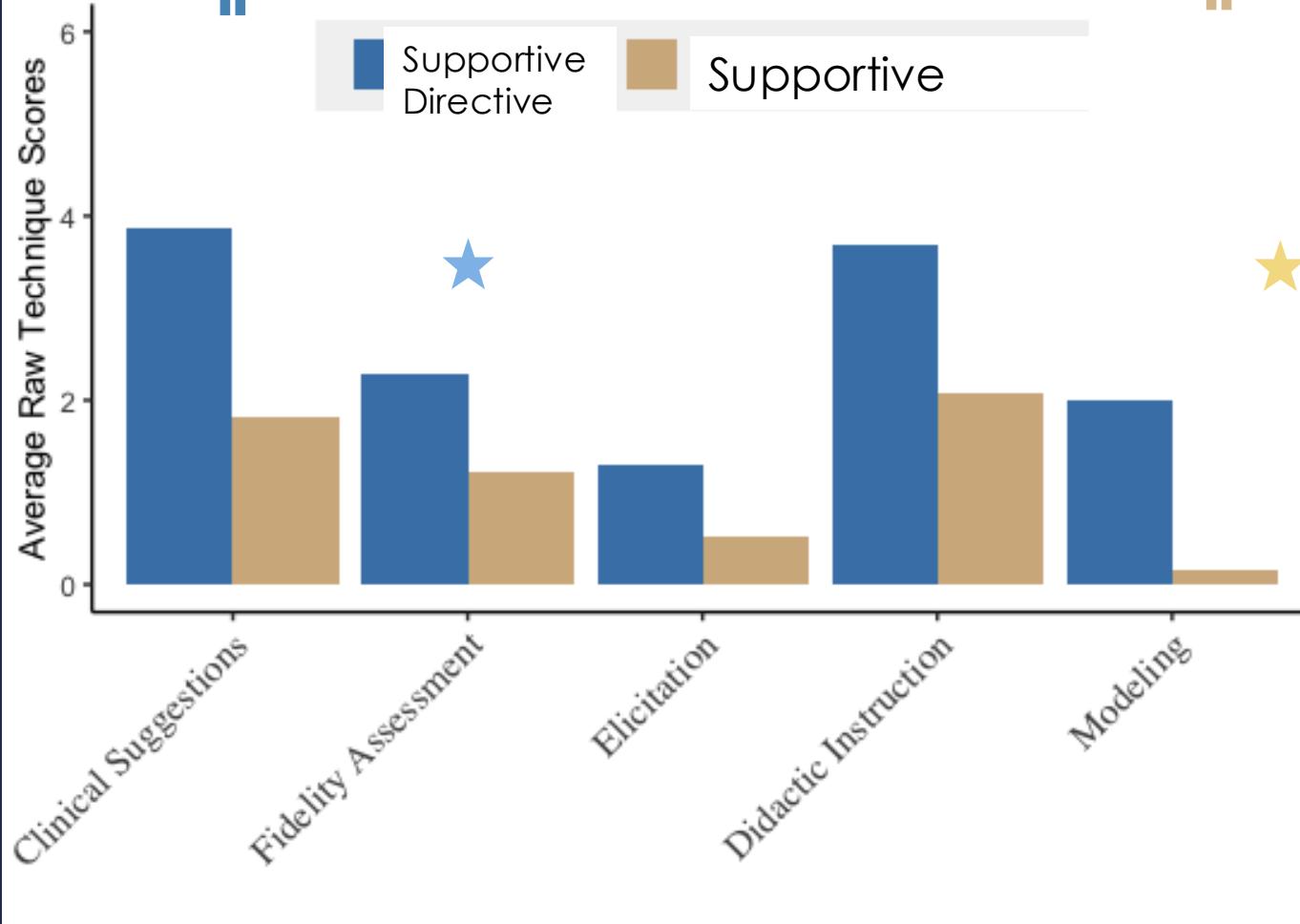
Efficacy, Training, Consultation, Supervision



# 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



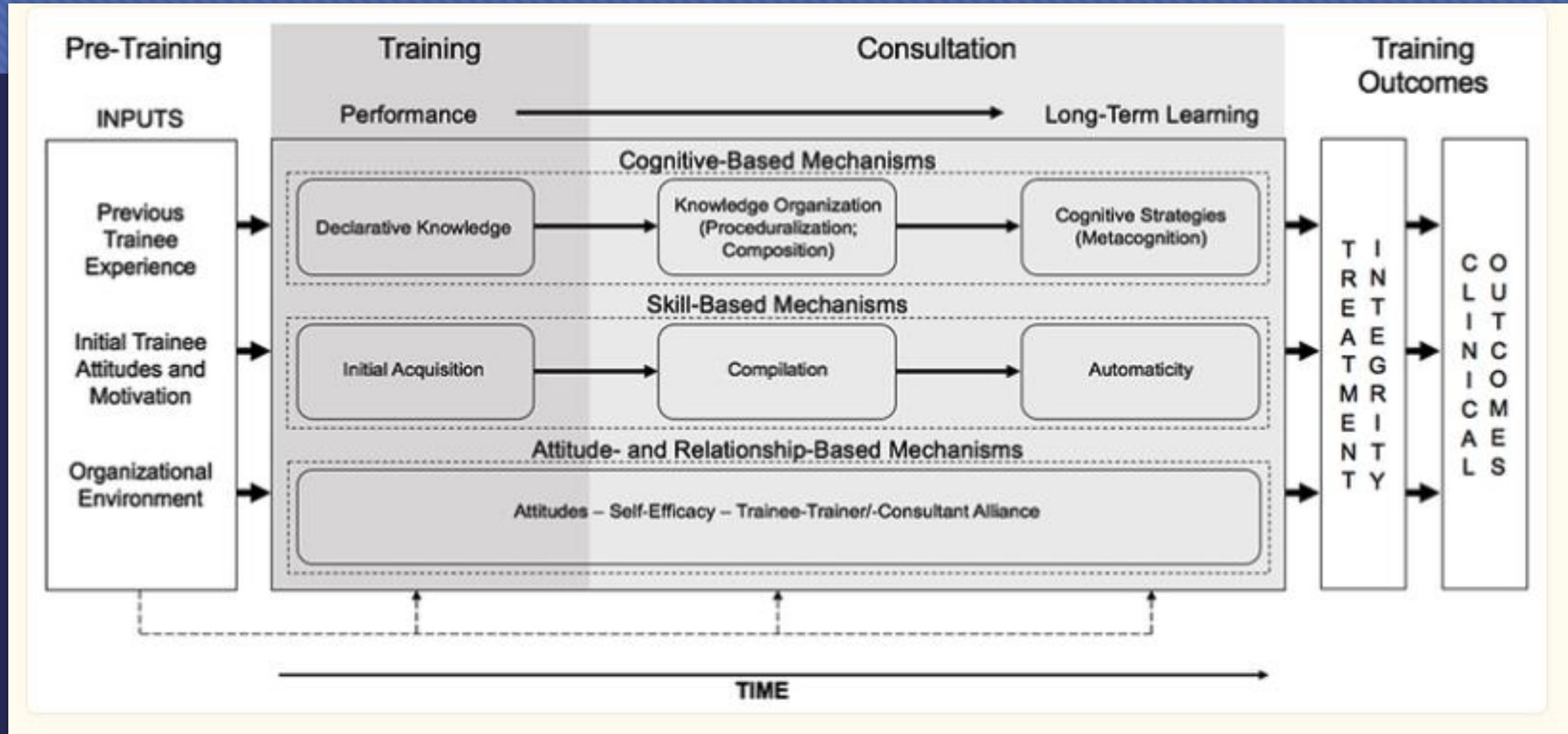
Bryce McLeod  
VCU



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?	Automatic Thoughts What thoughts and/or images went through your mind?	Alternative responses Use the questions at the bottom to compose responses to the automatic thoughts.
	<i>I woke up in the middle of the night last night</i>	Frustrated 60%	<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.</i> 100%	<i>My sleep has gotten better lately..</i>  <i>I could do something I like doing if I get up.</i>

## 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.

# Rater Agreement

- The results displayed reflect CPT fidelity

<b>Observer rated Adherence (n = 660)</b>	<b>Observer rated Competence (n = 660)</b>	<b>Worksheet rated Adherence (n = 1422)</b>	<b>Worksheet rated Competence (n = 1422)</b>
Kappa = 0.93	ICC = 0.79	Kappa = 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

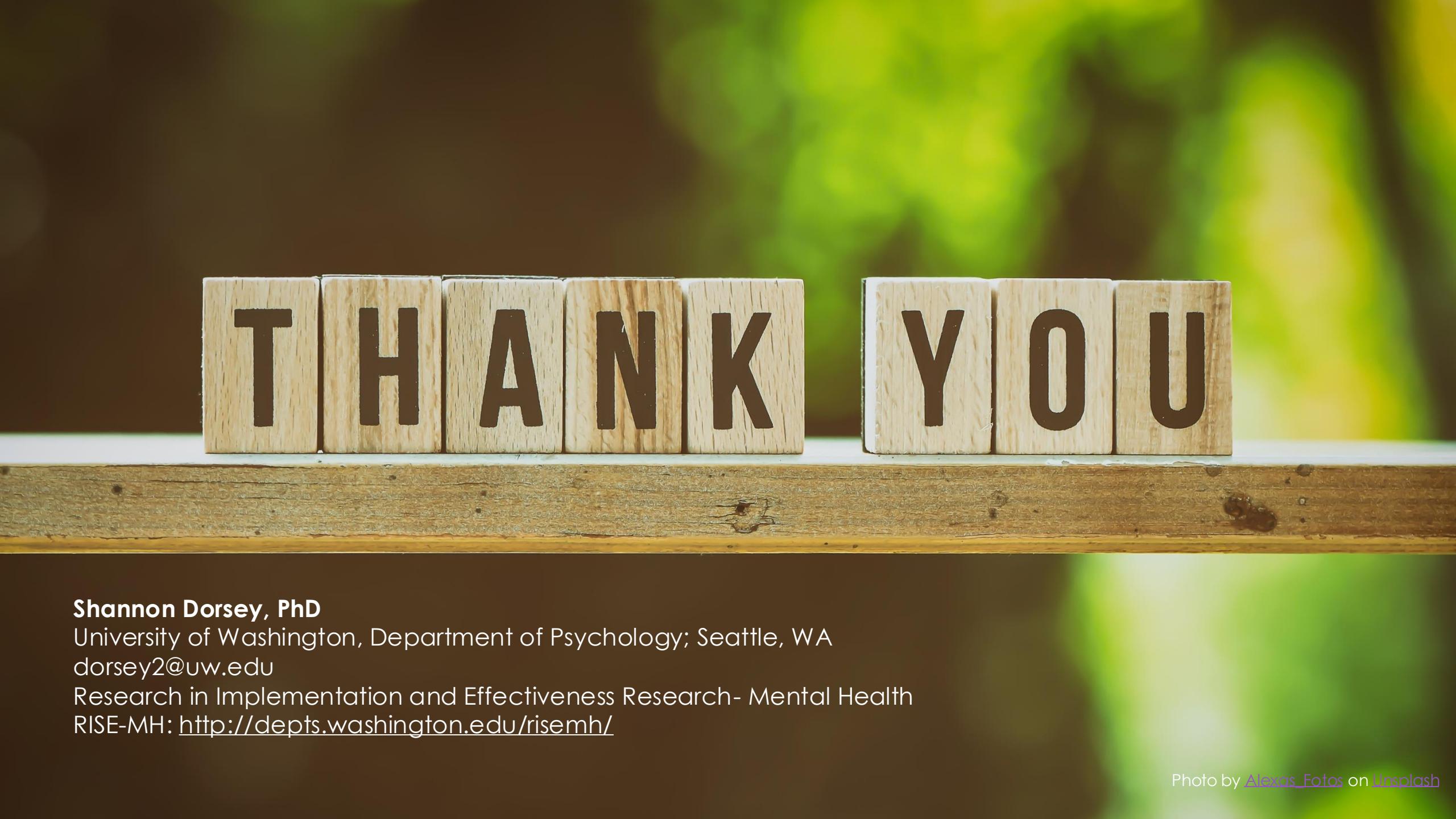


- How we spend supervision time, what we talk about, what we review, what we do in supervision matters
- Appear to be benefits to “seeing” inside the therapist session
  - Behavioral rehearsal or role play, reviewing client worksheets or other routine clinical material
    - These strategies may be more “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?



CLINICAL  
SUPERVISION

A photograph of the words "THANK YOU" spelled out in wooden blocks. The blocks are light-colored wood with dark brown letters. They are arranged in two rows: "THANK" on the top row and "YOU" on the bottom row. The blocks are resting on a rustic wooden surface. The background is a blurred green, suggesting an outdoor setting.

THANK YOU

**Shannon Dorsey, PhD**

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