



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

**Clinical Supervision Matters:  
Supervisor Professional Development  
in the Qualified Treatment Trainee  
Grants Program,  
State Fiscal Year 2022**

## **Executive Summary**

The Qualified Treatment Trainee Grants Program is managed by the Center for Inclusive Transition Education and Employment (CITEE) at UW-Whitewater with funding and support from the Wisconsin Department of Health Services (DHS). The purpose of the grant is for behavioral health provider agencies to increase hiring and retention of qualified treatment trainees.

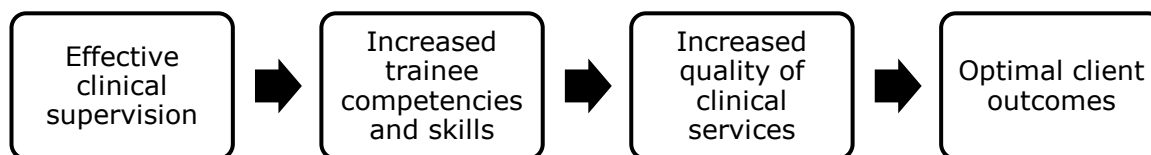
Although clinical supervision is essential for developing trainee skills and supporting effective service delivery, many barriers exist for supervisors to access quality professional development. To address the barriers, a CITEE-DHS team created a six-month professional development initiative which focused on clinical supervision to foster trainee skills. Grant funding was used, in part, to directly support supervisor participation through reduction of administrative duties or productivity standards during the initiative. During state fiscal year 2022 (July 1, 2021, through June 30, 2022), 54 supervisors participated in the statewide initiative.

This report describes the design, implementation, and outcomes of the initiative. First, the importance of clinical supervision and rationale for investment in supervisor professional development is made; clinically focused supervision is distinguished from administratively focused supervision. Then, description is provided for the supervision model used (fundamental processes, components, and tools of effective supervision), for the components of professional development (initial workshop, monthly community of practice, learning activities), and for the initiative supports put into place (virtual meetings, learning management system, data system). Next, outcomes are presented regarding supervisor engagement (81% rate of attendance in the community of practice meetings), in-session supervision activities (based on analysis of over 600 sessions), supervisor learning, and a comprehensive final evaluation. Practice-based evidence is reported for how a strong supervisory working alliance supports trainee skill development. Finally, key findings are summarized, and recommendations are made for improving the initiative in state fiscal year 2023 (July 1, 2022, through June 30, 2022).

## Clinical Supervision Matters

Clinical supervision is an important professional competency in behavioral health treatment (Allan et al., 2017; CSAT, 2007). As depicted in **Figure 1**, effective clinical supervision is the engine that drives increased trainee skills, quality services, and ultimately, optimal client outcomes (Rothwell et al., 2021). Effective clinical supervision supports trainee competency and skill development, and improves trainee job performance (Allan et al., 2017; Bailin et al., 2018; CSAT, 2009; Rothrauff-Laschober et al., 2013; Schriger, et al., 2020). Moreover, effective supervision is linked to trainee job satisfaction, perceptions of well-being (Rothwell et al., 2021), and lower turnover (Aarons et al., 2009). Thus, effective supervision can confer important benefits to an organization's functioning. A particularly critical aspect of organization functioning is the provision of high-quality services; increased trainee competencies and skills directly contributes to the quality of services delivered (Miller & Moyers, 2021). In the context of more skillful trainee interactions with clients, positive treatment outcomes are enhanced, and people's lives improve (Roche et al., 2007). In sum, effective clinical supervision is essential for developing an effective workforce and for improving the delivery and outcomes of services.

**Figure 1.** Effective clinical supervision is an engine that drives the delivery and outcomes of services.



Despite the important role of the clinical supervisor, many systemic barriers exist to investing in supervisor effectiveness. First, supervision in recent decades has drifted toward increased focus on administrative functions (CAST, 2009). It is now common for supervisors to spend most of their time on administrative tasks instead of proactively developing trainee skills (Bailin et al., 2018). As highlighted in **Table 1**, administratively focused supervision relegates trainee development as something incidental to task completion, whereas clinically focused supervision purposefully fosters the development of trainees. Second, as supervision has drifted, leaders increasingly lack understanding the benefits that clinically focused supervision confers to trainees, clients, and organization functioning (Roche et al., 2007; Rothwell et al., 2021). And third, supervisors are typically promoted into the role after years of providing direct services but rarely receive formal training in methods of effective clinical supervision (CSAT, 2009). The heavy workloads and administrative duties of the busy supervisor further limit involvement in meaningful professional development opportunities (Rothwell et al., 2021). Exacerbating the problem is that one-time workshops—the most common method of professional development in the behavioral health field (Miller et al., 2006)—are ineffective for developing specific, lasting skills (Beidas & Kendall, 2010; Walters et al., 2005).

**Table 1.** There are important differences between administratively focused and clinically focused supervision; clinically focused supervision purposefully fosters trainee development.

Administratively Focused Supervision	Clinically Focused Supervision
Little to no attention to developing the supervisory alliance in favor of getting to the agenda and completing tasks.	Purposeful attention to developing and maintaining a strong supervisory alliance as the basis for effective clinical supervision.
Focus of sessions on many topics (more breadth) with emphasis on addressing administrative tasks.	Focus of sessions on few topics (more depth) with emphasis on addressing trainee skill development.
Client-focused with case consultation geared toward crisis management.	Trainee-focused with active learning methods, skill practice opportunities, and case consultation geared toward skill application.
Evaluation based on annual performance review; otherwise, supervisor relies on trainee self-reported skill level.	Evaluation based on periodic direct observation of trainee practice; supervisor provides structured observation of actual skill level with performance-based feedback.
Trainee professional development plan based on generic goals often based on contract agreement.	Trainee professional development plan tailored to strengths and skill areas to improve.

## The Supervisor Professional Development Initiative

Recognizing the critical importance of clinical supervisors in the delivery and outcomes of behavioral health services, the Qualified Treatment Trainee Grants Program made a substantial investment in supervisor professional development. Through such an investment, “agencies will find themselves engaged in an improvement-oriented approach to the monitoring and development of clinical services that likely will lead to improved staff retention, enhanced counselor skills, and better clinical outcomes” (CSAT, 2007, p. 7). To overcome the systemic barriers that have historically limited supervisor professional development, an innovative six-month initiative was created by the CITEE-DHS team. Grant funding was used, in part, to directly support designated supervisor participation through reduction of administrative duties or productivity standards during the initiative. In this section, the supervisor participants are described, then description of a supervision model, professional development components, and initiative supports are presented.

### Supervisor participants

During state fiscal year 2022, 54 agencies received an expanding grant award to increase the number of employed qualified treatment trainees. Each agency designated a supervisor to participate in the grant professional development initiative. Participating supervisors had a wide range of experience (0-28 years;  $M = 8.7$ ) and supervised a range of trainees (1-17 trainees;  $M = 3.9$ ). See **Appendix** for list of participating supervisors.

## **Effective clinical supervision described**

Although supervision involves many roles and responsibilities (CSAT, 2009), the focus of professional development was on clinically focused supervision because of its potential for trainee development. Fifty years of theory, practice, and research have established descriptions of effective clinical supervision (Watkins, 2014). A selective review of this literature was conducted to identify the fundamental processes, core components, and elements of effective clinical supervision. Results were synthesized into a practice profile to describe a model of clinical supervision (Prock, Drechsler, & Hessenauer, 2020). A practice profile is useful for supporting implementation of new ways of working because elements of practice are clearly described and operationalized with assessment of practice (Metz, 2016). The practice profile was organized around six fundamental processes of supervision with related core components and elements of practice. A supplemental toolkit was created to support use of in-session activities. The practice profile and toolkit anchored all content of the initiative and provided a “compass” for supervisor professional development (see **Table 2**).

To emphasize the importance of trainee skill development, a second practice profile was created to describe, operationalize, and assess essential trainee skills (Van Sistine, Caldwell, Carlson, Mompier, & Duncan, 2021). Based on Miller and Moyers’ (2021) seminal review of 70 years of psychotherapy research, five trainee skills were identified as essential for delivering high-quality behavioral health services. Summarized by the acronym OARS+I (Open questions, Affirmation of strengths, Reflective listening, Summarizing, and providing Information), these skills are universally found in most evidence-based practices (Laska, Gurman, & Wampold, 2014). Skillful reflective listening is particularly important for achieving optimal treatment outcomes (Elliott, Bohart, Watson et al., 2018) and is recommended as a focus of workforce development (Moyers & Miller, 2013). Clinically focused supervision that purposefully develops these trainee skills holds great promise for improving the quality and outcomes of services (Allan et al., 2017; CSAT, 2009; Martino et al., 2007; Miller & Moyers, 2021).

**Table 2.** The supervisor practice profile described the fundamental processes, core components, and tools of supervision that underscored trainee skill development.

Fundamental Process of Supervision	Core Components and Tools of Supervision	Contributions to Trainee Skill Development
Ongoing Supervisor Development	<ul style="list-style-type: none"> <li>• Training in methods of effective clinical supervision</li> <li>• Ongoing professional development</li> <li>• Consultation with peers, mentor, or expert</li> <li>• Tool: Supervisor Learning Plan</li> </ul>	Supervisors' own skill development occurs within a parallel, bi-directional learning process with their trainees (CSAT, 2009).
Supervisory Alliance	<ul style="list-style-type: none"> <li>• First few minutes of every session dedicated to establishing, then maintaining a strong working alliance</li> <li>• Way of being with trainees that is collaborative, evocative, and supportive of trainee autonomy</li> <li>• Model OARS skills: Open questions, Affirmation of strengths, Reflective listening, Summarizing</li> <li>• Tool: Reflective Listening Cheat Sheet</li> </ul>	A strong supervisory alliance is essential to trainee skill development because it increases trainee psychological safety, self-disclosure, self-efficacy, experimentation with new ways of working, and positive learning outcomes (Borders, et al., 2014; Rothwell et al., 2021; Watkins, 2014).
Focusing	<ul style="list-style-type: none"> <li>• Collaborative agenda setting</li> <li>• Periodic focus on specific OARS+I skill development</li> <li>• Maintain focus</li> <li>• Tool: Agenda Map</li> </ul>	Trainee skill development is much more likely to occur when supervision sessions intentionally focus on it (Miller & Moyers, 2021).
Fostering Trainee Development	<ul style="list-style-type: none"> <li>• Explore trainee readiness</li> <li>• Use active learning methods</li> <li>• Case consultation</li> <li>• Explore diversity competence</li> <li>• Discuss professional ethics</li> <li>• Tools: Skill Practice Activity, Case Consultation, Exploring Diversity Competence</li> </ul>	Active learning methods during supervision such as role-playing, demonstrations, and skill practice directly increase trainee skills (Beidas et al., 2014; Beidas & Kendall, 2010; Miller & Moyers, 2021).
Evaluation	<ul style="list-style-type: none"> <li>• Direct observation of practice</li> <li>• Performance-based, supportive feedback</li> <li>• Tools: Structured Observation of OARS+I Skills, Providing Feedback, Performance Assessment Results</li> </ul>	Direct observation of trainee practice with performance-based feedback is essential for improving trainee skills and ensuring quality services (Borders et al., 2014; CSAT, 2009; Miller & Moyers, 2021; Rothwell, et al., 2021; Schriger et al., 2020).
Planning	<ul style="list-style-type: none"> <li>• Skill-focused trainee learning plan</li> <li>• Collaborative goal setting with specific and measurable skill goals</li> <li>• Plan for deliberate practice</li> <li>• Tool: Trainee Learning Plan</li> </ul>	Collaborative goal setting for ongoing skill development and plan for deliberate practice improves trainee learning outcomes (Borders et al., 2014; Miller et al., 2020).

## Professional development components

The stated goal of the initiative was for supervisors to engage the professional development process and to experiment with new ways of working consistent with the supervisor practice profile and toolkit. A six-month initiative was designed based on principles of adult learning (Knowles, Holton, & Swanson, 2011) and included these components:

- **Initial workshop.** Supervisors attended a six-hour workshop (November 2021) for an overview of the supervisor practice profile and toolkit. The workshop included structured discussions about effective supervision and the importance of trainee skill development. Supervisors had opportunities to practice OARS+I skills while considering applications to enhancing the supervisory alliance and for modeling to trainees.
- **Community of practice.** Following the workshop was a monthly one-hour community of practice meeting (December 2021 – May 2022). A community of practice allows professionals “who share a concern, a set of problems, or a passion about a topic... [to] deepen their knowledge and expertise in this area by interacting on an ongoing basis” (Wenger, McDermott, & Snyder, 2002, p. 4). Each meeting focused on applying a specific supervision process, component, and tool for trainee skill development (see **Table 3**). Meetings fostered supervisor engagement, evoked supervisors’ existing expertise, provided opportunities for practice, and encouraged self-reflection of practice.
- **Supervision session checklist.** The supervisor session checklist was created for the purpose of the initiative. Organized by supervision process (example: supervisory alliance, focusing, trainee development), the checklist included components, elements of practice, and tools identified in the practice profile (see **Table 2**). Because new ways of working are best achieved incrementally, supervisors were asked to select one trainee for trying new methods of supervision. Based on this trainee, supervisors closely monitored in-session activities and completed this checklist following each session. Checklist items included date, session format, duration, and a comprehensive list of in-session activities. Given the lengthy list of activities, instructions normalized for supervisors that completing all activities was not possible or even desirable. Based on completed checklists, supervisors were provided individualized feedback summarizing the frequency of completed in-session activities at time 1 (February 2022) and time 2 (April 2022).
- **Assessment of the supervisory working alliance.** Trainee and supervisor self-assessment of the supervisory working alliance was based on the Supervisory Working Alliance Inventory (SWAI; Efstation et al., 1990). The SWAI (brief version) comprised a five-item scale with questions for trainees related to the relationship with supervisor (I feel comfortable working with my supervisor, My supervisor welcomes my explanations about the client’s behavior, My supervisor treats me like a colleague in supervisory sessions) and related to the focus of session (I work with my supervisor on specific goals in the supervisory sessions). A supervisor version was also administered based on parallel items. Trainees and supervisors used a 1(low) to 7(high) response scale for each item. The SWAI was administered at time one (December 2021) and time two (March 2022) with a summary of results provided to each supervisor as feedback.

(Average trainee results were only presented to supervisors if there were at least two respondents for the purpose of trainee confidentiality.)

**Table 3.** Each community of practice meeting focused on applying a specific supervision process, component, and tool for trainee skill development.

Meeting	Supervision Process	Components and Tools
1	Supervisory alliance	Engaging and use of OARS skills, reflective listening cheat sheet
2	Focusing, fostering trainee development	Agenda setting, getting ready for skill development, active learning methods
3	Evaluation, planning	Direct observation of trainee work samples, structured observation of OARS+I skills, providing supportive feedback
4	Fostering trainee development	Deliberate practice of OARS+I skills
5	Fostering trainee development	Exploring diversity competence
6	Ongoing professional development	Self-reflection: looking back and looking forward

- **Review of trainee work samples.** One of the hallmarks of effective supervision is periodic review of trainee work samples based on direct observation (Borders et al., 2014; Miller & Moyers, 2021; Rothwell, et al., 2021; Schriger et al., 2020). Directly observing work samples avoids the pitfalls of relying on trainee self-reported skill level as the research in this area consistently shows there is no correlation between trainee perceived skill level and actual skill level (Carroll et al., 2010; Miller et al., 2020). Supervisors were asked to obtain a 15-minute work sample from a selected trainee via audio or video recorded session for later review. It was emphasized that supervisors guide trainees to follow agency policy and procedures for obtaining written client consent to record. Once the practice sample was obtained, supervisors were taught how to use tools to conduct structured observation of OARS+I skills (based on the simple skill count approach developed by Moyers et al., 2005), provide supportive performance-based feedback, and develop a learning plan. A trainee work sample was reviewed by the supervisor at time one with goal setting for skill improvement. A second work sample was collected and reviewed at time two (about three months later), and supervisors were able to recognize trainee progress, revise the skill goal, and plan for continued deliberate practice (see Miller et al., 2020).
- **Brief readings and response assignments.** To deepen supervisor knowledge of trainee skill development, brief readings were assigned with written response. Brief readings were selected from the seminal book, *Effective Psychotherapists: Clinical Skills that Improve Client Outcomes* (Miller & Moyers, 2021) related to developing trainee expertise, teaching therapeutic skills, and fostering deliberate practice.
- **Learning plan.** Supervisors created an individualized learning plan to guide their professional development process. Specific supervision practice goals were set,



periodically reviewed, and revised based on the feedback and self-reflection that occurred during the initiative.

### **Initiative supports**

Several elements of grant program infrastructure were put into place to support supervisor engagement and experimentation with new ways of working. First, a thorough application process asked each applicant organization to consider internal supervisor supports for successful participation. For example, applicants were asked to consider lowering administrative duties or productivity standards to support supervisor participation during the initiative. Second, the initial workshop and all subsequent community of practice meetings occurred virtually (Zoom). Supervisors were able to select among four possible meeting times each month to maximize accessibility. Third, supervisors were able to earn 12 continuing education units for full participation (6 hours for the workshop, plus 6 hours for community of practice meetings) with a certificate of completion provided by the UW-Whitewater Department of Social Work. Fourth, a web-based learning management system (Canvas) provided a communication hub, allowed submission of assignments, and provided access to all materials such as the supervisor practice profile, toolkit, trainee practice profile, and selected readings. Fifth, assessment activities were administered via electronic survey (Qualtrics). Supervisors were provided a link for easy access to complete supervision session checklists and to administer the supervisory working alliance with trainees. Sixth, a system was created to collect and manage data for the purpose of evaluating and improving the initiative. For example, supervisors were asked to complete a brief evaluation (via Qualtrics) following each community of practice meeting and a comprehensive evaluation at the conclusion of the initiative. In all evaluation activities, supervisors and their trainees were assured confidentiality of responses. Finally, the CITEE-DHS team met weekly to design, coordinate, facilitate, and evaluate the initiative. The team regularly reviewed evaluation data, launched improvement cycles, and communicated with supervisors regarding notes from community of practice meetings, highlights of learning, instructions for assignments, and agenda for the next meeting.

### **Evaluation Results**

A comprehensive evaluation was conducted based on the initiative's data system. Datasets in Qualtrics were de-identified and imported into statistical software (SPSS) for detailed analyses. Several multi-item scales were used, and reliability analyses were conducted to assess how well the items consistently measured the phenomena of interest. When a scale showed acceptable reliability, items were combined into a single measure to increase economy of analysis. Results of key measures are reported in terms of descriptive statistics (example: mean [M]) and inferential statistics (example: analysis of variance [ANOVA], t-tests, or correlation). Inferential statistics were useful for examining differential outcomes based on subgroups. A statistically significant difference between groups was assessed when the probability ( $p$ ) of results due to chance was less than or equal to 5 in 100 ( $p \leq .05$ ). Results are presented regarding supervisor engagement in the initiative, in-session supervision activities, supervisor learning outcomes, and supervisor experiences in the initiative.

## **Supervisor engagement**

A stated goal of the initiative was for supervisors to engage in the professional development process. Opportunities to engage included attending the monthly community of practice meeting, completing learning activities, and completing brief written assignments. Supervisor (N = 54) attendance in the community of practice meetings fluctuated from 89% (meeting 1) to 76% (meetings 2 and 5). Total average attendance across the six meetings was 81.4%. Supervisor completion of learning activities (example: assessing supervisor working alliance, completing reviews of trainee work samples) and written assignments (example: brief response to readings, learning plan) was 63.9% and 71.8%, respectively. Because of the statistically significant correlations between supervisor meeting attendance and completing activities ( $r = .55$ ,  $p < .001$ ), and between completing activities and completing assignments ( $r = .69$ ,  $p < .001$ ), these measures were combined into a single measure of engagement (0% - 100%).

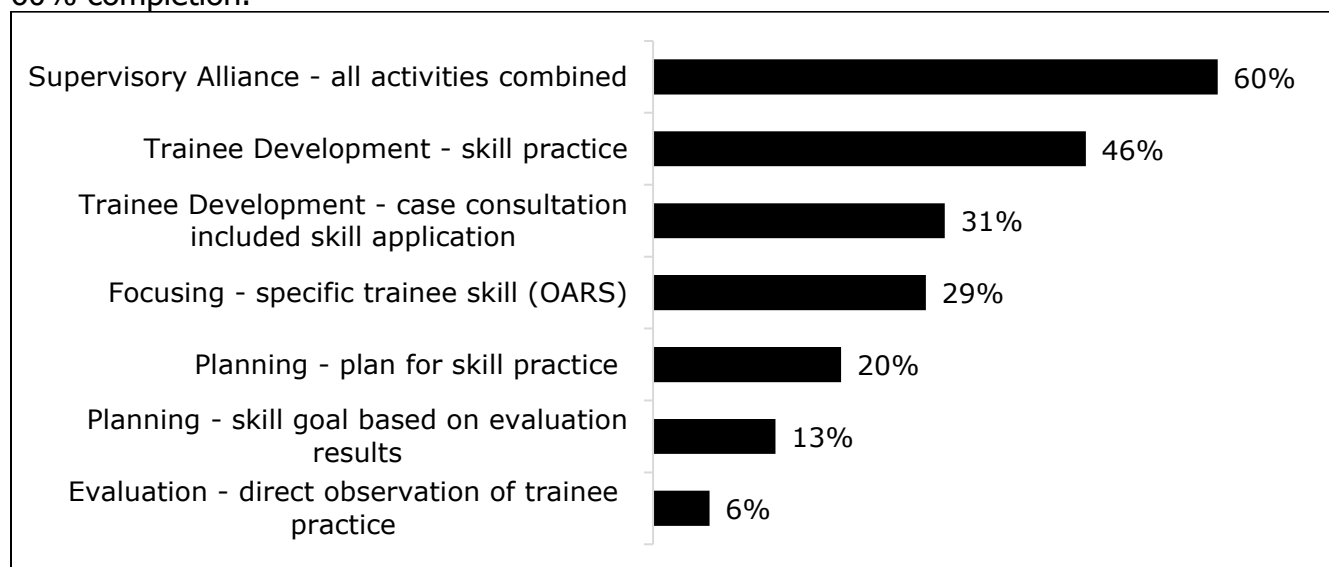
Three unique groups of supervisors were identified from this engagement measure: low engagement supervisors (M = 39.4%, n = 16); moderate engagement supervisors (M = 77.1%, n = 19); and high engagement supervisors (M = 95.4%, n = 19). A series of ANOVAs were conducted to examine factors that were thought to be supportive of supervisor engagement. Several factors showed no difference between supervisor engagement groups regarding community of practice meeting time options, agency commitment to participation, peer support among supervisors, or financial support of the grant (ps were .19, .37, .16, and .91, respectively). However, three factors did show some support for supervisor engagement. First, high engagement supervisors had a smaller number of mental health professionals employed in their organizations (1-10 professionals) compared to low engagement supervisors (11-50 professionals); this finding approached statistical significance (Chi Square,  $p < .09$ ) suggesting that smaller-sized organizations may have been conducive to supervisor engagement. Second, being a representative of their organization in the grant in addition to being in the designated supervisor role was a factor that approached statistical significance ( $p = .07$ ) such that low engagement supervisors were in the dual role at a higher percentage (M = 64%) than moderate engagement (M = 20%) or high engagement (M = 33%) supervisors. And third, there was a significant effect ( $p < .03$ ) for completing the first assignment (administering the supervisory working alliance to trainees), such that high engagement supervisors completed the assignment at a significantly higher rate (M = 95%) than moderate engagement (M = 68%) or low engagement (M = 56%) supervisors.

Recognizing the importance of early engagement, the CITEE-DHS team identified several supervisors who seemed to struggle with engagement in the first month of the initiative. Using Plan-Do-Study-Act for process improvement, the team developed a plan and implemented support strategies for increasing supervisor engagement (such as an encouraging email or brief phone call check-in). In the following month, results showed a 50% increase in engagement by these supervisors.

### In-session supervision activities

During the initiative, supervisors collectively completed 621 supervision session checklists (range 1-30;  $M = 11.0$ ). Sessions were mostly in-person (61.5% of all sessions) and one-to-one (78.9%) lasting an hour ( $M = 60.5$  minutes). For analysis, checklist items (activities) were aggregated by supervision process. Overall, in-session activities were completed related to the supervisory alliance (60%), focusing (50%), fostering trainee development (71%), and planning (40%) processes in proportions that roughly mirrored the focus of the community of practice meetings. As depicted in **Figure 2**, activity completion specific to trainee skill development ranged from 60% (supervisory alliance activities) to 6% (evaluation of trainee skills based on direct observation of practice). Supervisors reported most frequently focusing on trainee reflective listening skill (35% of total skill focus) and asking open questions (34%), followed by affirming client strengths (29%) and summarizing (26%). Supervisors reported focusing on “other” skill in 10% of total skill focus.

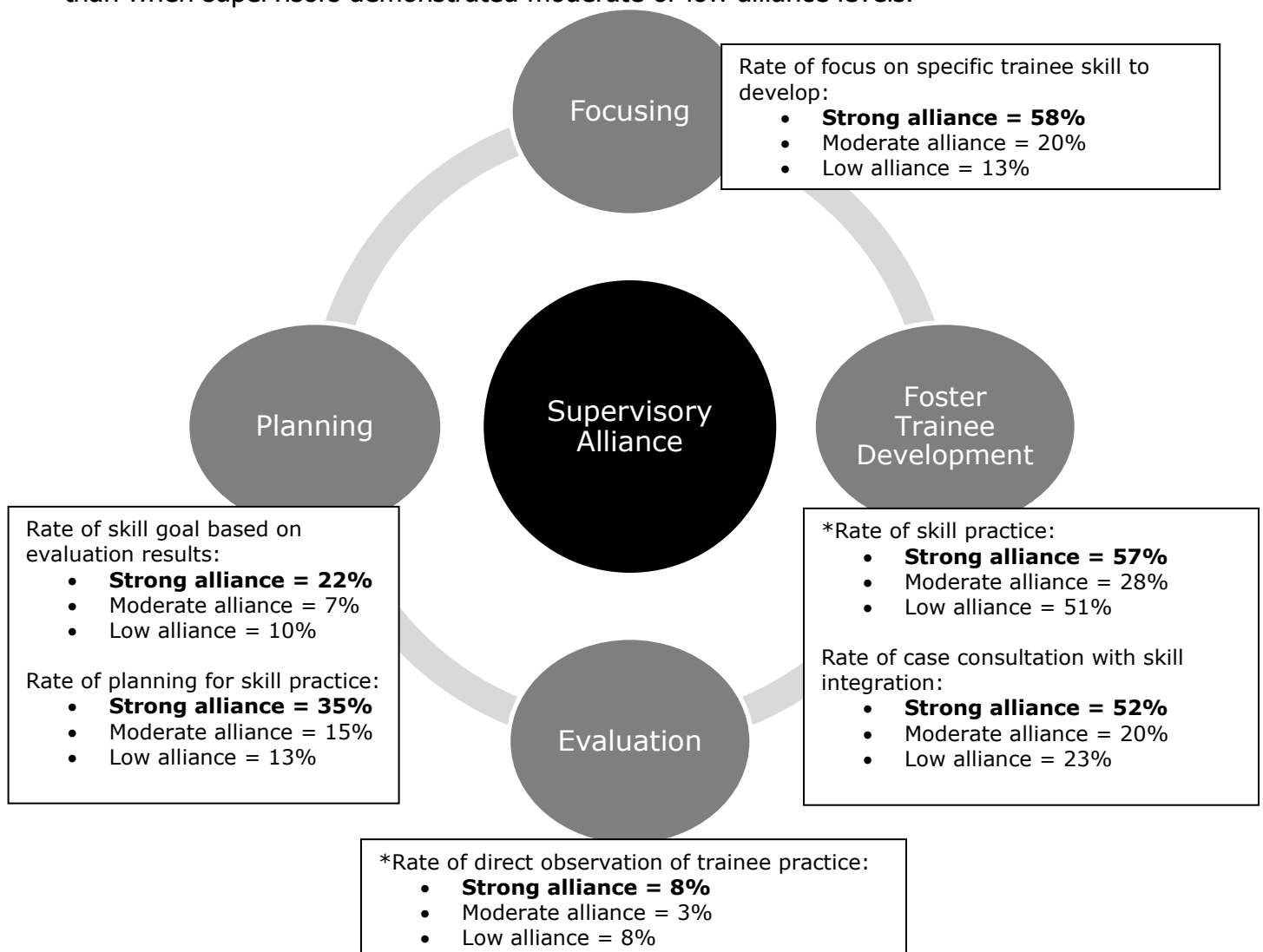
**Figure 2.** In-session activities dedicated to developing trainee skills ranged from 6% to 60% completion.



Because the supervisory alliance is essential for effective supervision, several analyses were conducted to investigate its potential effects on trainee skill development. In the session checklist, six activities comprised the supervisory alliance: engage trainee during first few minutes; ask open questions; affirm a trainee strength; more listening than asking; reflect trainee underlying meaning; summarize before transition to the focusing process. These items showed excellent reliability (Cronbach's Alpha = .90) and were thus combined into a single measure of supervisory alliance (0% – 100% completed alliance activities). Three unique alliance levels were identified across sessions (statistically significant difference between levels was  $p < .001$ ): low alliance (no alliance activities completed;  $M = 0.0\%$ ,  $n = 248$  sessions), moderate alliance (about half of alliance activities completed;  $M = 56.7\%$ ,  $n = 183$  sessions), and strong alliance (almost all alliance activities completed;  $M = 92.3\%$ ,  $n = 190$  sessions). While any one supervisor

may have completed a range of alliance activities across their sessions, the data here simply shows that 248 sessions contained no alliance activities ( $M = 0\%$ ) and 190 sessions contained on almost all alliance activities ( $M = 92\%$ ). Based on supervisory alliance level, ANOVAs were conducted regarding the trainee skill measures presented in Figure 2. The completion rate (%) of all trainee skill activities was significantly higher ( $ps < .01$ ) when supervisors demonstrated a strong supervisory alliance during sessions compared to when supervisors demonstrated a moderate or low supervisory alliance (see **Figure 3**).

**Figure 3.** There was a robust supervisory alliance effect across all supervision processes, such that when supervisors demonstrated a strong alliance to start sessions, the trainee skill development activities that followed were completed at significantly higher rates (%) than when supervisors demonstrated moderate or low alliance levels.



\*Note: For this measure there was no statistically significant difference between strong alliance and low alliance levels.

## Supervisor learning outcomes

Supervisors invested time, focus, and energy in this professional development initiative. What is the evidence of supervisor learning? Several outcomes were examined in terms of the supervisory working alliance results, takeaways from the community of practice meetings, and a community of practice learning effect. Each of these outcomes are described below.

- **Supervisory working alliance results.** Supervisors administered the Supervisory Working Alliance Inventory (SWAI) to selected trainees and completed a SWAI self-assessment using a 1(low) to 7(high) response scale for each item. A series of t-tests were conducted to examine aggregate SWAI results. There was no difference ( $p = .19$ ) between trainee results at time 2 ( $M = 6.6$ ) compared to time 1 ( $M = 6.3$ ). Of note, there was also no correlation between trainee SWAI results at time 1 and supervisor years of experience ( $r = .16$ ,  $p = .36$ ). However, there was a significant difference ( $p < .001$ ) in supervisor self-assessed results, such that time 2 ( $M = 6.1$ ) was significantly higher than time 1 ( $M = 5.6$ ). Two SWAI items drove the supervisor improvement: I welcome my trainees explanations about the client's behavior; and I work with my trainee on specific goals in the supervisory session.
- **Takeaways from the community of practice meetings.** During community of practice meetings one through five, supervisors were asked to reflect on the most important learning in the meeting. Supervisors shared these takeaways via Zoom chat or verbally. The CITEE-DHS team took careful notes on verbal sharing and collected all written chat at the conclusion of each meeting. For analysis, all notes and chat were compiled for a total of 148 supervisor takeaways. These were reproduced into a spreadsheet with each row containing a supervisor takeaway. The CITEE-DHS team carefully reviewed the takeaways and identified three themes: supervisors identified a new method of supervision; supervisors expressed intention to use a new method of supervision (see Gollwitzer, 1999); and supervisors perceived a barrier to using a new method of supervision. Each theme was listed as a column heading in the spreadsheet, then two team members independently reviewed and coded supervisor takeaways by noting a "1" if the theme was present or "0" if the theme was not present. Some takeaways did not reflect any themes and others reflected more than one theme. As presented in **Table 4**, thematic analysis showed that the frequency (%) of supervisor takeaways were salient for a new method of supervision to use for the supervisory alliance (meeting 1) and for intention to use a new method to explore trainee diversity competence (meeting 5). During community of practice meeting 6, supervisors were asked to look back and identify the most important learning, then look forward to application of that learning. Total of 68 responses were recorded and each response was coded for representation of specific supervision process. Results showed a statistically significant difference ( $p < .001$ ) for frequency of processes mentioned, such that ongoing professional development (mentioned 48.5% of total responses), fostering trainee development (47.0%), and supervisory alliance (45.6%) processes were mentioned more frequently than planning (23.5%) or focusing (14.7%) processes.

**Table 4.** Salient takeaways for supervisors reported during the community of practice meetings included a new method of supervision to use (for the supervisory alliance; meeting 1) and intention to use a new method (exploring trainee diversity competence; meeting 5).

Community of practice meeting focus		Number of Takeaways (total N=148)	Theme of Takeaway		
			New Method of Supervision to Use	Intention to Use New Method	Barrier to Using New Method
1	Supervisory alliance, engaging, modeling OARS skills	50	<b>56%</b>	18%	6%
2	Focusing, agenda setting, fostering trainee development with active learning methods	27	44%	30%	11%
3	Evaluation and planning, direct observation of trainee work	26	35%	38%	4%
4	Fostering trainee development through deliberate practice of OARS skills	17	17%	24%	6%
5	Fostering trainee development through exploring diversity competence	28	21%	<b>43%</b>	14%

- Community of practice learning effect.** The purpose of the community of practice was to deepen supervisor knowledge and skills of effective clinical supervision (Wenger et al., 2002). A possible learning effect was explored based on a natural experiment that emerged during the initiative. Preparing for meeting five (topic: diversity competence), the CITEE-DHS team noticed in the supervision session checklist data a low completion rate of the exploring diversity competence activity. Based on this observation, the team designed this meeting with the goal of increasing supervisor use of this activity. During the meeting, the team provided aggregate feedback to supervisors that exploration of trainee diversity competence was completed, on average, in 6% of all sessions. Then, supervisors were introduced to a practical tool for exploring trainee diversity competence, practiced it in small groups (via Zoom breakout rooms), and received supportive feedback from a peer observer. Finally, supervisors were asked to reflect on and share their most important takeaway in the meeting. As noted in **Table 4**, supervisor takeaways from this meeting showed the highest percentage of intention to use a new method of supervision—in this case, the diversity competence exploration tool. How did stated intention translate into action? Analysis of session checklist activities showed a community of practice learning effect ( $p < .001$ ), such that in the month that followed the meeting supervisors completed a diversity competence exploration activity with selected trainees at a significantly higher rate ( $M = 14.9\%$ ) than the average rate of completion in all prior months ( $M$ s ranged from 5.5% to 8.1%). In sum, the community of practice provided an opportunity for

supervisors to learn a new method, create intention to use it during supervision, and intention translated into measurable action.

### **Supervisor experiences in the initiative**

Understanding supervisor experiences in this unique professional development initiative was important. There were three approaches to evaluation: brief evaluation following each community of practice meeting; final evaluation; and a listening session. Results of each are summarized below.

- **Community of practice evaluation.** At the end of each community of practice meeting, supervisors were asked to complete a 5-item survey. A survey link was provided, and supervisors rated effectiveness of meeting facilitation, relevance of discussions to effective supervision, usefulness of meeting materials, and comfortability in sharing perspectives. Supervisors used a 1-4 response scale for each item which were appropriately labeled (example: 1=not at all effective, 4=very effective). Supervisors completed 199 surveys across the six meetings. The five-items showed acceptable scale reliability (Cronbach's Alpha = .74), therefore, items were combined into a single community of practice evaluation measure. Results for each meeting are presented in **Table 5**. There was an evaluation effect ( $p < .02$ ), such that supervisor ratings significantly increased from meeting 1 ( $M = 3.49$ ) to meeting 4 ( $M = 3.73$ ), then maintained through meeting six. Item-level analysis showed the increase was based on supervisor ratings of meeting facilitation effectiveness and comfortability. Indeed, there was a significant correlation ( $r = .28$ ,  $p < .001$ ), such that as ratings of effective meeting facilitation increased, so did ratings of supervisor comfort.

**Table 5.** Supervisors consistently had favorable ratings of the monthly community of practice meeting.

Community of Practice Meeting	Number of Evaluations Completed (rate of response)	Mean Evaluation Result (1-4 scale)
1	35 (73%)	3.49
2	36 (88%)	3.60
3	44 (94%)	3.59
4	33 (79%)	3.73
5	32 (78%)	3.74
6	19 (42%)	3.82
Total	199 (75%)	3.64

- **Final evaluation.** At the conclusion of the initiative, a comprehensive evaluation was administered electronically with an excellent response rate from supervisors (88.8%,  $N = 48$ ). The evaluation comprised several scales related to overall experience in the initiative, usefulness of professional development components and materials, engagement factors, initiative supports, initiative challenges, and use of the supervision

tool kit. Supervisors used a 1(low) to 4(high) response scale for all items—appropriately labeled. Each scale is presented below with brief description of items and results.

- Overall experiences in the initiative asked about benefits of participation to agency (M = 3.23), to self professionally (M = 3.25), and to current and future trainees (M = 3.38).
- Usefulness of professional development scale (9-items, good reliability; Cronbach's Alpha = .89) asked about the extent to which components and materials were useful. The supervisor tool kit was rated as the most useful (M = 3.4). Mean results for each item is presented in **Table 6**.
- Engagement factors scale (5-items, good reliability; Cronbach's Alpha = .85) asked supervisors to rate factors thought to contribute to engagement such as timing of community of practice meetings, agency commitment to their participation, peer support among supervisors, and financial support of the grant.
- Initiative supports scale (five-items, acceptable reliability; Cronbach's Alpha = .76) asked about the extent to which supports were useful regarding the learning management system (Canvas), technical support by CITEE-DHS team, facilitation by CITEE-DHS team, weekly communication, and grant financial support. The highest rated item here was grant funding support (M = 3.7) followed by the CITEE-DHS team's facilitation (M = 3.4); lowest rated items were weekly communication (M = 2.7) and use of Canvas (M = 2.8).
- Initiative challenges scale (10 items, good reliability; Cronbach's Alpha = .81) asked about attending and accessing the virtual meetings, clarity of expectations, amount of material covered, integrating new methods of supervision into practice, and balancing professional development with job demands.
- Because supervisors rated the supervision toolkit as the most useful aspect of professional development, a tool kit use scale was created based on supervisor ratings of the extent to which each tool was used during supervision sessions (8 tools, good reliability; Cronbach's Alpha = .89). The toolkit use scale showed a significant difference ( $p < .001$ ) between supervisors who reported frequent use (M = 3.3, n = 29) and moderate use (M = 2.2, n = 18) of the tools. Based on these two groups of supervisors, evaluation scales were revisited. As presented in **Table 7**, supervisors who reported frequent use of the tools had different experiences in the professional development initiative compared to supervisors who reported moderate use.



**Table 6.** Supervisors rated the toolkit as the most useful aspect of the professional development initiative.

Usefulness of Professional Development Components and Materials	Mean Results (1-4 response scale)
Initial workshop	2.9
Monthly community of practice	3.0
Feedback on the Supervisory Working Alliance Inventory results	2.8
Completing the supervisor session checklist	2.8
Feedback on results of session checklists	2.9
Model of supervision described in supervision practice profile	3.2
<b>Supervisor toolkit</b>	<b>3.4</b>
Trainee skills practice profile	3.2
Brief readings and response assignments	3.0
Total mean results	3.0

**Table 7.** Supervisors who reported frequent use of the tools had different experiences in the professional development initiative compared to supervisors who reported moderate use.

Evaluation Scale or Selected Item	Supervisor Use of the Toolkit (1-4 scale)		Statistically Significant Difference Between Frequent and Moderate Use Groups?
	Frequent Use	Moderate Use	
Overall experiences in the initiative	3.6	2.8	Yes, $p < .001$
Supervisor engagement factors	3.3	2.9	Yes, $p < .04$
Usefulness of professional development	3.3	2.6	Yes, $p < .001$
Initiative supports scale	3.3	2.9	Yes, $p < .02$
Supervisor challenges scale	1.9	2.0	No, $p = .35$
Item: Engaged in learning	3.6	3.2	Yes, $p < .02$
Item: Experimented with new ways of working	3.8	3.3	Yes, $p < .01$
Item: Estimated monthly time (minutes) dedicated to initiative	185.1 minutes	146.7 minutes	Approaching, $p < .07$

- **Listening session.** As a follow up to the final evaluation, supervisors were invited to participate in a one-hour listening session via Zoom with the CITEE-DHS team. Several questions were prepared and sent to supervisors prior to the session to further explore their experiences in the initiative. The CITEE-DHS team took careful notes of responses. Six supervisors participated with responses reproduced below by theme.

#### Experimentation with new methods and tools of clinical supervision:

- It was different. I've been doing supervision for quite a while and did it one way, then I changed to some new ways and now, when I asked my trainees which did they like better, they said a mix—both old and new.
- Stretching is what comes to mind; just remembering not to fall back into old habits.
- It was challenging at times to use the new tools.
- Awkward at first to remember because I was crunched for time.
- The process was overwhelming at first but got easier over time.
- It was easier to implement a few little things at first, then build upon those new ways of working.
- The response I got from trainees showed buy-in; because they bought into it, it made me recognize it was a good tool.
- I appreciated the agenda mapping tool and the trainees appreciated it as well. The positive feedback from the trainees encouraged me to keep using it.
- The supervision session checklist helped to make sure that you as a supervisor were covering different things.
- I really appreciated the readings to support what we were doing; I want to draw on the research as I implement new things.
- Using OARS skills in the sessions with trainees—this is what it's like to use the skills—trainees took it and ran with it with their clients.
- Being intentional about using the skills despite the discomfort.
- Modeling continued learning, being able to show that I am willing to go back and learn—showing that to new trainees.
- Being vulnerable to others showed that it was ok to do that.

#### The value of directly observing trainee practice:

- I was pretty much against [direct observation of trainee practice] for most of my career but tried it and then started to buy into it.
- Trainees felt really safe. That has to be the foundation; it's meant to be helpful, not hostile.
- I had the opportunity to see: how do you engage the client? It was interesting to see how trainees were engaging the clients that were in different treatment stages.
- Observation of practice helped focus on engagement with client and lets trainees observe what they are doing for engagement in a session and reflect on that. When everyone could focus on what they did differently to get the clients talking, it helped to see others and to discuss what they did well and to see how the client responded.
- New trainees have a tendency to be hard on themselves, so validating was important and highlighting those gifts. This helped us focus on what they did well and they could see themselves doing it.
- I was surprised when I saw that my trainee was not finding strengths to build on with the client. So this was a good topic for discussion and I was able to then work with the trainee to discuss and explore what the barrier was to finding client strengths.
- When we observed trainees and gave feedback, they seemed to really appreciate it and amazed by the results. Both trainees appreciated the feedback and enjoyed having it.
- After I did this with trainees they were more open about giving feedback about their cases.

### Learning through a community of practice:

- Opportunity to see how other supervisors were implementing.
- Hearing what others were doing helped me to see I could do it myself.
- The collegiality—the exchange of ideas, barriers, and the opportunity to process new things in a group.
- Practice components were helpful to cover in the meetings to learn how they might be implemented in practice and to get them broken down into more detail. I liked how each month you focused on another area.
- I liked the role-playing in the breakout rooms so I could practice the skill before doing it with the trainee.
- I liked getting out of my shell and practicing in front of other people I didn't know; it's made it easier for me to use the skills in other situations.
- Talking with my colleagues and learning things helped me get excited about the work again.

### Ways to improve the community of practice

- More time for us to talk about implementing a tool, the difficulties to put it in place, like the direct observation piece, how to put that into place and find the time to do it, especially the assessment/feedback process.
- More time and opportunities to talk about sticking points, barriers with trainees, problem-solving, and strategies for dealing with those scenarios; application of the skills in those scenarios.
- More time with specific topics to stay on task and focused on the topic.
- More opportunities to practice the skills and get feedback from others.

### The importance of grant support:

- Without the funding my position would not have been created.
- I'm using the funding to support spreading the learning I did throughout our whole agency and taking your content and teaching other people at our agency.
- Telling the trainees: "hey we have this opportunity;" it built up the trainees and how I could be a better supervisor.
- I had a supervisor who encouraged me to do this, but who did not initially realize how much work it would be...but after a while because of the funding they adjusted my position
- My agency also didn't initially realize how much work this was going to be but ultimately reduced my intakes

## Key Findings and Recommendations

The supervisor professional development initiative within the Qualified Treatment Trainee Grants Program represented an important investment and innovative approach to developing clinically focused supervision effectiveness. This initiative was made possible through the grant funding, the CITEE-DHS partnership, and the outstanding participation of 54 supervisors and their organizations. Carefully compiled data and analysis of over 600 supervision sessions provided a unique glimpse into the successes and challenges of supervision that focused on trainee skill development. The following were key findings in the evaluation:

- **Supervisors were engaged.** A goal of the initiative was for supervisors to engage in the professional development process. Across six-months, most supervisors completed most activities and assignments. There was an overall attendance rate of 81% in the monthly community of practice meetings. Examining factors that were thought to

contribute to supervisor engagement showed surprises. Specifically, there were no differences in supervisor engagement regarding agency commitment to participation or grant funding support. However, results showed supervisors who completed learning activities early in the initiative were more engaged later in the initiative.

- **Learning happened.** Several sources in the evaluation point to supervisor learning in this initiative. First, supervisors showed significantly higher self-assessed ratings on the Supervisory Working Alliance Inventory from time one to time two. Second, the session checklist analysis showed the most frequent in-session activities completed by supervisors related to fostering trainee development (71%); this relatively high frequency represents the heart of clinically-focused supervision (as opposed to administratively focused supervision; see **Table 1**). Third, the community of practice meeting evaluation showed a significant correlation between supervisor ratings of meeting facilitation effectiveness and of supervisor comfort to express perspectives. This is an important finding because experiencing such comfort is an important foundation of effective learning. And fourth, some supervisors shared during the listening session about their own learning as a parallel process to their trainees' learning.
- **Supervisors experimented with new ways of working.** Another goal of the initiative was for supervisors to experiment with new ways of working. Supervisors identified new methods of supervision with intention to apply these methods in practice (see **Table 5**). Supervisors rated the tool kit as the most useful aspect of professional development (see **Table 6**) and, during the listening session, supervisors discussed how the tools were practical, easy to use, and garnered positive responses from trainees. It was particularly remarkable that almost half of sessions (47%; see **Figure 2**) involved trainee skill practice because this supervision tool directly supports trainee development (Beidas et al., 2014).
- **Using supervision tools seemed important.** Although learning clearly happened, supervisors who reported frequent use of tools from the toolkit seemed to have a different experience in the initiative compared to supervisors who moderately used the tools (see **Table 7**). For example, supervisors who reported frequent use of tools perceived more support, more useful professional development, more engagement, and better overall experiences in the initiative compared to supervisors who reported moderate use of tools.
- **Direct observation of trainee practice is initially uncomfortable, but worth it.** Although direct observation of trainee work is a hallmark of effective supervision (Borders et al., 2014; CSAT, 2009; Miller & Moyers, 2021; Rothwell, et al., 2021), it rarely happens in practice (Bailin et al., 2018; Schriger et al., 2020). In a sample of supervision sessions analyzed by Bailin and colleagues, direct observation occurred in 2% of sessions. Based on analysis of 621 supervision sessions in this initiative, direct observation of a trainee work samples occurred in 6% of sessions—still a low rate but three times higher than Bailin's finding. During the listening session, supervisors commented on being able to get beyond the initial discomfort of direct observation to see benefits to trainee development.

- **The supervisory alliance matters.** A strong supervisory alliance is essential to trainee skill development because it increases trainee psychological safety, encourages experimentation with new ways of working, and leads to positive learning outcomes (Borders, et al., 2014; Rothwell et al., 2021; Watkins, 2014). Analysis of the supervision sessions showed a supervisory alliance effect for completion of trainee skill development activities (see **Figure 3**). This finding offers practice-based evidence for the importance of supervisors taking the first few minutes of each session to complete alliance activities for later focus on trainee skill development. Of note was that there was no difference in direct observation of trainee work samples between low alliance and strong alliance sessions; both alliance levels resulted in an 8% completion rate of the activity. One interpretation of this finding is that the low alliance (0% in-session alliance activities completed) may have underscored a directive style of communication that compelled trainees to submit the work sample, whereas the strong alliance resulted in the same rate of completion but may have been achieved through a collaborative, guiding style of communication.

Based on evaluation results, the following is recommended for state fiscal year 2023:

- **Continue using the grant to provide support for supervisor professional development.** Agencies that won the expanding grant award were prepared to support the designated supervisor's participation in this initiative. Indeed, grant funding was rated by supervisors in the final evaluation as an important support factor and this finding was echoed by supervisors during the listening session. Use of grant funds to support supervisor professional development should be clearly advertised in grant application materials and in descriptions of the Qualified Treatment Trainee Grants Program.
- **Regular use of Plan-Do-Study-Act.** Because the CITEE-DHS team demonstrated success in using Plan-Do-Study-Act, the approach should be applied in two ways. First, attend to supervisor engagement early. It will be useful to develop a plan for supporting supervisors who may struggle to initially engage in the initiative. Second, develop and execute a plan to support supervisor completion of key learning activities. For example, a plan to support supervisor observation of trainee work samples will likely improve the completion rate of this important activity.
- **Continue using data to inform decision-making.** Beyond specific applications of Plan-Do-Study Act, the CITEE-DHS team should increase use of the data system for planning, designing, and executing aspects of the initiative. For example, more regular examination of the supervision session checklist would provide useful snapshots into in-session activity completion which could inform focus of the community of practice meetings.
- **Refine materials to better focus on trainee development.** The supervision practice profile and tool kit provided a comprehensive approach to clinically focused supervision. However, it was not possible to touch on every aspect of these materials during the initiative. The CITEE-DHS team should refine materials to focus on trainee skill development (for example, see Beidas et al., 2014).

- **Improve the community of practice.** During the listening session, supervisors shared useful ideas for improving the community of practice meetings. For example, supervisors suggested ways to emphasize practice and trying new methods of supervision with peer support. Additionally, results of the final evaluation indicated improvements will be needed for more clear communication from the CITEE-DHS team and for more strategic use of the learning management system.
- **Professional development beyond the initiative.** Supervisor professional growth and development is an ongoing process. Creating opportunities for continued networking and learning should be explored and cultivated.
- **The trainee experience matters.** It is recommended to increase trainee involvement in understanding effective clinical supervision. Trainees could have more opportunity to provide meaningful feedback on their experiences of clinical supervision. Evaluation of such experiences could focus beyond perception of the supervisory working alliance to include development of skills. Better understanding trainee experience could greatly enhance supervisor professional development.

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## APPENDIX

### Participants of the Supervisor Professional Development Initiative Qualified Treatment Trainee Grants Program, State Fiscal Year 2022

Supervisor	Organization
Maria Amarante	Multicultural Trauma and Addiction Treatment Center of Wisconsin
Jill Baures	Pauquette Center
Melanie Heindl	Wellpoint Care Network
Jill Butler	Innovative Wisconsin
Lana Cheslock	Foundations Health and Wholeness
Sarah Chodorow	RISE Wisconsin
Vicky Coppens	Family Services of Northeast Wisconsin
Karen Cumblad	Family Service Waukesha County
Christina Diorio	Serenity Mental Health Services
Rachel Dunn	Trivium LLC - DBA Cross Roads Counseling Center
Julie Edmundson	Edmundson Counseling
Rachael Gilbertson	Innovative Counseling
Jeanne Glowacki	Hope for a Better Tomorrow
Jennifer Hawley	Orion Family Services
Sammi Jo Hurkmans	Integrative Psyche
Heather Kahl	Rawhide
Alex James	Jefferson County Health and Human Services
Billie Jo Jester	Eclectic Counseling
Kristine Koplitiz	Empower Mental Health Clinic
Sarah Kravick	Compass Counseling
Amie Leonoff	The Centre for Well Being
Jane Lepak-Jostsons	Dynamic Family Solutions
Trena Loomans	The Caring Tree
Kristin Lowe	Catalpa Health
Rebecca Mahan-Strupp	Reflections Mental Health
Jodie Martens	Christian Family Solutions
Myra McNair	Anesis Center
Pete Meagher	Connections Counseling
Nicole Milliren	Brave Spaces Counseling and Wellness
Denice Mock	CA Counseling and Consultants
Lucas Moore	Westside Psychotherapy
Brittany Nessel	Lutheran Social Services
Marikatheryn Nooe	Nooe Counseling and Consulting
Starlette Patterson-Biddle	Mindstar Counseling

<b>Supervisor</b>	<b>Organization</b>
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Kurt Peterson	West Grove Clinic
Courtney Pohlman	Kimberley Welk and Associates LLC
Sara Rhode	Green Lake County Health and Human Services
Ann Rolling	Childrens Service Society of Wisconsin
Evelyn Schaefer	Agnesian Healthcare
Catillia Searcy	Guest House of Milwaukee
Antonio Sella	Oregon Mental Health Services
Sebastian Ssempijja	Sebastian Family Psychology Practice
Pat Ann St. Germain	Healing Hearts Family Counseling Center
Ted Stein	Stein Counseling and Consulting Services
Stephani Storkson	Foundations Counseling Center
Susan Townsley	Stonehouse Counseling
Lisa Tutskey	St Vincent Hospital DBA Prevea Health
Debra Wentz	CORE Treatment Services
Tiffany Wilhelm	Wisconsin Community Services
Cerissa Wills	The Rainbow Project
Trisha Wollin	Applied Therapies and Wellness Center
Sheng Yang	Us 2 Behavioral Health Care
Tashanti Young	Professional Services Group

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