

**Clinical Supervision Matters:
Supervisor Professional Development in the
Qualified Treatment Trainee Grants Program,
State Fiscal Years 2021-2024**



December 2024

The behavioral health treatment workforce shortage is a concern of policymakers, providers, and recipients of services.^{1,2,3} As the demand for services has increased, the shortage of qualified treatment providers has led to longer wait lists and delayed treatment. For individuals and families experiencing crisis, delay can be devastating. Seeing the problem, the Wisconsin Legislature created the Qualified Treatment Trainee (QTT) Grants Program in the 2021-2023 state budget. QTTs are those who recently completed graduate work in social work, counseling, or marriage and family therapy and now require supervised practice hours to obtain licensure. The QTT Grants Program provided funding, infrastructure, and supports for agency grantees to hire and supervise QTTs as a practical way to expand the workforce.

Collaboratively administered by the University of Wisconsin-Whitewater Center for Inclusive Transition, Education and Employment (CITEE) and the Wisconsin Department of Health Services (DHS) through the end of state fiscal year 2024, the QTT Grants Program showed immediate success in its first year. With 14 agency grantees participating in state fiscal year 2021, funding was increased in state fiscal year 2022 (Community Mental Health Services Block Grant), then again in state fiscal years 2023 and 2024 (American Rescue Plan Act) to involve 54, 128, and 125 agency grantees, respectively. In sum, 321 agency grantees created 364 QTT positions adding an estimated 458,640 treatment sessions to the public sector behavioral health treatment system.⁴

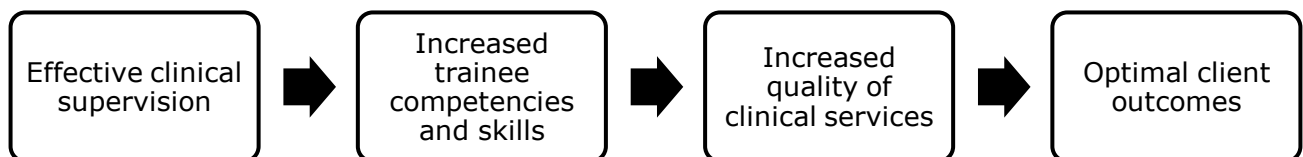
Concurrent to workforce expansion, the QTT Grants Program invested in the quality of services delivered. Supervisors of QTTs participated in an innovative six-month professional development initiative to learn, adopt, and implement a trainee skills-focused model of clinical supervision.

Supervision that directly develops trainee skills is important for several reasons. First, because providers “credit supervision as the single most important contributor to their professional development,”⁵ developing trainee skills at entry

The QTT Grants Program expanded the workforce while investing in the quality of services delivered.

into the field may have beneficial long-term career impacts. Second, research consistently shows linkages between trainee skills, the quality of services delivered, and optimal client outcomes,⁶ thus effective clinical supervision can be viewed as an engine that drives optimal client outcomes (see **Figure 1**). And third, because effective clinical supervision is linked with trainee job satisfaction, employee perceptions of well-being,⁷ and reduced staff turnover,⁸ investing in supervisor professional development may have outsized benefits for the workforce.

Figure 1. Effective clinical supervision is an engine that drives optimal client outcomes.



The purpose of this report is to describe the QTT Grants Program’s Supervisor Professional Development Initiative and its outcomes from state fiscal year 2021 through state fiscal year 2024. Because clinical supervisors play an essential role in trainee delivery of quality services, understanding the ingredients of supervision for trainee development and the insights from the outcomes of this initiative may be of interest to policy makers, agency leaders, and clinical supervisors. First, the clinical supervision model used in the initiative is described. Next, components of the professional development initiative are identified, and the results are described. Finally, key findings are summarized.

Clinical Supervision for Trainee Skill Development

The QTT Supervisor Professional Development Initiative was based on a clinical supervision model that emphasized trainee skill development. The model comprised essential processes (supervisory alliance, focusing, trainee development, evaluation, and planning) and practices of effective supervision that directly contribute to trainee skill development (see **Table 1**). The model was described in a practice profile⁸ with a supplemental toolkit and session checklist to support implementation along with a supervision experiences survey to assess supervisor practice. This model of clinical supervision was considered innovative because supervision-as-usual typically emphasizes administrative tasks while underutilizing methods that improve trainee skills.⁹

The Qualified Treatment Trainee supervision model emphasized trainee skill development for delivery of quality services.

Table 1. The QTT supervision model identified processes and practices that underscored trainee skill development.

Supervision Process	Supervision Practices	Contributions to Trainee Skill Development
Supervisory Alliance	First few minutes of every session dedicated to building the alliance with trainee through careful listening and other communication skills.	A strong supervisory alliance is essential to trainee skill development because it contributes to trainee psychological safety, self-efficacy, and positive learning outcomes. ¹¹
Focusing	Collaborative agenda setting with periodic focus on trainee skill development.	Trainee skill development happens when supervision sessions intentionally focus on it. ⁶
Fostering Trainee Development	Use of active learning methods such as skill building and behavioral rehearsal.	Active learning methods during supervision directly supports trainee skill development. ^{12,13}
Evaluation	Direct observation and assessment of trainee skills with supportive feedback.	Direct observation, skills assessment, and supportive feedback are ingredients of evidence-based learning while also ensuring service quality. ^{6,10,14}
Planning	Collaborative goal setting and planning for trainee deliberate practice based on results of skills assessment.	Deliberate practice toward measurable goals improves trainee skills. ^{5,15}

With an innovative model of clinical supervision, trainee development centered on five skills: Open questions, Affirmations of strengths, Reflective listening, Summarizing, and Informing (OARS+I). Summarized as OARS+I, these essential clinical skills are well-established in person-centered approaches,¹⁶ are universally found across evidence-based practices,¹⁷ and link to positive treatment outcomes.⁶ For the purpose of this initiative, OARS+I skills were described in a practice profile¹⁸ to be learnable, doable, and assessable in practice.¹⁹ A corresponding OARS+I structured observation tool was created for supervisors to directly assess trainee use of these skills in practice. OARS+I skills are deceptively simple yet require ongoing learning to master. Supervision that involves direct observation of trainee practice with supportive feedback accelerates learning as one of the most effective ways trainees can develop a complex skill set like OARS+I.^{6,13}

Direct observation of trainee practice with supportive feedback by supervisors is one of the most effective ways to learn and develop clinical skills.

The QTT Supervisor Professional Development Initiative

Supervisors participated in a six-month professional development initiative to learn, adopt, and implement the supervision model into practice with newly hired QTTs.²⁰ The initiative comprised several features consistent with an implementation approach.

- **Teaming.** Across the multiyear QTT Grants Program, the CITEE and DHS team met biweekly to design, facilitate, evaluate, and improve all aspects of the initiative to support participating supervisors in new ways of working consistent with the supervision model. Successful implementation is much more likely to happen when regular teaming is in place.^{21,22,23}
- **Initial training.** Supervisors participated in a one-day training designed and facilitated by the CITEE-DHS team. Training introduced supervisors to the supervision model and trainee skills practice profile. Supervisors engaged structured discussions and initial skill practice.
- **Community of practice.** Following initial training, supervisors participated in a monthly community of practice (CoP) for six months. A CoP is a group of people “who share a concern or a passion for something they do and learn how to do it better as they interact regularly.”²⁴ Designed and facilitated by the CITEE-DHS team,

Beyond training, the community of practice provided ongoing support for supervisors to learn, adopt, and implement new ways of working in clinical supervision.

each CoP meeting focused on a particular supervision process with opportunities to practice (see **Table 1**). Specifically, supervisors practiced getting trainees ready for skill development, active learning methods for developing trainee skills, conducting structured observation of OARS+I to assess trainee skills, and engaging collaborative planning for trainee deliberate practice. In-between meetings, supervisors completed brief learning assignments with posts to a learning management platform

(Canvas). Additionally, supervisors completed a supervision session checklist following session with a selected trainee. Based on the supervision model, the checklist allowed supervisors to document use of new supervision practices.

Learning culminated in supervisor review of a trainee practice sample with an assessment of trainee OARS+I skills followed by supportive feedback and planning.

- **Data system.** The CITEE-DHS team created a data system for the initiative. Use of data represents a “driver” of implementing an innovative practice because it creates visibility and insights into the learning process.^{21,22} As described in **Table 2**, the data system comprised two sets of measures. Implementation process measures (supervisor engagement, supervisor satisfaction with initial training, CoP meetings, and the initiative) were used to understand and improve supervisor engagement and experiences in the initiative. Fidelity measures (supervision session checklist, supervision experiences survey) assessed the extent to which supervisors demonstrated practices consistent with the supervision model. Supervisors were periodically provided individualized feedback on these measures to identify strengths and to inform improvements in practice as a parallel process to trainee skill development. All measures were administered electronically in Qualtrics by CITEE.

Table 2. Data from implementation process and fidelity measures were regularly collected and used to support supervisor professional development.

Measure		Description	Data Procedure
Implementation Process	Supervisor engagement	Supervisor attendance and completion of assigned activities were logged in a spreadsheet.	Following each community of practice meeting or assignment due date, attendance/completion was noted.
	Supervisor satisfaction	There was a seven-item training evaluation, a five-item CoP meeting evaluation, and a final evaluation of the initiative.	Evaluations were administered electronically at the conclusion of training, each CoP meeting, and the conclusion of initiative, respectively.
Fidelity	Session checklist	The 32-item session checklist presented activities based on the supervision model and tools.	Supervisors completed the checklist electronically following sessions with a selected trainee.
	Supervision Experiences Survey	This seven-item standardized survey was used to assess trainee experiences in supervision with a parallel version for supervisor self-assessment.	Survey was administered electronically two times: Time 1 (beginning of initiative) and Time 2 (middle of initiative).

Results of the QTT Supervisor Professional Development Initiative

From state fiscal year 2021 through state fiscal year 2024, 215 clinical supervisors successfully completed the QTT Grants Program Supervisor Professional Development Initiative. In this section, results are described for supervisor engagement, supervision session checklists, and the supervision experiences survey. Analyses were conducted based on carefully collected data from the initiative data system. Data from Qualtrics was downloaded into spreadsheet format and imported into a statistical software program by CITEE.

Inferential statistical testing was used to examine potential differences between group averages. A statistically significant group difference was assessed when the probability (p) of results due to chance was less than or equal to five in 100 ($p \leq .05$).

Supervisor Engagement

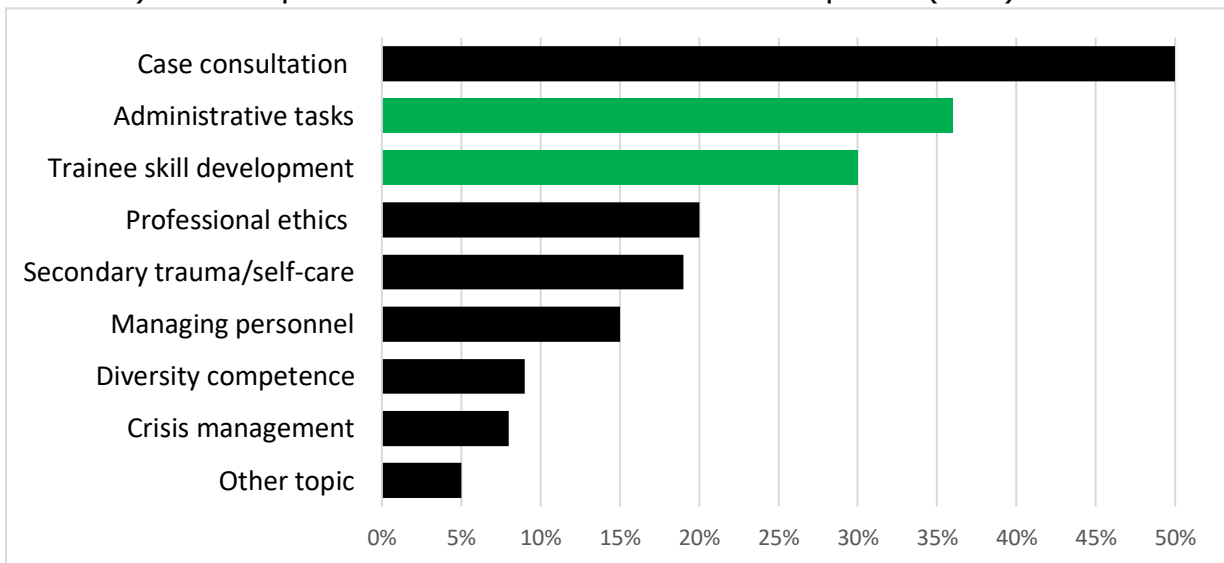
Supervisors across all state fiscal years showed outstanding attendance in the community of practice meetings and consistently completed learning activities, self-assessments, and session checklists. Based on completion of initial training (six hours) and participation in community of practice meetings (six hours), supervisors collectively earned 2,580 continuing education units issued by the UW-Whitewater.³

Supervision Session Checklists

During FY2024, supervisors completed 1,013 supervision session checklists based on work with a selected trainee. Aggregate analysis showed three remarkable findings:

1. As seen in **Figure 2**, supervisors reported completing trainee skill development activities (30% of all sessions, on average) almost as much as completing administrative tasks (36%). This finding is remarkable because supervision-as-usual focuses mostly on administrative tasks with minimal attention to trainee skill development.¹⁰

Figure 2. Supervisor focus on administrative tasks (36% of all supervision session activities) was comparable to focus on trainee skill development (30%).

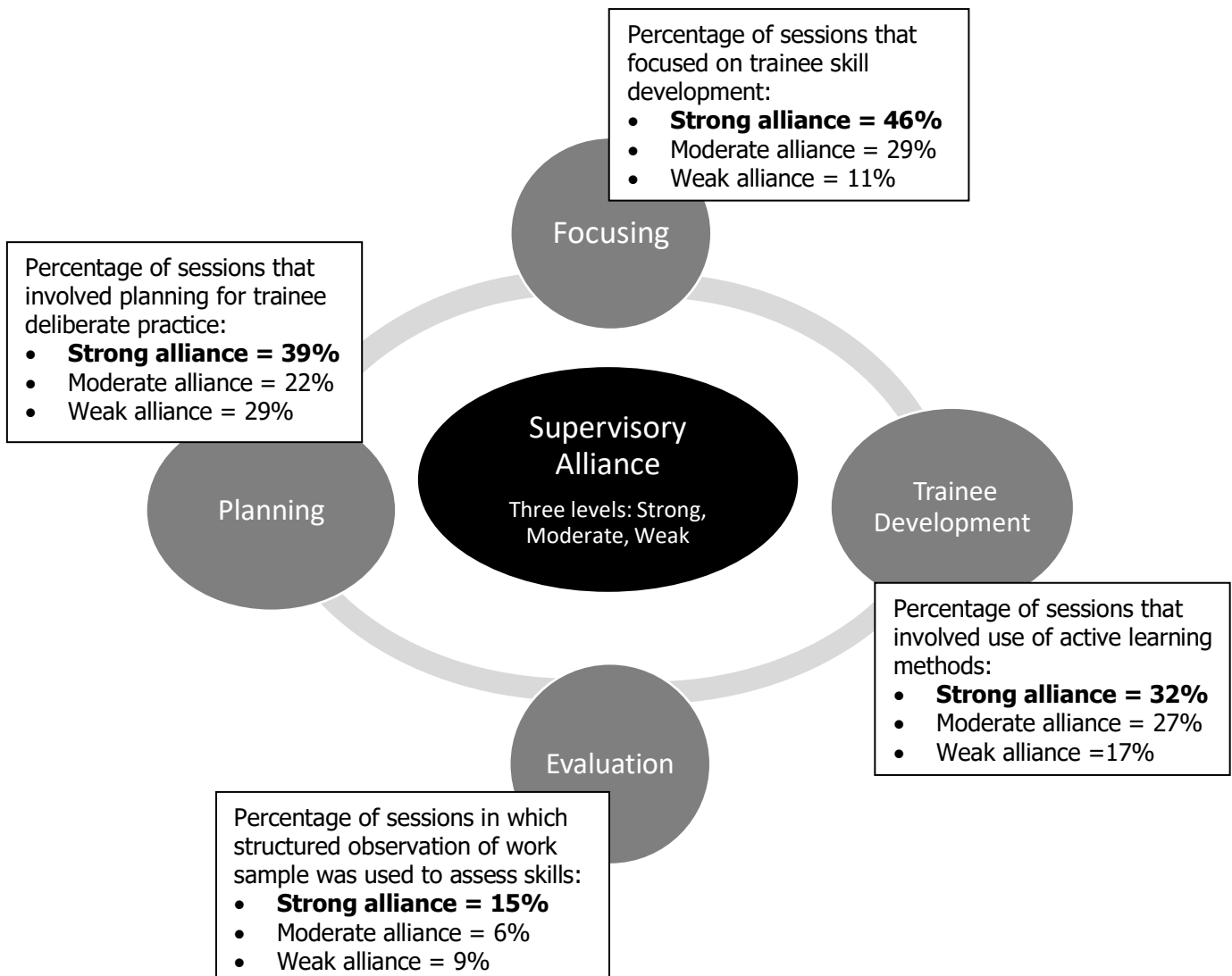


2. Collectively, supervisors reviewed, assessed OARS+I skills, and provided supportive feedback on 105 trainee work samples. This direct observation of practice comprised 10.4% of all session activities—a rate five times higher than the 2% of sessions reported in a study of supervision.²⁵

Supervisors collectively reviewed, assessed, and provided supportive feedback on 105 trainee work samples.

3. There was a robust supervisory alliance effect that underscored effective trainee skill development. Aggregate analysis of the six supervisory alliance activities presented in the session checklist showed three distinct levels of supervisory alliance: strong (average = 5.6 activities completed, n = 369 sessions); moderate (average = 3.6 activities completed, n = 343 sessions); and weak (average = 0.5 activities completed, n = 301 sessions). As seen in **Figure 3**, trainee skill development activities were completed at significantly higher rates during sessions ($ps < .05$) when supervisors began the session with a strong alliance compared to starting with a moderate or weak alliance. This supervisory alliance effect was shown in an earlier analysis of supervision session checklists in this initiative.²⁰

Figure 3. A strong supervisory alliance was associated with significantly higher rates of trainee skill development activities across supervision processes.



Supervision Experiences Survey

A standardized seven-item survey assessed trainee experiences in supervision with a parallel version for supervisor self-assessment. Results are reported for state fiscal year 2024 based on survey administration at Time 1 (December 2023) and Time 2 (March 2024). (Note: some supervisors completed more than one self-assessment during Time 2.) As seen in **Table 3**, results showed statistically significant and meaningful improvements in supervision practice. From Time 1 to Time 2 (four months in the initiative), supervisors reported significant increases ($p_s < .01$) across all supervision practices. Supervisor self-report was corroborated by trainees such that at Time 2, trainees total average scores (average = 6.43) were significantly higher than Time 1 (average = 6.16). Examining trainee experiences in supervision by supervisor experience, there was no difference in trainee total average scores for supervisor reported level of experience (zero – two years vs. three – five years vs. six or more years).

Table 3. Average trainee experiences in supervision started positive and improved during the professional development initiative.

Supervision Experiences Survey Items (Trainee Version)	Trainee Average Results (1-7 scale)		Supervisor Self-Assessed Average Results (1-7 scale)	
	Time 1 (N = 58)	Time 2 (N = 99)	Time 1 (N = 105)	Time 2 (N = 127)
1. Engaging - How often did your supervisor spend the first few minutes of sessions developing rapport and a productive working relationship?	6.5	6.7	5.9	6.4**
2. Drawing out perspectives - How often did your supervisor draw out your perspectives, experiences, and input?	6.3	6.5	5.7	6.1**
3. Affirming strengths - How often did your supervisor specifically comment on your personal strengths or positive behaviors?	6.0	6.3	5.4	5.8**
4. Reflective listening - How often did your supervisor carefully listen to you and have an accurate understanding of your experiences and perspectives?	6.4	6.6	5.6	6.0**
5. Collaborative agenda setting - How often did your supervisor collaboratively develop the agenda for sessions with your full input?	5.8	6.2*	4.8	5.4**
6. Maintain focus on agenda - How often did your supervisor maintain focus on the agenda during sessions once it was established?	5.9	6.3*	4.9	5.5**
7. Focus on trainee skill development - How often did sessions focus on developing you're your competencies, skills, and clinical practice?	6.2	6.4	5.2	5.6**
Total average results	6.16	6.43*	5.33	5.81**

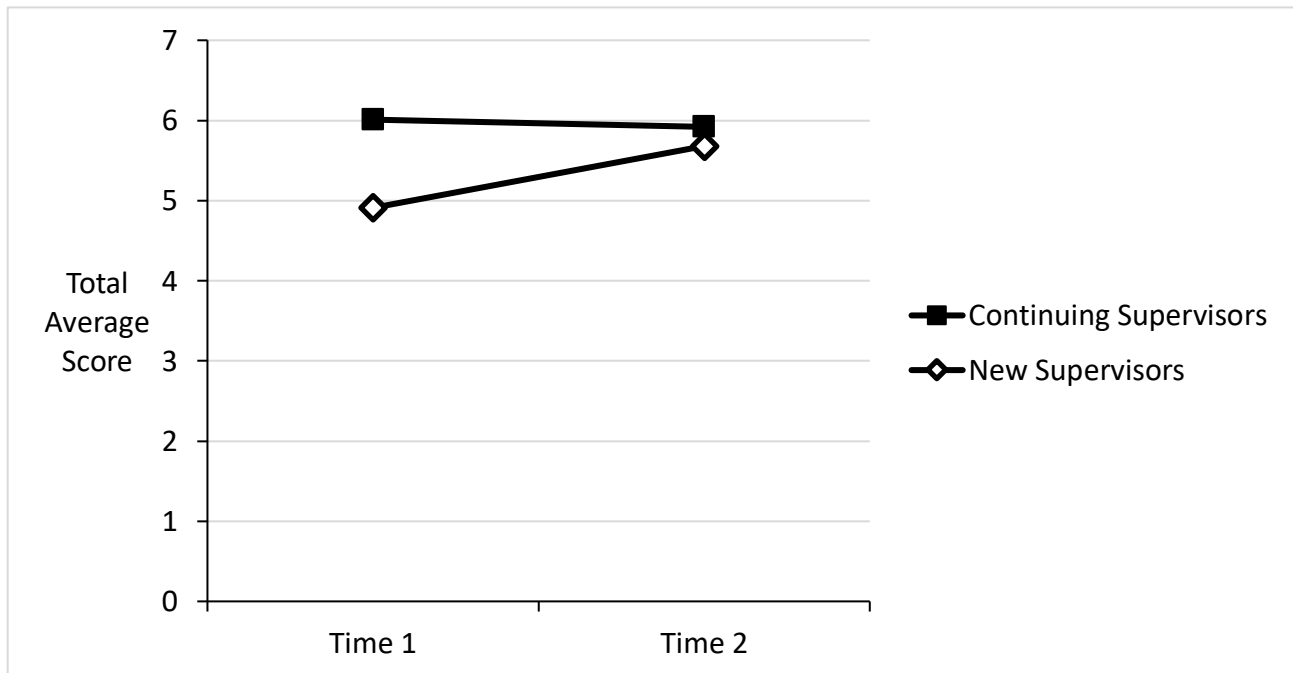
Note. Response scale was 1 (almost never) to 7 (almost always). Significant improvement from Time 1 to Time 2 at * $p < .05$ or ** $p < .01$.

An increase in funding allowed many supervisors who participated during state fiscal year 2023 to continue participation into the state fiscal year 2024 initiative. This created a natural experiment to examine potential differences in supervisor self-assessment between continuing and new supervisors. As depicted in **Figure 4**, analysis showed a significant interaction effect ($p < .001$) for supervisor status (Continuing vs. New) and assessment time (Time 1 vs. Time 2) such that, for total average scores, continuing supervisors self-assessed their practice to be significantly higher at Time 1

Structured self-assessment of supervision practice provided supervisors insights into their learning process.

(average = 6.01) compared to new supervisors (average = 4.91). However, at Time 2, new supervisors showed a significant gain (average = 5.68) which was statistically no different than continuing supervisors (average = 5.92). The finding suggests that the community of practice was effective in supporting new supervisors to put innovative supervision practices into action, while supporting continuing supervisors to maintain earlier gains.

Figure 4. After four months of community of practice participation, supervisors new to the initiative caught up to continuing supervisors (at Time 2) in self-assessed supervision practice.



Summary of Key Findings

While the QTT Grants Program was created to expand the behavioral health treatment workforce, the Supervisor Professional Development Initiative supported participating supervisors to learn, adopt, and implement a model of supervision designed to develop trainee skills. Evaluation of grant activities from state fiscal year 2021 through state fiscal year 2024 showed several key findings:

- 321 agency grantees hired 364 trainees adding an estimated 458,640 treatment sessions to the public sector behavioral health treatment system.⁴
- 215 clinical supervisors participated in the professional development initiative collectively earning 2,580 continuing education units⁴ representing the single largest investment in supervisor professional development in state history.
- Development of a supervision model,⁹ toolkit, and trainee skills practice profile¹⁸ provided a north star of professional development to focus on trainee skills that underscore effective services.⁶
- Supervisor professional development went beyond “train and hope”²⁰ to support ongoing learning through a community of practice. Evidence from multiple sources showed successful learning outcomes. Specifically, supervisors were able to demonstrate several hallmarks of effective clinical supervision: creation of strong supervisory alliances; shift away from administrative tasks to focus on trainee skill development; conduct direct observation of trainee skills with supportive feedback; and engage planning with trainees for deliberate practice.
- Results of some measures described in this report far exceeded similar measures reported in the supervision literature. For example, there was less focus on administrative tasks and more focus on developing trainee skills compared to supervision-as-usual¹⁰ and direct observation of practice among participating supervisors occurred five times the rate assessed in a community sample of clinical supervisors.²⁵
- A particularly interesting finding related to the supervisory alliance. Although it is widely known that the supervisory alliance is essential for effective supervision,¹¹ results showed the importance of it as a foundation for trainee skill development (see **Figure 3**). Strong supervisory alliances likely create the psychological safety necessary for trainees to engage learning and take risks to try new ways of working.
- Ultimately, results highlight the critically important role of clinical supervisors in workforce development. Supervisors can shape and develop trainee skills in ways that directly link to positive client outcomes. As Schriger and colleagues¹⁰ conclude in their seminal study of supervision, investing in and cultivating supervisor competencies holds great promise for improving the quality and outcomes of services.

Through an effective learning process, supervisors were able to demonstrate several hallmarks of effective clinical supervision.

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