FINAL EVALUATION REPORT

Children's Behavioral Health
Workforce Development Evaluation

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This content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the Massachusetts Department of Public Health or Community Ventures Consulting.

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SYNOPSIS

The Workforce Development Initiative consisted of two main components:

- Children's Behavioral Health Worker Certificate Program
- Supervising Family Therapy: A Multicultural Perspective

The results show statistically significant improvements in:

- Documentation Skills
- Clinical Skills
- Supervisory Skills
- Ability to involve issues related to race and culture in the therapeutic encounter

Findings of the qualitative analyses reveal that the changes resulting from this initiative were significant and profound.

INTRODUCTION

The Workforce Development Initiative (WDI) was created in response to the shortage of mental health professionals needed to serve children of Black and Latino families in the Commonwealth of Massachusetts. The Initiative aimed to increase culturally relevant and effective clinical care and access to behavioral health services by testing models that integrate services within pediatric primary care and urban public school systems.

WDI provided training and technical assistance services to *Children Services of Roxbury (CSR)*; the *Gandara Center* – the lead agency of the Western and Southern MA Collaborative which serves Springfield, Holyoke, New Bedford, and Taunton; the *Home for Little Wanderers* –the lead agency of the Greater Boston/Merrimack Valley Collaborative which serves Boston, Cambridge, Chelsea, Lynn, Lawrence, and Somerville.

The mandate of the initiative was to train entry-level behavioral health workers in clinical documentation and verbal skills, supervisors in management skills, and clinicians in trauma-informed, evidence-based practices.

This is a documentation of the final processes and outcome evaluation of the varied components of the Massachusetts Department of Mental Health Children's Behavioral Health Knowledge Center's WDI created with funding from the Commonwealth Corporation. A glossary defining some of the technical terms included in this evaluation is included in Appendix 1.

The WDI consisted of the following components:

I. Children's Behavioral Health Worker Certificate Program
II. Supervising Family Therapy: A Multicultural Perspective

Each component is described below.

CHILDREN'S BEHAVIORAL HEALTH WORKER CERTIFICATE PROGRAM

The Children's Behavioral Health Worker Certificate Program was conducted at Urban College of Boston and Springfield Technical Community College and included mental health workers from all participating agencies.

The core component of this certificate program was a writing course for entry-level behavioral health workers designed to increase the quality of clinical documentation and verbal communication skills. In the long-term, this writing course was expected to lead supervisors to spend less time correcting clinical documentation such as the Strengths, Needs, and Cultural Discovery forms (SNCDs) so they may focus more on their core responsibilities as supervisors.

SUPERVISING FAMILY THERAPY: A MULTICULTURAL PERSPECTIVE

This ten-session course taught by Dr. Kenneth Hardy was designed to provide an in-depth and comprehensive overview of clinical supervision. It was predicated on the premise that therapy and supervision are parallel processes that are organized around the following beliefs:

a. Notion that human suffering is located within relationships;
b. Cultural factors are salient contextual variables in our lives and must be attended to with humility, sensitivity, and competence;
c. An understanding of socio-cultural trauma and the hidden wounds associated with it are essential to clinical effectiveness; and
d. An acute awareness of the self as a mental health professional is critical to the provision of effective therapy and supervision.

Deborah Fauntleroy led Reflective Supervision sessions to supplement and reinforce the course. Fauntleroy conducted her sessions in Boston (44 students), Springfield (20 students), Lowell (16 students), and CSR (20 students).

METHODS

PROCESS EVALUATION

JSI created forms, logs, and measurement instruments to collect process evaluation data on variables related to training, participant characteristics and level of satisfaction with the course. WDI staff distributed and collected all evaluation forms. Data were collected throughout the duration of the project and focused on the degree to which the program was successful in answering the following questions:

- What were the sociodemographic and professional characteristics (e.g., level of education, years of experience, professional certifications) of the participants?
- Were participants satisfied with the training activities?
- To what extent did participants find the services useful?

It is imperative to note not all participants completed evaluation forms due to programmatic logistics. Each analysis presented below specifies its sample size.

OUTCOME EVALUATION

Outcome analyses tell us whether or not the intervention produced changes, the size of those changes, and their statistical significance. The investigation employed descriptive statistics and graphics to document observed changes as well as analyses of variance, chi-squares and t-tests. The outcome evaluation included survey data collection (see Appendices 2, 3, and 4) at the baseline, and end of the activities.

DATA MANAGEMENT

The program evaluation was conducted by Dr. Rodolfo R. Vega, Daniella Dominguez, MPH, and Margarita Prince, BA. Staff at the Children's Behavioral Health Knowledge Center assisted with data collection.

DATA ANALYSIS

The evaluation team collected most of the data utilizing SurveyMonkey (SurveyMonkey Inc., Palo Alto, California, USA) online software. All statistical analyses were performed using SPSS v.23.0 (IBM Corp., Armonk, NY, USA). As an initial step, and prior to beginning formal analyses, the data was inspected with typical quality-control procedures.

Descriptive statistics were generated for every variable at both the item level and the level of scale scores. The results were thoroughly inspected to eliminate any data-entry errors. Most of

the data analysis consisted of descriptive statistics, frequency counts, pre- and post- t-tests, and repeated measures analyses of variance.

In addition, the JSI team contacted and held discussions with more than 15 stakeholders and mental health professionals that participated in WDI's activities. Finally, all of the open-ended questions included in the survey were analyzed and are included in the Appendix.

CHILDREN'S BEHAVIORAL HEALTH WORKER CERTIFICATE PROGRAM

The Children's Behavioral Health (CBH) Worker Certificate Program was a ten-week course on clinical documentation and verbal communication skills for family partners (i.e., parents with experience raising a child with serious behavioral health needs that are hired to support other parents with similar problems). They are employed to provide peer support to parents navigating service systems, accessing formal and informal supports. Family Partners (FP) coached parents to bring their voices, cultural preferences, and knowledge about their child to their interactions with clinicians, psychiatrists, special education teams, and other medical experts. This program taught FPs key concepts, terminology, observational skills, and verbal communication skills with a profound focus on strengthening clinical documentation through writing. These learning activities are expected to lead supervisors to spend less time correcting clinical documentation so they may focus more on their responsibilities as supervisors.

PROCEDURE

Participants watched a pre-recorded video and completed an SNCD form. This exercise was performed at the start of Semester 1 (baseline), was repeated at the end of Semester 1 (midterm), and was repeated once again at the end of Semester 2 (follow-up[1]).

JSI collaborated with the writing instructors to develop a standardized grading rubric (Appendix 5) to assess e the following domains of the students' writing:

1. **Response to domain with relevant supporting detail:** A student's response to the domain with a concise observational summary coupled with examples, and details.

[1] End of first semester (midterm) data were not consistently reported. The analyses are limited to score differences between beginning of semester 1 and end of semester 2.

2. **Point of view:** Student's observations are objective. Caregiver's beliefs, values, and culture are respected.

3. **Sentence structure:** Student uses complete and varied sentence structure.

4. **Subject/verb agreement:** Student has consistent subject/verb agreement.

5. **Verb tense and pronoun use:** Student's verb tenses are consistent and pronoun references are used consistently and accurately.

6. **Spelling:** Student has less than 3 spelling errors.

7. **Word choice:** Student's diction is specific to the field.

Each domain was given a numerical grade from 1 to 4 (1=unacceptable, 4=excellent). The lowest possible sum score was 7 and 28 was the highest. JSI performed statistical analyses to determine whether there was a statistically significant change in scores.

Supervisors were also asked to complete a survey which rated on a 5-point Likert scale (1=No improvement, 5=Major improvement) the perceived level of improvement of their supervisees in the following areas: verbal skills, use of professional vocabulary, confidence in expressing their ideas in group meetings, ability to understand and use professional terms in spoken communication, professional demeanor, ability to receive feedback, ability to maintain appropriate boundaries, increased skill and focus on "doing with" or "cheering on" families, and decreased focus on "doing for", content of written documentation (SNCDs and progress notes), vocabulary in their written documentation (SNCDs and progress notes), and need for revisions or edits in written documentation (SNCDs and progress notes).

RESULTS

Paired sample t-tests were conducted to compare the SNCD scores of each component across time (Pre: Beginning of the semester; Post: End of the semester). Table 1 shows the mean for each rubric component before and after the course and the paired sample t-test results. The results revealed improvements in all areas as measured by SNCD scores collected at the beginning and the end of the semester. As observed in the table, results show improvements for all components as reflected by the observed mean difference totals (highlighted in bold). All those changes were also statistically significant with the exception of the *Subject-Verb Agreement* and *Spelling* categories. A lack of a statistically significant correlation means that the observed changes could have been accidental. Most importantly, the total score change from pre to post was both programmatically and statistically significant with a net improvement of 2.53 points.

Table 1. SNCD Mean Scores and Paired Sample Tests (N=40)

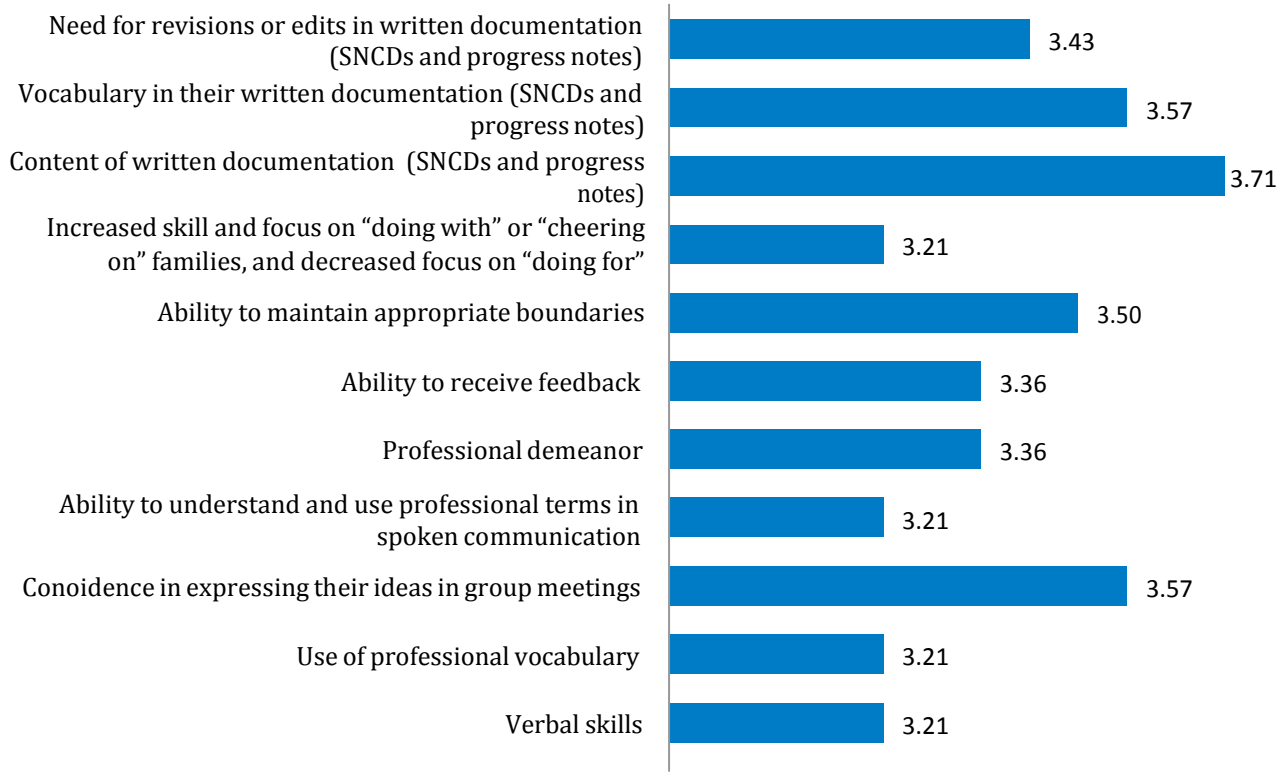
Variable	PRE SCORE	POST SCORE	MEAN DIFFERENCE		
	Mean (SD)	Mean (SD)	Mean (SE)	t (39)	Sig. (2-tailed)[a]
Point of view	2.35 (0.96)	3.10 (0.74)	**-0.75 (0.17)**	-4.47	< .001*
Sentence structure	2.68 (0.88)	2.98 (0.85)	**-0.31 (0.14)**	-2.21	.033*
Subject-verb agreement	2.95 (0.95)	3.13 (0.89)	**-0.17 (0.14)**	-1.30	n.s.
Verb tense and pronoun use	2.56 (0.73)	2.94 (0.89)	**-0.37 (0.14)**	-2.76	.009*
Spelling	3.15 (0.98)	3.35 (0.83)	**-0.20 (0.13)**	-1.52	n.s.
Word choice	2.59 (0.66)	2.80 (0.81)	**-0.21 (0.10)**	-2.07	0.045*
Total score	18.80 (4.45)	21.34 (4.12)	**-2.53 (0.51)**	-4.99	< .001*

[a] The p-value was measured by the paired t-test on the mean difference between pre and post scores

* Denotes significance at the 0.05 level of significance

Additionally, supervisors were asked to rate their perceived level of improvement of their supervisees on a 5-point Likert scale. As Figure 1 below shows, the supervisors reported that their supervisees showed a moderate to major improvement in all clinical domains.

Figure 1. Supervisor Viewed Improvements Among Supervisees (N=90)



SUPERVISING FAMILY THERAPY: A MULTICULTURAL PERSPECTIVE

DR. KENNETH HARDY'S COURSE

As previously mentioned, Dr. Kenneth Hardy taught a ten-session course in four locations (Boston, Springfield, Lowell, and Roxbury). The course was designed to provide an in-depth and comprehensive overview of clinical supervision from a multicultural perspective. Ms. Deborah Fauntleroy's reflective supervision sessions were also evaluated.

Demographic Results

Table 2 summarizes the demographic variables of the population of 47 respondents who completed all three surveys (Baseline, Midterm, and Final course surveys) compared to the 99

respondents who submitted at least the Baseline (1st) course survey[2]. There were no significant differences between these two populations for any measured demographic variables. The profile that emerges is that of a White (73.7%), non-Latina (71.7%), female (87.2%) with some college education (47.8%).

Table 2. Supervising Family Therapy Demographics

	Responded to all 3 surveys*		Responded to baseline survey**	
	n	n%	n	n%
Gender	N=47		N=96	
Male	6	12.8	12	12.5
Female	41	87.2	84	87.5
Ethnicity	N=46		N=94	
Hispanic/Latino	13	28.3	24	25.5
Not Hispanic/Latino	33	71.7	70	74.5
Race	N=38		N=76	
American Indian or Alaska Native	0	0.0	0	0.0
Asian	1	2.6	1	1.3
Black or African American	5	13.2	23	30.3
Native Hawaiian or Other Pacific Islander	0	0.0	0	0.0
White	28	73.7	48	63.2
Two or more races	4	10.5	4	5.3
Highest Level of Schooling	N=46		N=99	
Some high school but did not graduate	0	0.0	6	6.1
High school graduate or GED	1	2.2	7	7.1
Some college/2-year degree/vocational or technical school	22	47.8	54	54.5
4-year college degree	0	0.0	1	1.0
Graduate school	23	50	31	31.3

*Includes only observations for which all surveys were submitted

**Includes only observations for which a baseline survey was submitted

Overall Satisfaction with the Course

Table 3 shows that 9 in 10 participants perceived the course as very good or excellent, learned a great deal or a lot from the course, are likely or are very likely to use one or more of the tools presented during this course at work, and would share one or more of the tools presented during this course with their colleagues.

None of the participants perceived any commercial bias in any of the presentations. All of them felt that the information presented was based on the best evidence available. About 94.5% have made changes to their supervisory practice, and 97% have made changes to training/coaching their clinicians as a result of this course.

[2] To avoid statistical bias caused by respondents answering one or two surveys, we limited the report to the 47 respondents that answered all three surveys. Those results could be extrapolated to the entire sample since there are no significant sociodemographic differences compared to those who only responded the baseline survey.

Table 3. Supervising Family Therapy Survey Results

	Responded to all 3 surveys* (N=47)		Responded to baseline survey** (N=66)	
	n	n%	n	n%
How would you rate this educational activity overall?				
1 (Poor)	0	0.0	0	0.0
2	0	0.0	0	0.0
3	1	2.1	1	1.5
4	14	29.8	21	31.8
5 (Excellent)	32	68.1	44	66.7
Mean (SD, Range)	4.7 (0.5, 3-5)		4.7 (0.5, 3-5)	
How much did you learn as a result of this CE program?				
1 (Very Little)	0	0.0	0	0.0
2	0	0.0	0	0.0
3	1	2.1	3	4.5
4	13	27.7	17	25.8
5 (A Great Deal)	33	70.2	46	69.7
Mean (SD, Range)	4.7 (0.5, 3-5)		4.7 (0.6, 3-5)	
Did you perceive any commercial bias in any of the presentations?				
No	47	100.0	66	100.0
Yes	0	0.0	0	0.0
Have you made any changes in your supervisory practice as a result of this course?				
No	46	97.9	64	97.0
Yes	1	2.1	2	3.0
Have you made any changes to training/coaching your clinicians as a result of this course?				
No	44	93.6	62	93.9
Yes	3	6.4	4	6.1
Do you feel that the information presented was based on the best evidence available?				
No	4	8.5	6	9.1
Yes	43	91.5	60	90.9
How likely are you to use one or more of the tools presented during this course in your work?				
Very unlikely	1	2.1	2	3.0
Unlikely	1	2.1	1	1.5
Neither likely nor unlikely	0	0.0	0	0.0
Likely	6	12.8	10	15.2
Very likely	39	83.0	53	80.3
How likely are you to share one or more of the tools presented during this course with your colleagues?				
Very unlikely	0	0.0	1	1.5
Unlikely	1	2.1	1	1.5
Neither likely nor unlikely	1	2.1	1	1.5
Likely	8	17.0	11	16.7
Very likely	37	78.7	52	78.8

*Includes only observations for which all surveys were submitted
**Includes only observations for which a baseline survey was submitted

Goals

As Table 4 shows, over 80% of the participants felt that the course was successful in meeting its goals of increasing:

- Knowledge and skills to provide clinical supervision from a Multicultural Relational Perspective
- Awareness of the Multidimensional Self
- Rational Thinking
- Thinking Culturally
- Use of Therapeutic Sel(f)ves
- Use Validation
- Embracing and Promoting the "Both/And" perspective
- Context talk
- Broker and sustain difficult conversation

About 78 percent of the respondents felt that the course met the goal of increasing their ability to execute an effective supervisory contract.

Table 4. Supervising Family Therapy Objectives

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
Overall Goal: Student has the knowledge and skills to provide clinical supervision from a Multicultural Relational Perspective.				
N/A	0	0.0	0	0.0
Yes	41	87.2	59	89.4
No	0	0.0	0	0.0
Partially	6	12.8	7	10.6
Execute an Effective Supervisory Contract: Student can articulate a coherent philosophy of supervision and link to a process of supervision.				
N/A	1	2.1	1	1.5
Yes	37	78.7	49	74.2
No	2	4.3	2	3.0
Partially	7	14.9	14	21.2
Awareness of the Multidimensional Self: Student understands how "multiple selves" inform and help shape clinical positioning as supervisors and how "Family of Origin" experiences help shape clinical positioning in supervisory process.				
N/A	1	2.1	1	1.5
Yes	46	97.9	62	93.9
No	0	0.0	0	0.0
Partially	0	0.0	3	4.6

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
Think Rationally: Student can track relational patterns and sequences in supervision and effectively intervene to disrupt "unhealthy" relational patterns ad to strengthen "healthy" ones.				
N/A	0	0.0	0	0.0
Yes	40	85.1	55	83.3
No	1	2.1	1	1.5
Partially	6	12.8	10	15.2
Think Culturally: Student understands how cultural factors are critical organizing principles in clinical practice and can conceptualize how relationships in therapy and supervision are influenced by the dynamics of power, privilege, and oppression.				
N/A	0	0.0	0	0.0
Yes	46	97.9	64	97.0
No	0	0.0	0	0.0
Partially	1	2.1	2	3.0
Therapeutic use of Sel(f)ves: Student can employ the "Supervisor/Therapist use of self" as a mechanism for promoting relationship enhancement and clinical effectiveness and incorporates dimensions of one's multidimensional selves into the supervisory process.				
N/A	0	0.0	0	0.0
Yes	41	87.2	60	90.9
No	1	2.1	1	1.5
Partially	5	10.6	5	7.6
Use of Validation: Student can challenge non-adaptive patterns of behavior without devaluation, confrontation, or escalating.				
N/A	0	0.0	0	0.0
Yes	44	93.6	59	89.4
No	0	0.0	0	0.0
Partially	3	6.4	7	10.6
Embracing and Promoting the "Both/And" perspective: student can recognize the connections between two seemingly disparate matters and situate therapeutic and supervisory conversations within the context of a "both/and" conceptual framework.				
N/A	0	0.0	0	0.0
Yes	40	85.1	56	84.8
No	0	0.0	0	0.0
Partially	7	14.9	10	15.2
Context talk: Student can initiate and sustain progressive emotionally-charged conversations about a range of contextual variables and effectively respond to race-related and culturally-based challenges that may occur in supervision.				
N/A	0	0.0	0	0.0
Yes	40	85.1	56	84.8
No	0	0.0	0	0.0
Partially	7	14.9	10	15.2

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
Broker and Sustain Difficult Dialogues: Student can exercise the tasks of the privileged and use effective communication strategies for promoting constructive, intense, and intimate conversations.				
N/A	0	0.0	0	0.0
Yes	42	89.4	58	87.9
No	0	0.0	0	0.0
Partially	5	10.6	8	12.1

*Includes only observations for which all surveys were submitted
**Includes only observations for which a final survey was submitted

Logistics and Training Facilities

Table 5 shows the results of the participants' perceptions of the training structure and logistics. About 30% of the participants were neutral or disagreed on the accessibility of the physical facilities and about 20% were neutral or disagreed in believing that the time of day was appropriate. About two-thirds of the participants believed the materials used were helpful in understanding the information provided. Finally, close to 100% of respondents stated that:

- the information learned was useful
- the information was relevant to their work
- they were either satisfied or very satisfied with the course.

Table 5. Supervising Family Therapy Training Logistics

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
Physical facilities were conducive to learning.				
Strongly Disagree	0	0.0	0	0.0
Disagree	4	8.5	5	7.6
Neutral	14	29.8	17	25.8
Agree	17	36.2	27	40.9
Strongly Agree	12	25.5	17	25.8
Physical facilities were easily accessible (location).				
Strongly Disagree	1	2.1	1	1.5
Disagree	6	12.8	8	12.1
Neutral	7	14.9	11	16.7
Agree	22	46.8	31	47.0
Strongly Agree	11	23.4	15	22.7

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
Time of day was appropriate.				
Strongly Disagree	0	0.0	1	1.5
Disagree	4	8.5	4	6.1
Neutral	6	12.8	9	13.6
Agree	28	59.6	40	60.6
Strongly Agree	9	19.1	12	18.2
The length of the program was appropriate to cover the information.				
Strongly Disagree	0	0.0	0	0.0
Disagree	6	12.8	8	12.1
Neutral	7	14.9	10	15.2
Agree	23	48.9	30	45.4
Strongly Agree	11	23.4	18	27.3
The sessions met my expectations.				
Strongly Disagree	0	0.0	0	0.0
Disagree	0	0.0	0	0.0
Neutral	4	8.5	5	7.6
Agree	19	40.4	29	43.9
Strongly Agree	24	51.1	32	48.5
The information learned was useful and relevant to my work.				
Strongly Disagree	0	0.0	0	0.0
Disagree	0	0.0	0	0.0
Neutral	1	2.1	1	1.5
Agree	10	21.3	16	24.2
Strongly Agree	36	76.6	49	74.2
The materials used were useful in helping understand the information provided.				
Strongly Disagree	0	0.0	0	0.0
Disagree	4	8.5	7	10.6
Neutral	10	21.3	18	27.3
Agree	21	44.7	25	37.9
Strongly Agree	12	25.5	16	24.2
I am satisfied with the course.				
Strongly Disagree	0	0.0	0	0.0
Disagree	0	0.0	0	0.0
Neutral	2	4.3	2	3.0
Agree	15	31.9	27	40.9
Strongly Agree	30	63.8	37	56.1

*Includes only observations for which all surveys were submitted
**Includes only observations for which a final survey was submitted

REFLECTIVE SUPERVISION SESSIONS

The "Reflective Supervision Sessions" were led by Ms. Deborah Fauntleroy and consisted of sessions designed to support and complement Dr. Hardy's course.

Overall Satisfaction with the Course

Table 6 summarizes the respondents' reaction towards the Reflective Supervision Sessions. It shows that the majority of the participants rated her sessions very highly (76.6%) and reported having learned a great deal of information (74.4%). None of the respondents perceived any commercial bias in any of the presentations. The vast majority made changes in their supervisory practice (83%) and changes to training/coaching their clinicians (72.3%). Most participants felt that the information presented was based on the best evidence available (89.4%) and reported being likely to use one or more of the tools presented during the course (83%) and share one or more of the tools presented during the course with their colleagues (78.7%).

Table 6. Reflective Supervision Evaluation Survey Results

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
How would you rate this educational activity overall?				
1 (Poor)	0	0.0	0	0.0
2	1	2.1	1	1.5
3	10	21.3	17	25.8
4	14	29.8	19	28.8
5 (Excellent)	22	46.8	29	43.9
Mean (SD, Range)	4.2 (0.9, 2-5)		4.2 (0.9, 2-5)	
How much did you learn as a result of this CE program?				
1 (Very Little)	0	0.0	0	0.0
2	2	4.3	4	6.1
3	10	21.3	15	22.7
4	12	25.5	17	25.8
5 (A Great Deal)	23	48.9	30	45.4
Mean (SD, Range)	0		0.0	
Did you perceive any commercial bias in any of the presentations?				
No	47	100.0	66	100
Yes	0	0.0	0	0.0
Have you made any changes in your supervisory practice as a result of this course?				
No	8	17.0	14	21.2
Yes	39	83.0	52	78.8
Have you made any changes to training/coaching your clinicians as a result of this course?				
No	13	27.7	22	33.3
Yes	34	72.3	44	66.7
Do you feel that the information presented was based on the best evidence available?				

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
No	5	10.6	7	10.6
Yes	42	89.4	59	89.4
How likely are you to use one or more of the tools presented during this course in your work?				
Very unlikely	1	2.1	2	3.0
Unlikely	0	0.0	1	1.5
Neither likely nor unlikely	7	14.9	9	13.6
Likely	12	25.5	21	31.8
Very likely	27	57.5	33	50
How likely are you to share one or more of the tools presented during this course with your colleagues?				
Very unlikely	1	2.1	2	3.0
Unlikely	1	2.1	3	4.5
Neither likely nor unlikely	8	17.0	11	16.7
Likely	11	23.4	19	28.8
Very likely	26	55.3	31	47.0

*Includes only observations for which all surveys were submitted
**Includes only observations for which a final survey was submitted

Goals

The Reflective Supervision Sessions set the following goals:

- Overall Goal: Supervisors will reflect on their supervisory practices from a multicultural perspective.
- Participants will be able to reflect on their experiences in supervising across differences in race, class, and culture.
- Participants will be able to practice new supervision skills and learn from their peers.
- Participants will be able to strengthen their skill at of bringing the process of reflective supervision into the workplace.

As shown in Table 7, over 8 in 10 participants stated that the goals were met.

Table 7. Reflective Supervision Objectives

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
Overall Goal: Supervisors will reflect on their supervisory practices from a multicultural perspective.				
N/A	0	0.0	0	0.0
Yes	36	76.6	51	77.3
No	1	2.1	1	1.5
Partially	10	21.3	14	21.2
Participants will be able to reflect on their experiences in supervising across differences in				

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
race, class, and culture.				
N/A	0	0.0	0	0.0
Yes	41	87.2	56	84.9
No	1	2.1	2	3.0
Partially	5	10.6	8	12.1
Participants will be able to practice new supervision skills and learn from their peers .				
N/A	0	0.0	0	0.0
Yes	38	80.8	49	74.2
No	1	2.1	2	3.0
Partially	8	17.0	15	22.7
Participants will be able to strengthen their skill at bringing the process of reflective supervision into the workplace.				
N/A	0	0.0	0	0.0
Yes	38	80.8	50	75.8
No	2	4.3	3	4.5
Partially	7	14.9	13	19.7

*Includes only observations for which all surveys were submitted
**Includes only observations for which a final survey was submitted

Logistics and Training Facilities

In terms of the training structure and logistics, about 30% of the participants were neutral or disagreed on the accessibility of the physical facilities and about 20% were neutral or disagreed in believing that the time of day was appropriate. Approximately 1 in 4 participants disagreed with the notion that the materials used were useful in helping understand the information provided. Finally, close to 100% of the respondents stated that the information learned was useful and relevant to their work and were either satisfied or very satisfied with the course.

Table 8. Reflective Supervision Training Logistics

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
Physical facilities were conducive to learning.				
Strongly Disagree	2	4.3	2	3.0
Disagree	1	2.1	1	1.5
Neutral	8	17.0	13	19.7
Agree	24	51.1	33	50.0
Strongly Agree	12	25.5	17	25.8
Physical facilities were easily accessible (location).				
Strongly Disagree	2	4.3	2	3.0
Disagree	3	6.4	4	6.1

	Responded to all 3 surveys* (N=47)		Responded to final survey** (N=66)	
	n	n%	n	n%
Neutral	6	12.8	10	15.1
Agree	23	48.9	33	50.0
Strongly Agree	13	27.7	17	25.8
Time of day was appropriate.				
Strongly Disagree	1	2.1	1	1.5
Disagree	5	10.6	6	9.1
Neutral	6	12.8	10	15.1
Agree	23	48.9	32	48.5
Strongly Agree	12	25.5	17	25.8
The length of the program was appropriate to cover the information.				
Strongly Disagree	0	0.0	0	0.0
Disagree	7	14.9	7	10.6
Neutral	7	14.9	12	18.2
Agree	23	48.9	32	48.5
Strongly Agree	10	21.3	15	22.7
The sessions met my expectations.				
Strongly Disagree	1	2.1	1	1.5
Disagree	3	6.4	5	7.6
Neutral	13	27.7	19	28.8
Agree	19	40.4	25	37.9
Strongly Agree	11	23.4	16	24.2
The information learned was useful and relevant to my work.				
Strongly Disagree	1	2.1	1	1.5
Disagree	1	2.1	2	3.0
Neutral	7	14.9	10	15.2
Agree	20	42.6	29	43.9
Strongly Agree	18	38.3	24	36.4
The materials used were useful in helping understand the information provided.				
Strongly Disagree	1	2.1	1	1.5
Disagree	3	6.4	6	9.1
Neutral	10	21.3	14	21.2
Agree	21	44.7	31	47
Strongly Agree	12	25.5	14	21.2
I am satisfied with the course.				
Strongly Disagree	2	4.3	2	3.0
Disagree	1	2.1	2	3.0
Neutral	9	19.1	15	22.7
Agree	17	36.2	26	39.4
Strongly Agree	18	38.3	21	31.8

*Includes only observations for which all surveys were submitted
**Includes only observations for which a final survey was submitted

OUTCOME MEASURES

The outcome measures tool adopted in this evaluation was designed in collaboration with Dr. Hardy and his team. In doing so, the JSI Evaluation Team scanned the scientific literature and shared with Dr. Hardy and his team examples of supervision therapy outcome measures. Dr. Hardy selected the tools that most aligned with his counseling theory and then tailored them to the specific objectives of the curriculum.

The measures are designed to evaluate the knowledge, skills, commitment, and qualities of supervisors and supervisees toward the goal of enhancing the effectiveness of both supervision and clinical practice from a multicultural relational perspective. From the multicultural relational perspective, self-reflection and self-interrogation are critical components of effective supervision and clinical practice. The measures included in the tools provide an opportunity for supervisors and supervisees to consider their multicultural knowledge, knowledge of self and self in relation to others, commitment, motivational skills, administrative/training skills, and competency.

DATA ANALYSES

The outcome measures consist of four sections. We first describe the section and then provide the results. All items were scored on a five-point Likert-scale (1=Strongly Disagree; 2= Disagree, 3= Neutral; 4= Agree; 5=Strongly Agree).

A mean score was created for each of the four sections (Knowledge, Supervisor Management, Supervisor Intervention, and Self of the Supervisor) for every person at each point in time (baseline, midterm, and final). Then we ran a repeated measures one-way analysis of variance test (ANOVA) adjusted for unbalanced data (the number of people that completed the program, or people who answered all three surveys, which was different for each site). This analysis tested for differences in means across 3 points in time. As shown below, all variables changed in the expected direction across time and those changes were statistically significant. In addition, all post-hoc test across time (i.e., difference in variables between baseline and midterm, and midterm and final) were also statistically significant for all variables.

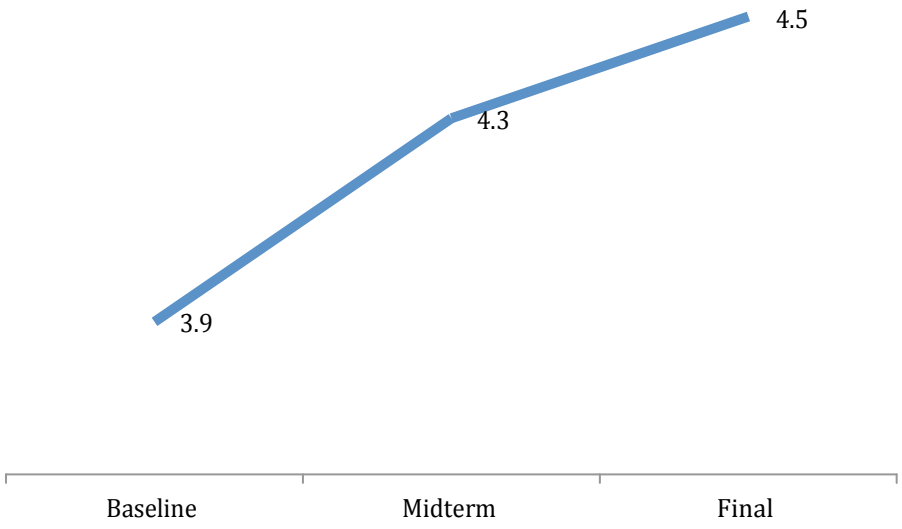
KNOWLEDGE

This was measured as the extent that participants were able to:

- Conceptualize a clinical case using a Multicultural Relational Perspective.
- Use family systems theory in their practice.
- Influence their therapy process by various dimensions of diversity.
- Initiate conversations about race in supervision.
- Conduct an effective conversation about race in supervision.
- Understand the nature of supervision.

There was a statistically significant difference on knowledge gain across time, with an increase at midterm and further gains at the end of the course. (F =25.38, p< .000).

Figure 2. Knowledge Scores



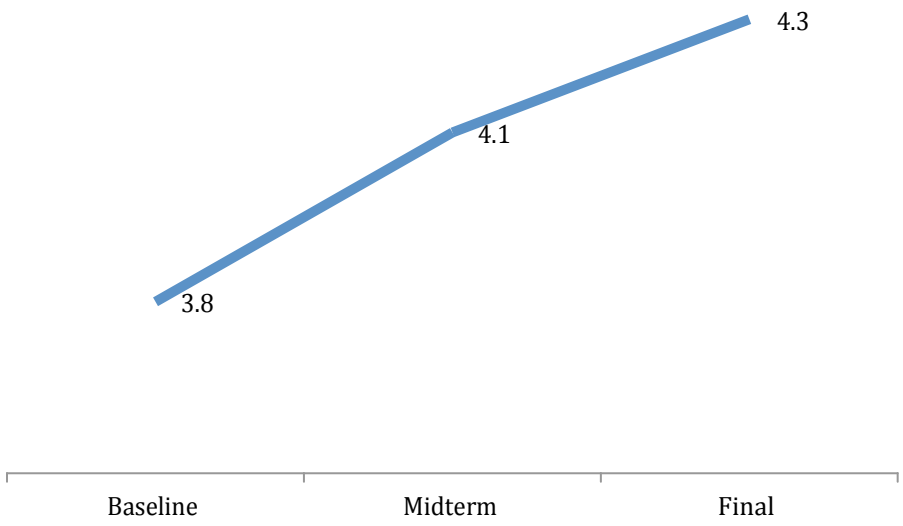
Supervisor Management Skills

Items in this section measure the extent to which supervisors can:

- Explain the relational context to supervisees.
- Use self-disclosure appropriately to foster supervisees' growth and skill development.
- Effectively address issues related to power and privilege in the supervisory relationship.
- Facilitate a meaningful conversation about race.
- Establish a supervision climate that is conducive to questioning and/or examining diversity related issues within the supervisory relationship between the supervisor and the supervisee.
- Address racial differences in supervision without imposing their bias.
- Take into account beliefs and/or bias.
- Demonstrate sensitivity with respect to diversity-related issues.
- Manage emotional triggers based on diversity-related issues.

There was a statistically significant difference on the reported supervisory management skills over time, showing an increase in skills at midterm, and those skills further increased at the end of the course (F=20.48, p< .000.).

Figure 3. Supervision Management Scores



Supervisor Intervention Skills

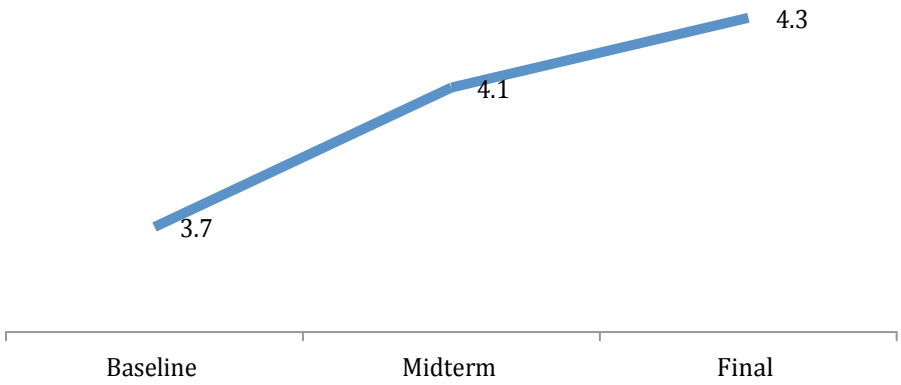
This section examines whether the supervisors are able to:

- Explicitly introduce philosophy of supervision to supervisees.
- Demonstrate theory of change.
- Use power and authority inherent in the supervisor's role to create space.
- Talk about race and other diversity variables.
- Encourage supervisees to engage in intense racial and other diversity related conversations.
- Identify relational processes in supervision.
- Track relational processes in supervision.
- Use the VCR approach to effectively address supervisees' conscious and unconscious biases relative to diversity-related issues.
- Communicate using "I" messages.
- Address differences between self and supervisee due to diversity-related issues.
- Use the Multicultural Relational Perspective for resolving impasses due to diversity variables.
- Initiate supervisees' work on self of the therapist issues.
- Motivate supervisee's self-reflection and self-interrogation.

- Regularly consider how their supervisory interventions are informed by self of the supervisor issues.

There was a statistically significant difference on the reported acquisition of supervision intervention skills across time, with an increase at midterm, and further gains observed at the end of the course (F=31.01, p< 0.000).

Figure 4. Supervision Intervention Skills Scores

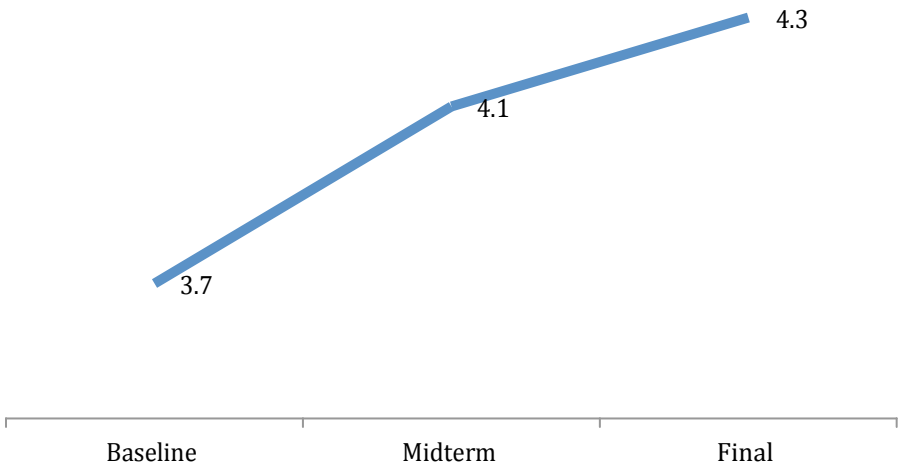


Self of the Supervisor

This section contains items addressing the supervisor's conscious and unconscious values, attitudes, assumptions, biases, and behaviors based on his/her own race, ethnicity, culture, class, gender, religion, sexual orientation, family of origin, country of origin, age and ability.

There was a statistically significant finding across time difference on the items comprising the self of the supervisor scale across time, with observed increases at midterm and further gains at the end of the course (F=22.66, p< .000).

Figure 5. Self of the Supervisor Scores



SELECTED RESPONSES TO SURVEY OPEN-ENDED QUESTIONS

In this section we list the answers to some of the open ended questions that were asked in the final survey. They illustrate the most common observations. The full text of all open-ended questions is included in Appendix 6 and is included to help us understand and expand the findings of the quantitative data.

HAVE YOU MADE ANY CHANGES IN YOUR SUPERVISORY PRACTICE AS A RESULT OF THIS COURSE?

The vast majority of respondents made changes to their supervisory practice. Note that the answers reflect changes to their practice including awareness of privilege, and the inclusion of conversations about race and culture in the therapy practice. Some of the changes mentioned included:

- *Being more aware of my privileged self both as a supervisor and a white person.*
- *Initiating difficult conversations.*
- *Exploring with supervisees their own views they bring into their work.*
- *… more aware of the dynamics of privilege in supervision and encouraged more open conversations about race.*
- *… more sensitive and personally connected to my supervisees.*
- *I am more aware of, and bring up, issues of diversity between myself and my supervisees, as well as discussing the family's cultural and feelings of disempowerment, in supervision.*
- *Educated and encouraged clinicians about VCR technique. Encouraged clinicians to address in session issues regarding race and ethnicity.*
- *I am able to practice reflective supervision in regards to cultural biases, emotions, and conversations about race.*
- *Utilizing more the sense of "self".*
- *Engaging in and sitting with uncomfortable conversations.*
- *Do more reflective supervision and are more aware of cultural bias and self as a therapist.*
- *Thinking more on a cultural competency level.*
- *I am more aware of how each individual bring their culture into the work environment.*

- *More ability to utilize reflective practices and 'lean in to' topics that would otherwise be avoided.*
- *Staff feel more open, they do reflect more on the situations.*
- *I've become less directive, less focused on administering work, challenged my clinicians more.*
- *Able to look at race as a component of the treatment.*
- *We have begun to use the "tasks of the subjugated" and "tasks of the dominant" in supervision, as guidelines for conversations that involve talking about power. They have provided tremendous containment, while also pushing me to respond from the self that is called into the space.*
- *I am able to have more complex conversations with my supervisees regarding race.*
- *Much more comfortable directly addressing issues of race, oppression, culture in supervision.*
- *More willing to "lean in" to conversations about race in both individual and group setting. Also really challenging myself to acknowledge and be accountable to being in the privileged position as a white person.*
- *Not only have I practiced the skills in supervisions, I also, and more importantly, feel changed because of this course. The shifts in my selves, my whiteness, and my awareness are more about WHO I am as a supervisor, which inherently affects HOW I am.*

What barriers, if any, do you anticipate encountering as you make changes in your practice?

Barriers mentioned by the respondents were related to the inherent difficulty of confronting the self on issues related to race and privilege. Others mentioned factors related to the organization and issues related to the profession of therapy in itself. Below are some of the barriers mentioned.

The difficulty of changing the self:

- *"… ongoing feelings of discomfort that I have with these conversations can be a barrier."*

The difficulty of the techniques in themselves:

- *VCR is very hard to implement.*

- *Some of these practices are new to me, and as such they are not habit - they take continual work and dedication to maintain.*

The nature of the supervisor-supervisee relation:

- *The thin line of boundaries that a supervisor needs to maintain to be regarded as professional, while sharing experiences).*

The work burden of therapist:

- *Keeping the information fresh and alive, on top of all the mandated trainings that we are required to provide, and making sure I'm following up around business topics (productivity, documentation deadlines, etc.).*

The culture of others:

- *Difficulties working with Latino population and cultural influence, staff difficulties to understand American culture and expectations*.

The agency administration:

- *Not having directors, executive directors believe in the importance of discuss race in supervision and with families.*
- *It seems that people in this agency are at differing levels of interest and ability when it comes to making changes around issues of diversity and inclusion.*
- *Push back from higher ups if people become uncomfortable.*
- *Higher administrative people unaware of power/privilege impact practice. My clinicians reported high burn out rate due to not enough salary increase for high intensity work; too much paper work; not enough system training for supervisors.*
- *No current cohesive agency-wide plans to incorporate changes or knowledge from this course into agency practice with institutional support.*

Status differential:

- *It is hard to keep conversation open about race and privilege with higher position clinicians, especially with white clinicians.*

The notion of shaming was mentioned by a couple of participants:

- *I felt that there was a way in which the white privilege was "shamed".*

- *Confrontation felt shaming at times and shut me down somewhat. Sometimes Dr. Hardy was more dogmatic than reflective at times.*

Please rovide comments and suggestions for improving future programs (topics, location, scheduling, etc.).

The strongest source of evidence pointing to the high degree of satisfaction with the course is shown in the survey findings discussed above. The qualitative comments were mostly positive. There are some comments however, that are quite constructive.

- *I found the course communication to be very disjointed, inconsistent, unclear, and scattered. It was difficult to contact people. There was no phone or e-mail list, despite numerous requests. There was no contact information provided for Dr. Hardy. There was no phone number provided for Jackie. This survey was distributed without a deadline date. The mid-year evaluation was due within a day. Handouts that were promised were never distributed. The peer supervision groups didn't always have a facilitator. When we did have a facilitator, there were times that she went very off-topic and over time. I appreciated that the class was very experiential, but the one theoretical class was towards the end of the course. It would have been helpful to have had that towards the beginning. I didn't think that the experience of the class matched the title. It felt like there were a few favorites who were always looked to for their perspective and the rest of us blended in.*

Course logistics for some was problematic.

- *The organization of the course from an administrative perspective was poor. There was seemingly constant confusion about the schedule, expectations, purpose of reflection groups, etc.*
- *Organization and scheduling of the trainings was in the middle of the day and a little inconveniencing for the fee for service supervisors, perhaps the beginning of the day would have been a good option.*
- *Better communication about structure of the program to program participants.*
- *The length of time for each session was very long. Would it be possible to have more sessions for slightly shorter periods of time? Even 3 hours instead of 4 would make a big difference.*
- *Training location was challenging for the size of the group. Difficulty with parking as well.*

Others would prefer more learning materials (handouts) and homework assignments.

- *Handouts i.e. "materials" would have been helpful, some of the concrete ideas such as privileged vs. subjugated selves and tasks of each done earlier in the training rather than second to last meeting.*
- *I would have loved to be able to get homework assignments.*

The length of the course was another concern. Some felt that a 10 month course was too long and that "*Waiting one month in-between classes was sometimes hard, a lot to hold onto for a long time.*" Similarly, "*There was an awful lot of time between meetings, and it was hard to pick up the thread. If sessions could be condensed into smaller intervals, which would really help the flow*."

Comments on the Reflective Supervision Groups

Regarding the Reflective Supervision sessions, many of the participants stated their appreciation for having the space to process what was learned in Dr. Hardy's class. The participants in the Reflective Supervision groups were more at ease and comfortable. Some would have preferred to *meet more consistently, have it be a closed (not open) group, consistent leadership and consistent place would have made it more successful - but nonetheless, it was very useful.*

Reflective supervision groups received wide praised by the participants. Below is quote with a common theme that was repeated:

- *The supervision groups were instrumental in some of the steps, and the way I approached one particularly challenging supervisory relationship. I felt supported by the group and by Deb, and was able to try some new things that allowed for growth in the relationship and in the clinician.*

A number of participants commented that they have incorporated reflective techniques in their supervisory practice. The also see the organizational culture and the administration demands as obstacles to incorporate or carry out a reflective practice.

- *The barriers of logistics, billing requirements and other logistics of the job. They work to get in the way of reflective supervision practice.*
- *Barriers of time due to administrative and clinical demands during supervision times.*
- *We need to have more people trained from the top down. This is how change can be more effective. Therefore, we need to get more higher-ups trained and let it trickle down.*

- *The continual push and pull of the many tasks of supervision - clinical, administrative, productivity, etc. There is never enough time!*

TESTIMONIALS

A number of participating agencies submitted testimonials attesting to the "transformational" impact that the course had in the quality of the programs and capacity of the employee. Their comments are aligned with the independent qualitative and quantitative findings reported above. They are included in Appendix 7.

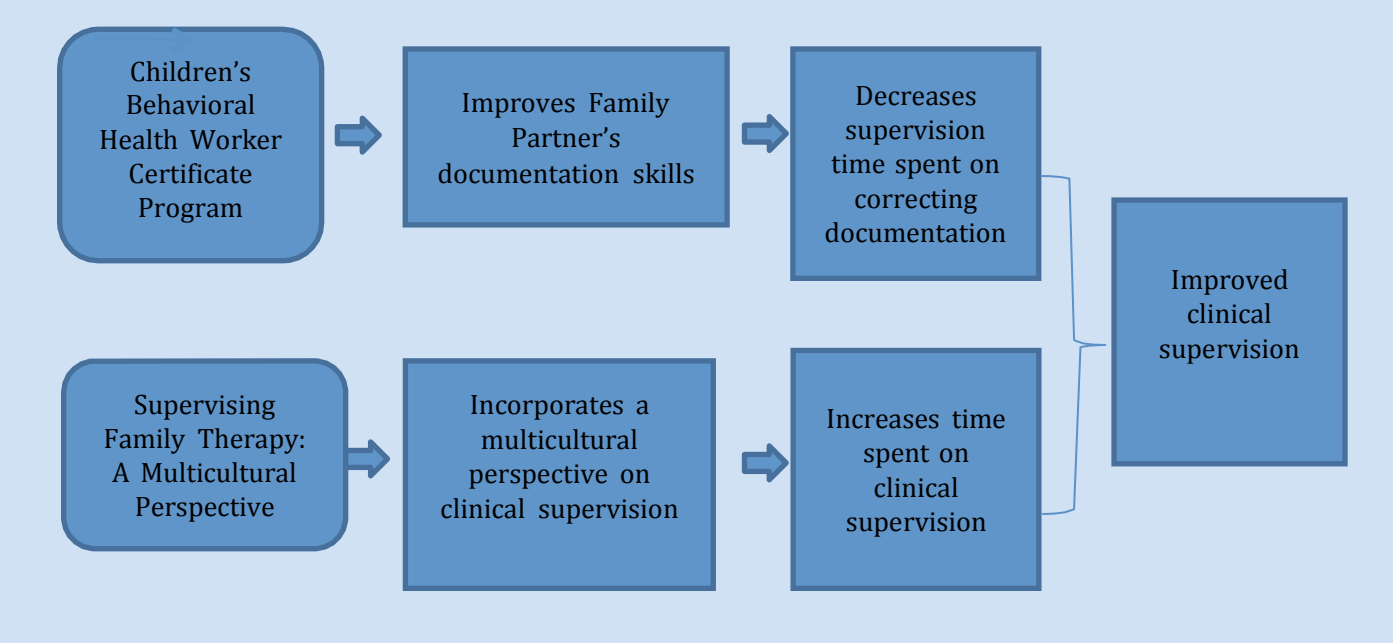
DISCUSSION

The results of this evaluation demonstrate that the WDI achieved its goals. They trained entry-level behavioral health workers in clinical documentation and verbal skills, supervisors in management skills and clinicians in trauma-informed, evidence-based practices. As a result, the WDI accomplished the following results.

- Increased the workforce's knowledge and skills to provide clinical supervision from a Multicultural Relational Perspective.
- Strengthened supervisors understanding of the process of psychotherapy and the nature of supervision from a multicultural perspective.
- Strengthened supervisor's intervention skills.
- Created a uniform standard of supervision.
- Strengthened documentation skills of Family Partners.
- Strengthened clinical skills of Family Partners.
- Increased satisfaction with supervision.

Figure 6 below shows a plausible explanatory model outlining how the WDI accomplished those results. The evidence suggests that Dr. Hardy's course improve the process of clinical supervision by incorporating elements of culture, race, and privilege into the supervision process. The evidence also shows that the documentation process and clinical skills improved significantly and that now, supervisors can spend less time on correcting documents and more time on clinical supervision.

Figure 6. Explanatory Model



There are opportunities to improve and strengthen the program in years to come. Some of those opportunities include embracing the difficulty and complexity of the clinical techniques taught by Dr. Hardy by adding learning modalities to facilitate their implementation, finding ways of incorporating those techniques while taking into account the work burden of the therapists, and addressing organizational practices that serve as a barrier for adopting those techniques.

Participants were generally satisfied with the content, structure, and delivery of Dr. Hardy's course and Ms. Deb Fauntleroy Reflective Supervision, however there is room for improvement. For instance, some participants found the time of the day in which Dr. Hardy's class met as problematic, others encouraged the use of more learning tools such as handouts and reading materials and others indicated that the course was too long (10-months) with too many days in between each class.

Regarding the Reflective Supervision sessions, many of the participants stated their appreciation for having the space to process what was learned in Dr. Hardy's class. The participants in the Reflective Supervision groups were more at ease and comfortable. One participant suggested that the groups should meet *more consistently, have it be a closed not open group, consistent leadership and consistent place would have made it more successful.*

SUSTAINABILITY OF CHILDREN'S BEHAVIORAL HEALTH WORKER PROGRAM

In 4 regions across Massachusetts, CBHI providers and community colleges are working to institutionalize this program, with the support of DMH's CBHI Knowledge Center and Mass Health. In Boston, Urban College has institutionalized the Children's Behavioral Health Certificate Program as a permanent, stackable 9-credit certificate program, and a step toward an associate's degree in Human Services. The courses are now a standard offering in the course catalogue. Students can use financial aid to pay for the classes or can seek employer reimbursement. The college will continue to place students in internships and employment in the Boston area.

In Lowell and in Springfield, Middlesex Community College and Holyoke Community College have gotten Curriculum Committee approval to add the Fundamentals in Children's Behavioral Health course and Clinical Writing course as new, permanent offerings in their Human Services degree program. They are currently working to create a 15-18 credit stackable certificate program in Mental Health with these courses at the center. A Trauma course is also being developed in each college to be included in the certificate.

In New Bedford, providers have begun working with Bristol Community College to similarly sustain the program.

SUSTAINABILITY OF SUPERVISING FAMILY THERAPY: A MULTICULTURAL PERSPECTIVE

Boston Supervisors continue to meet as a group on their own now that the course has ended. They are in contact in person and online, supporting one another on challenging issues of race and culture that come up with their clients, supervisees, and organizations. They also remain in communication with Dr. Hardy, seeking his advice, most recently in significant numbers regarding issues that have arisen with children and families in conjunction with the presidential election.

Mass Health continues to invest in the Supervising Family Therapy course, offering it in Lowell in FY 16, in Worcester in FY 17, and potentially in New Bedford in FY 18.

DMH's CBHI Knowledge Center is also exploring the possibility of locating a permanent home for the course within the continuing education department of a local graduate school or college.

FINAL SUGGESTIONS

To enhance the quality and assure the sustainability of the workforce development initiative, the JSI evaluation team suggests that:

- The intervention should be packaged or manualized to facilitate its dissemination.
- A cost-analysis of the intervention should be conducted using existing billing data.
- Families and children should have a voice in future evaluations.
- Issues of staff turnover should be addressed.

APPENDIX 1:
GLOSARY OF TERMS

Glossary

Awareness of the Multidimensional Self: Understanding of how "multiple selves" inform and help shape clinical positioning as supervisors and how "Family of Origin" experiences help shape clinical positioning in supervisory process

Broker and Sustain Difficult Dialogues: Exercising the tasks of the priviliged and use effective communication strategies for promoting constructive, intense, and intimate conversations.

Context talk: Initiating and sustain progressive emotionally-charged conversations about a range of contextual variables and efectively respond to race-related and culturally-based challenges that may occure in supervision

Contextual: A term that denotes various social locations, such as race, ethnicity, culture, gender, class, religion/spirituality, sexual orientation, geography, immigration status, age and ability.

Embracing and Promoting the "Both/And" perspective: student can recognize the connections between two seemingly disparate matters and situate therapeutic and supervisory conversations within the context of a "both/and" conceptual framework

Family Oriented refers to a systems view of individual development within the context of family development.

Multicultural Relational Perspective is premised on the belief that therapy and supervision are parallel processes based on the following key principles: a) the centrality of relationships and the notion that human suffering occurs within the context of relationships; b) that cultural factors are salient contextual variables in our lives and must be attended to with humility, sensitivity and competence; c) that an understanding of sociocultural trauma and the hidden wounds associated with it are essential to clinical effectiveness; and d) that an acute exploration of the self of the supervisor (SOTS) and self of the therapist (SOTT) are critical to the effective practice of supervision and therapy.

Multiculturalism is the awareness of the co-existence of different ways of knowing, thinking, believing and behaving based on factors including but not limited to race, ethnicity, religion and country of origin.

Multidimensional Selves refers to the various social components of an individual's identity based on race, class, gender, sexual orientation, religion/spirituality, nationality, family of origin, etc.

Power refers to the possession of resources, intrinsic and/or extrinsic that imbues individuals and/or groups who possess it with the ability to influence and/or determine another individual's or group's experiences, perceptions, attitudes, behaviors and access to resources.

Privilege is a status, earned or assigned, that affords one power, earned and unearned.

Privileged Self is that part of the self that is connected to a social status or location imbued with power.

Relational Context acknowledges the self in relationship to other (SIRO).

Self of the Supervisor refers to the supervisor's conscious and unconscious values, attitudes, assumptions, biases, and behaviors based on his/her own race, ethnicity, culture, class, gender, religion, sexual orientation, family of origin, country of origin, age and ability.

Self of the Therapist refers to the therapist's conscious and unconscious values, attitudes, assumptions, biases, and behaviors based on his/her own race, ethnicity, culture, class, gender, religion, sexual orientation, family of origin, country of origin, age and ability.

Subjugated Self is that part of the self that is connected to a social status or location vulnerable to a more powerful social status or location.

Therapeutic use of Sel(f)ves: Employing the "Supervisor/Therapist use of self" as a mechanism for promoting relationship enhancement and clinical effectiveness and incorporates dimensions of one's multidimensional selves into the supervisory process

Think Culturally: Understanding how cultural factors are critical organizing principles in clinical practice and can conceptualize how relationships in therapy and supervision are influenced by the dynamics of power, privilege, and oppression

Think Rationally: Tracking a relational patterns and sequences in supervision and effectively intervene to disrupt "unhealthy" relational patterns ad to strengthen "healthy" ones. n=47 n=66

Trauma Informed signifies a realization and understanding that oppressed, victimized and marginalized individuals and groups carry the traumatizing effects of such experiences and require support for healing and recovery.

Use of Validation: challenging non-adaptive patterns of behavior without devaluation, confrontation, or escalating

APPENDIX 2:
BASLELINE EVALUATION FORM

BASELINE EVALUATION FORM

Family Therapy Supervision: A Multicultural Perspective

Thank you for participating in this course. Before we start, we ask that you please take a few minutes to complete the survey presented below. We will ask questions that will evaluate your knowledge, skills, commitment, and qualities of supervision. Your responses will help us tailor the course to your specific needs, with the overall goal of enhancing the effectiveness of both supervision and clinical practice from a multicultural relational perspective. Your answers are confidential and everything you say will be kept private. Results from this survey will only be presented in summary form. Please answer all questions to the best of your ability.

1. Name: _
2. Email: _
3. Organization Name: _
4. Where is the organization you work for located?

   City: State: Zip code: _
5. What is the highest grade or level of school that you have completed?
   - O High school graduate or GED
   - O Some college, but did not graduate
   - O Associate degree
   - O Bachelor's degree
   - O Graduate school
6. How many people do you personally supervise? _
7. How long have you worked as a supervisor? _
8. Please describe your supervision philosophy:

   _____

   _____

   _____

   _____
9. Please describe your primary expectation for this course:

   _____

   _____

   _____

   _____

The current measures are to provide you with an opportunity to reflect on and assess your current level of perceived knowledge, skill, and commitment as a supervisor from the Multicultural Relational Perspective. Please answer all questions to the best of your ability, focusing on the knowledge and skills that you *currently* have.

10. Knowledge: please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

KNOWLEDGE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I have a working understanding of how to conceptualize a clinical case using a Multicultural Relational Perspective	1	2	3	4	5
b. I understand that human suffering is located within relationships	1	2	3	4	5
c. I have a working understanding of family systems theory	1	2	3	4	5
d. I have a working understanding of how the process of therapy is influenced by various dimensions of diversity (race, ethnicity, culture, gender, class, religion/spirituality, sexual orientation, age, ability, etc.)	1	2	3	4	5
e. I have a working understanding of how the process of supervision is influenced by various dimensions of diversity (race, ethnicity, culture, gender, class, religion/spirituality, sexual orientation, age, ability, etc.)	1	2	3	4	5
f. I have a working understanding of how power and privilege influence the process of therapy	1	2	3	4	5
g. I have a working understanding of how power and privilege influence the process of supervision	1	2	3	4	5
h. I have a working understanding of the hidden wounds and trauma of oppression	1	2	3	4	5
i. I have a working understanding of how to initiate conversations about race in supervision	1	2	3	4	5
j. I have a working understanding of how to conduct an effective conversation about race in supervision	1	2	3	4	5
k. I have a working understanding of the relational nature of supervision	1	2	3	4	5
l. I have a working understanding of how my social location contributes to and/or shapes the process of supervision	1	2	3	4	5

11. Supervisor Management Skills: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SUPERVISOR MANAGEMENT SKILLS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I can explain the relational context to supervisees	1	2	3	4	5
b. I can use self-disclosure appropriately to foster supervisees' growth and skill development	1	2	3	4	5
c. I can effectively address issues related to power and privilege in the supervisory relationship	1	2	3	4	5
d. I can facilitate a meaningful conversation about race	1	2	3	4	5
e. I can establish a supervision climate that is conducive to questioning and/or examining diversity related issues within the supervisory relationship between the supervisor and the supervisee	1	2	3	4	5
f. I can address racial differences in supervision without imposing my racial beliefs and/or bias	1	2	3	4	5
g. I can demonstrate sensitivity with respect to diversity related issues	1	2	3	4	5
h. I can manage emotional triggers based on diversity related issues	1	2	3	4	5

12. Supervisor Intervention Skills: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SUPERVISOR INTERVENTION SKILLS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I can explicitly introduce my philosophy of supervision to supervisees	1	2	3	4	5
b. I can demonstrate my theory of change	1	2	3	4	5
c. I use power and authority inherent in my supervisor's role to create space for talking about race and other diversity variables	1	2	3	4	5
d. I encourage supervisees to engage in intense racial and other diversity-related conversations	1	2	3	4	5
e. I can identify relational processes in supervision	1	2	3	4	5
f. I can track relational processes in supervision	1	2	3	4	5
g. I can use the VCR approach to effectively address supervisees' conscious and unconscious biases relative to diversity related issues	1	2	3	4	5
h. I communicate using "I messages"	1	2	3	4	5

SUPERVISOR INTERVENTION SKILLS CTND.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
i. I can address differences between self and supervisee due to diversity related issues	1	2	3	4	5
j. I can use the Multicultural Relational Perspective for resolving impasses due to diversity variables	1	2	3	4	5
k. I initiate supervisees' work on self of the therapist issues	1	2	3	4	5
l. I motivate supervisee's self-reflection and self-interrogation	1	2	3	4	5
m. I regularly consider how my supervisory interventions are informed by self of the supervisor issues	1	2	3	4	5

13. Self of the Supervisor: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SELF OF THE SUPERVISOR	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I have awareness of my multiple selves and how they influence supervision	1	2	3	4	5
b. I have awareness of my subjugated selves as a supervisor	1	2	3	4	5
c. I have awareness of my privileged selves as a supervisor	1	2	3	4	5
d. I have awareness of my family of origin and how it contributes to my approach to supervision and/or the supervisory relationship	1	2	3	4	5
e. I am aware of my cultural pride issues and how they influence the supervisory process	1	2	3	4	5
f. I am aware of my cultural shame issues and how they influence the supervisory process	1	2	3	4	5
g. I am aware of my self of the supervisor related emotional triggers	1	2	3	4	5
h. I am aware of supervisees' person of the therapist issues	1	2	3	4	5
i. I recognize the centrality of relationships	1	2	3	4	5
j. I am committed to remaining connected in intense race conversations	1	2	3	4	5
k. I am committed to embracing a "both-and" philosophy	1	2	3	4	5
l. I recognize that the degree of responsibility and accountability in relationships is proportional to power and privilege	1	2	3	4	5
m. I am committed to avoiding a neutral, objective, all-knowing expert stance in supervision	1	2	3	4	5

DEMOGRAPHIC QUESTIONS

14. Are you Hispanic or Latino?
    - O Yes
    - O No

15. What is your racial background? *(Check all that apply)*
    - O American Indian or Alaska Native
    - O Asian
    - O Black or African American
    - O Native Hawaiian or Other Pacific Islander
    - O White
    - O Other (please specify): _

16. What is your gender?
    - O Male
    - O Female
    - O Other

Thank you for completing this form!

APPENDIX 3:
MIDTERM FEEDBACK AND EVALUATION FORM

NAME:_____ AGENCY:_____

MIDTERM FEEDBACK AND EVALUATION FORM
Sessions 1-5

Please take few minutes to evaluate the first five sessions of your course. We will ask questions to provide you with an opportunity to reflect on and assess your current level of perceived knowledge, skill, and commitment as a supervisor from the Multicultural Relational Perspective. Please answer all questions to the best of your ability, focusing on the knowledge and skills that you *currently* have.

We will also ask general questions about your course satisfaction. We welcome your suggestions and hope that you share your thoughts and ideas with us. Your answers are confidential and everything you say will be kept private. Results from this survey will only be presented in summary form.

1. Knowledge: please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

KNOWLEDGE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I have a working understanding of how to conceptualize a clinical case using a Multicultural Relational Perspective	1	2	3	4	5
b. I understand that human suffering is located within relationships	1	2	3	4	5
c. I have a working understanding of family systems theory	1	2	3	4	5
d. I have a working understanding of how the process of therapy is influenced by various dimensions of diversity (race, ethnicity, culture, gender, class, religion/spirituality, sexual orientation, age, ability, etc.)	1	2	3	4	5
e. I have a working understanding of how the process of supervision is influenced by various dimensions of diversity (race, ethnicity, culture, gender, class, religion/spirituality, sexual orientation, age, ability, etc.)	1	2	3	4	5
f. I have a working understanding of how power and privilege influence the process of therapy	1	2	3	4	5
g. I have a working understanding of how power and privilege influence the process of supervision	1	2	3	4	5
h. I have a working understanding of the hidden wounds and trauma of oppression	1	2	3	4	5
i. I have a working understanding of how to initiate conversations about race in supervision	1	2	3	4	5
j. I have a working understanding of how to conduct an effective conversation about race in supervision	1	2	3	4	5
k. I have a working understanding of the relational nature of supervision	1	2	3	4	5
l. I have a working understanding of how my social location contributes to and/or shapes the process of supervision	1	2	3	4	5

2. Supervisor Management Skills: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SUPERVISOR MANAGEMENT SKILLS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I can explain the relational context to supervisees	1	2	3	4	5
b. I can use self-disclosure appropriately to foster supervisees' growth and skill development	1	2	3	4	5
c. I can effectively address issues related to power and privilege in the supervisory relationship	1	2	3	4	5
d. I can facilitate a meaningful conversation about race	1	2	3	4	5
e. I can establish a supervision climate that is conducive to questioning and/or examining diversity related issues within the supervisory relationship between the supervisor and the supervisee	1	2	3	4	5
f. I can address racial differences in supervision without imposing my racial beliefs and/or bias	1	2	3	4	5
g. I can demonstrate sensitivity with respect to diversity related issues	1	2	3	4	5
h. I can manage emotional triggers based on diversity related issues	1	2	3	4	5

3. Supervisor Intervention Skills: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SUPERVISOR INTERVENTION SKILLS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I can explicitly introduce my philosophy of supervision to supervisees	1	2	3	4	5
b. I can demonstrate my theory of change	1	2	3	4	5
c. I use power and authority inherent in my supervisor's role to create space for talking about race and other diversity variables	1	2	3	4	5
d. I encourage supervisees to engage in intense racial and other diversity-related conversations	1	2	3	4	5
e. I can identify relational processes in supervision	1	2	3	4	5
f. I can track relational processes in supervision	1	2	3	4	5
g. I can use the VCR approach to effectively address supervisees' conscious and unconscious biases relative to diversity related issues	1	2	3	4	5
h. I communicate using "I messages"	1	2	3	4	5

SUPERVISOR INTERVENTION SKILLS CTND.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
i. I can address differences between self and supervisee due to diversity related issues	1	2	3	4	5
j. I can use the Multicultural Relational Perspective for resolving impasses due to diversity variables	1	2	3	4	5
k. I initiate supervisees' work on self of the therapist issues	1	2	3	4	5
l. I motivate supervisee's self-reflection and self-interrogation	1	2	3	4	5
m. I regularly consider how my supervisory interventions are informed by self of the supervisor issues	1	2	3	4	5

4. Self of the Supervisor: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SELF OF THE SUPERVISOR	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I have awareness of my multiple selves and how they influence supervision	1	2	3	4	5
b. I have awareness of my subjugated selves as a supervisor	1	2	3	4	5
c. I have awareness of my privileged selves as a supervisor	1	2	3	4	5
d. I have awareness of my family of origin and how it contributes to my approach to supervision and/or the supervisory relationship	1	2	3	4	5
e. I am aware of my cultural pride issues and how they influence the supervisory process	1	2	3	4	5
f. I am aware of my cultural shame issues and how they influence the supervisory process	1	2	3	4	5
g. I am aware of my self of the supervisor related emotional triggers	1	2	3	4	5
h. I am aware of supervisees' person of the therapist issues	1	2	3	4	5
i. I recognize the centrality of relationships	1	2	3	4	5
j. I am committed to remaining connected in intense race conversations	1	2	3	4	5
k. I am committed to embracing a "both-and" philosophy	1	2	3	4	5
l. I recognize that the degree of responsibility and accountability in relationships is proportional to power and privilege	1	2	3	4	5
m. I am committed to avoiding a neutral, objective, all-knowing expert stance in supervision	1	2	3	4	5

10. Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. The learning objectives for the first 5 sessions were met	1	2	3	4	5
b. Thus far, the sessions have met my expectations	1	2	3	4	5
c. The length of the sessions have been appropriate to cover the information	1	2	3	4	5
d. So far, the information learned has been useful and relevant to my work	1	2	3	4	5
e. The information has been presented in a way that was useful	1	2	3	4	5
f. The presenter's presentation skills have met my overall expectations	1	2	3	4	5
g. The materials used have been useful in helping understand the information provided	1	2	3	4	5
h. Thus far, I am satisfied with the course	1	2	3	4	5

5. How likely are you to use one or more of the tools presented during this course in your work?

○Very unlikely ○ Unlikely ○Neither unlikely nor likely ○Likely ○Very likely

6. How likely are you to share one or more of the tools presented during this course with your colleagues?

○Very unlikely ○ Unlikely ○Neither unlikely nor likely ○Likely ○Very likely

7. What is one new thing that you learned and will take away from this course?

_____

_____

8. Please provide comments and suggestions for improving future sessions.

_____

_____

9. If you are interested in receiving Continuing Education Units (CEUs) for this session, please select which type:

○Social work ○Psychology ○LMHC ○LMFT

Thank you for completing this form!

APPENDIX 4:
FINAL FEEDBACK AND EVALUATION FORM

FINAL FEEDBACK AND EVALUATION FORM
Sessions 1-10

Thank you for participating in this course. Please take few minutes to evaluate your course. First, we will ask general course satisfaction questions required by DMH in order to provide you with Continuing Education Units (CEUs). We welcome your suggestions and hope that you share your thoughts and ideas with us.

We will also ask questions to provide you with an opportunity to reflect on and assess your current level of perceived knowledge, skill, and commitment as a supervisor from the Multicultural Relational Perspective.

1. Name: _
2. Email: _
3. Organization: _
4. Current status:

O MD	O SW
O RN	O OT
O RPh	O LMHC
O PhD	O Rehab Counselor
O Resident	O CM
O Medical Student	O Other (please specify): _

SECTION A: Please take few minutes to evaluate the course *"Family Therapy Supervision: A Multicultural Perspective"* taught by *Dr. Kenneth Hardy* from *April 2015 to April 2016 (10 sessions)*. Please note: you will need to complete this section in order to receive CEUs for the course.

5. How would you rate this educational activity overall? (1=poor, 5=excellent) (please select one answer)

○1 ○2 ○3 ○4 ○5

6. How much did you learn as a result of this CE program? (1=very little, 5=a great deal) (please select one answer)

○1 ○2 ○3 ○4 ○5

7. In your opinion, did you perceive any commercial bias in any of the presentations?
   - O No
   - O Yes (please explain): _
8. Have you made any changes in your supervisory practice as a result of this course?
   - O No
   - O Yes (please explain): _
9. Have you made any changes to training or coaching your clinicians as a result of this course?
   - O No
   - O Yes (please explain): _
10. What barriers, if any, do you anticipate encountering as you make changes in your practice?

11.Please select the option that corresponds to how much you feel each of the following objectives was met:

a. Overall Goal: Student will have the knowledge and skills to provide clinical supervision from a Multicultural Relational Perspective.	Yes	No	Partially	N/A
b. Execute an Effective Supervisory Contract: Student can articulate a coherent philosophy of supervision and link their philosophy of supervision to the process of supervision.	Yes	No	Partially	N/A
c. Awareness of the Multidimensional Self: Student understands how our 'multiple selves' inform and help shape our clinical positioning as supervisors and how 'Family of Origin' experiences help shape our clinical positioning in the supervisory process.	Yes	No	Partially	N/A
d. Think Relationally: Student can track relational patterns and sequences in supervision and effectively intervene to disrupt 'unhealthy' relational patterns and to strengthen 'healthy' ones.	Yes	No	Partially	N/A
e. Think Culturally: Student understands how cultural factors, especially the intersection of class and race, are critical organizing principles in clinical practice, and can conceptualize how relationships in therapy and supervision are influenced by the dynamics of power, privilege, and oppression.	Yes	No	Partially	N/A
f. Therapeutic Use of Sel(f)ves: Student can employ the 'Supervisor/Therapist Use of Self' as a mechanism for promoting relationship enhancement and clinical effectiveness and incorporates dimensions of one's multidimensional selves into the supervisory process.	Yes	No	Partially	N/A
g. Use of Validation: Student can challenge non-adaptive patterns of behavior without devaluation, confrontation, or escalating.	Yes	No	Partially	N/A
h. Embracing and Promoting the 'Both/And' Perspective: Student can recognize the connections between two seemingly disparate matter and situate therapeutic and supervisory conversations within the context of a 'both/and' conceptual framework.	Yes	No	Partially	N/A
i. Context Talk: Student can initiate and sustain progressive emotionally-charged conversations about a range of contextual variables and effectively respond to race-related and culturally-based challenges that may occur in supervision.	Yes	No	Partially	N/A
j. Broker and Sustain Difficult Dialogues: Student can exercise the tasks of the privileged and use effective communication strategies for promoting constructive, intense and intimate conversations.	Yes	No	Partially	N/A

12. Do you feel that the information presented was based on the best evidence available?

O Yes

O No (please explain):

13. Which of the following competency areas do you feel have been improved as a result of this activity? (Select all that apply)

Patient care
Professionalism
Practice Based learning
Medical Knowledge
Communication Skills
System Base Practice

14. Please rate the quality of presentation of Dr. Kenneth Hardy (1="poor" and 5="Excellent").

	Poor				Excellent
a. Teacher's Expertise	1	2	3	4	5
b. Teaching Strategies	1	2	3	4	5

15. Please indicate whether you agree or disagree with the following statements regarding Dr. Kenneth Hardy's class (1="Strongly Disagree" and 5="Strongly Agree").

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Physical facilities were conducive to learning	1	2	3	4	5
b. Physical facilities were easily accessible (location)	1	2	3	4	5
c. Time of day was appropriate	1	2	3	4	5
d. The length of the program was appropriate to cover the information	1	2	3	4	5
e. The sessions met my expectations	1	2	3	4	5
f. The information learned was useful and relevant to my work	1	2	3	4	5
g. The materials used were useful in helping understand the information provided	1	2	3	4	5
h. I am satisfied with the course	1	2	3	4	5

16. How likely are you to use one or more of the tools presented during this course in your work?

○Very unlikely ○ Unlikely ○Neither unlikely nor likely ○Likely ○Very likely

17. How likely are you to share one or more of the tools presented during this course with your colleagues?

○Very unlikely ○ Unlikely ○Neither unlikely nor likely ○Likely ○Very likely

18. What is one new thing that you learned and will take away from this course?

_____

_____

19. Please provide comments and suggestions for improving future programs (topics, location, scheduling, etc.).

_____

_____

SECTION B: Please take few minutes to evaluate the *"Reflective Supervision Sessions"* led by *Deborah Fauntleroy* from *May 2015 to April 2016 (9 sessions)*. Please note: you will need to complete this section in order to receive CEUs.

20. How would you rate this educational activity overall? (1=poor, 5=excellent) (please select one answer)

○1 ○ 2 ○3 ○4 ○5

21. How much did you learn as a result of this CE program? (1=very little, 5=a great deal) (please select one answer)

○1 ○ 2 ○3 ○4 ○5

22. In your opinion, did you perceive any commercial bias in any of the presentations?

O No

O Yes (please explain):_

23. Have you made any changes in your supervisory practice as a result of this course?

O No

O Yes (please explain): _

24. Have you made any changes to training or coaching your clinicians as a result of this course?

O No

O Yes (please explain): _

25. What barriers, if any, do you anticipate encountering as you make changes in your practice?

_____

_____

_____

26. Please select the option that corresponds to how much you feel each of the following objectives was met:

a. Overall Goal: Supervisors will reflect on their supervisory practices from a multicultural perspective.	Yes	No	Partially	N/A
b. Participants will be able to reflect on their experiences in supervising across differences in race, class, and culture.	Yes	No	Partially	N/A
c. Participants will be able to practice new supervision skills and learn from their peers.	Yes	No	Partially	N/A
d. Participants will be able to strengthen their skill at bringing the process of reflective supervision into the workplace.	Yes	No	Partially	N/A

27. Do you feel that the information presented was based on the best evidence available?

O Yes

O No (please explain):

28. Which of the following competency areas do you feel have been improved as a result of this activity? (Select all that apply)

Patient care
Professionalism
Practice Based learning
Medical Knowledge
Communication Skills
System Base Practice

29. Please rate the quality of presentation of Deborah Fauntleroy (1="poor" and 5="Excellent").

	Poor				Excellent
a. Teacher's Expertise	1	2	3	4	5
b. Teaching Strategies	1	2	3	4	5

30. Please indicate whether you agree or disagree with the following statements regarding Deborah Fauntleroy's class (1="Strongly Disagree" and 5="Strongly Agree").

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Physical facilities were conducive to learning	1	2	3	4	5
b. Physical facilities were easily accessible (location)	1	2	3	4	5
c. Time of day was appropriate	1	2	3	4	5
d. The length of the program was appropriate to cover the information	1	2	3	4	5
e. The sessions met my expectations	1	2	3	4	5
f. The information learned was useful and relevant to my work	1	2	3	4	5
g. The materials used were useful in helping understand the information provided	1	2	3	4	5
h. I am satisfied with the course	1	2	3	4	5

31. How likely are you to use one or more of the tools presented during this course in your work?

○Very unlikely ○ Unlikely ○Neither unlikely nor likely ○Likely ○Very likely

32. How likely are you to share one or more of the tools presented during this course with your colleagues?

○Very unlikely ○ Unlikely ○Neither unlikely nor likely ○Likely ○Very likely

33. What is one new thing that you learned and will take away from this course?

_____

_____

34. Please provide comments and suggestions for improving future programs (topics, location, scheduling, etc.).

_____

_____

SECTION C: Now we will ask questions to provide you with an opportunity to reflect on and assess your current level of perceived knowledge, skill, and commitment as a supervisor from the Multicultural Relational Perspective. Please answer all questions to the best of your ability, focusing on the knowledge and skills that you *currently* have.

Your answers are confidential and everything you say will be kept private. Results will only be presented in summary form.

35. Knowledge: please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

KNOWLEDGE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I have a working understanding of how to conceptualize a clinical case using a Multicultural Relational Perspective	1	2	3	4	5
b. I understand that human suffering is located within relationships	1	2	3	4	5
c. I have a working understanding of family systems theory	1	2	3	4	5
d. I have a working understanding of how the process of therapy is influenced by various dimensions of diversity (race, ethnicity, culture, gender, class, religion/spirituality, sexual orientation, age, ability, etc.)	1	2	3	4	5
e. I have a working understanding of how the process of supervision is influenced by various dimensions of diversity (race, ethnicity, culture, gender, class, religion/spirituality, sexual orientation, age, ability, etc.)	1	2	3	4	5
f. I have a working understanding of how power and privilege influence the process of therapy	1	2	3	4	5
g. I have a working understanding of how power and privilege influence the process of supervision	1	2	3	4	5
h. I have a working understanding of the hidden wounds and trauma of oppression	1	2	3	4	5
i. I have a working understanding of how to initiate conversations about race in supervision	1	2	3	4	5
j. I have a working understanding of how to conduct an effective conversation about race in supervision	1	2	3	4	5
k. I have a working understanding of the relational nature of supervision	1	2	3	4	5
l. I have a working understanding of how my social location contributes to and/or shapes the process of supervision	1	2	3	4	5

36. Supervisor Management Skills: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SUPERVISOR MANAGEMENT SKILLS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I can explain the relational context to supervisees	1	2	3	4	5
b. I can use self-disclosure appropriately to foster supervisees' growth and skill development	1	2	3	4	5
c. I can effectively address issues related to power and privilege in the supervisory relationship	1	2	3	4	5
d. I can facilitate a meaningful conversation about race	1	2	3	4	5
e. I can establish a supervision climate that is conducive to questioning and/or examining diversity related issues within the supervisory relationship between the supervisor and the supervisee	1	2	3	4	5
f. I can address racial differences in supervision without imposing my racial beliefs and/or bias	1	2	3	4	5
g. I can demonstrate sensitivity with respect to diversity related issues	1	2	3	4	5
h. I can manage emotional triggers based on diversity related issues	1	2	3	4	5

37. Supervisor Intervention Skills: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SUPERVISOR INTERVENTION SKILLS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I can explicitly introduce my philosophy of supervision to supervisees	1	2	3	4	5
b. I can demonstrate my theory of change	1	2	3	4	5
c. I use power and authority inherent in my supervisor's role to create space for talking about race and other diversity variables	1	2	3	4	5
d. I encourage supervisees to engage in intense racial and other diversity-related conversations	1	2	3	4	5
e. I can identify relational processes in supervision	1	2	3	4	5
f. I can track relational processes in supervision	1	2	3	4	5
g. I can use the VCR approach to effectively address supervisees' conscious and unconscious biases relative to diversity related issues	1	2	3	4	5
h. I communicate using "I messages"	1	2	3	4	5

SUPERVISOR INTERVENTION SKILLS CTND.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
i. I can address differences between self and supervisee due to diversity related issues	1	2	3	4	5
j. I can use the Multicultural Relational Perspective for resolving impasses due to diversity variables	1	2	3	4	5
k. I initiate supervisees' work on self of the therapist issues	1	2	3	4	5
l. I motivate supervisee's self-reflection and self-interrogation	1	2	3	4	5
m. I regularly consider how my supervisory interventions are informed by self of the supervisor issues	1	2	3	4	5

38. Self of the Supervisor: Please select the number on the scale that corresponds to how much you agree or disagree with the following statements (1="Strongly Disagree" and 5="Strongly Agree").

SELF OF THE SUPERVISOR	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I have awareness of my multiple selves and how they influence supervision	1	2	3	4	5
b. I have awareness of my subjugated selves as a supervisor	1	2	3	4	5
c. I have awareness of my privileged selves as a supervisor	1	2	3	4	5
d. I have awareness of my family of origin and how it contributes to my approach to supervision and/or the supervisory relationship	1	2	3	4	5
e. I am aware of my cultural pride issues and how they influence the supervisory process	1	2	3	4	5
f. I am aware of my cultural shame issues and how they influence the supervisory process	1	2	3	4	5
g. I am aware of my self of the supervisor related emotional triggers	1	2	3	4	5
h. I am aware of supervisees' person of the therapist issues	1	2	3	4	5
i. I recognize the centrality of relationships	1	2	3	4	5
j. I am committed to remaining connected in intense race conversations	1	2	3	4	5
k. I am committed to embracing a "both-and" philosophy	1	2	3	4	5
l. I recognize that the degree of responsibility and accountability in relationships is proportional to power and privilege	1	2	3	4	5
m. I am committed to avoiding a neutral, objective, all-knowing expert stance in supervision	1	2	3	4	5

APPENDIX 5:
SNCD DOMAIN SCORING RUBRIC

NAME/ID:_____ EMPLOYER:_____ SITE:_____

SNCD Domain Scoring Rubric

	Excellent 4	Good 3	Needs Improvement 2	Unacceptable 1	SCORE
Response to domain with relevant supporting detail	Responds to the domain with a clearly focused summary observation. Elaborates on examples and details. Elaborates on strengths.	Responds to the domain with an observation. Provides three appropriate examples or details, including at least one strength.	Addresses the domain. Has fewer than 3 details or examples. Does not include any strengths.	Does not address the domain.	
Point of View	Observations are made without opinion. Caregiver's beliefs, values and/or culture are reflected.	Observations are made without the writer's opinion.	Observations are mixed with the writer's opinion.	Statements primarily reflect the writer's opinion.	
Sentence structure	Full & varied sentence structure	Full sentences	Mostly full sentences	Partial/incomplete sentences	
Subject/verb agreement	Consistent subject/verb agreement	Occasional errors in subject/verb agreement	Frequent errors in subject/verb agreement	Multiple errors in subject/verb agreement	
Verb tense and pronoun use	Consistent verb tense and uses pronoun references consistently and accurately.	Consistent verb tense. Mostly uses accurate pronoun references.	Verb tense inconsistent. Sometimes uses accurate pronoun references.	Consistent and confusing errors in verb tense and pronoun references.	
Spelling	Few spelling errors (less than 3)	Occasional spelling errors	Frequent spelling errors	Multiple and varied spelling errors that make the response difficult to understand	
Word Choice	Uses precise words that reflect knowledge of the field.	Exhibits appropriate word choice	Exhibits a narrow range of word choice, often including inappropriate selection	Exhibits weak and/or inappropriate words	
Notes/Comments:_ _ _				TOTAL SCORE:	

APPENDIX 6:
OPEN-ENDED RESPONSES

Family Therapy Supervision- A Multicultural Perspective Survey: Responses to open-ended questions Survey

Have you made any changes in your supervisory practice as a result of this course? If yes, please explain.

- Being more aware of my privileged self both as a supervisor and a white person initiating more difficult conversations
- Exploring with supervisees their own views they bring into their work
- Yes, increased skill in confidence to discuss multicultural selves in supervisions.
- More committed to stay engaged in difficult conversation, have more tools to do so, more actively raising cultural issues in supervision (especially acknowledging my own cultural that I bring to the relationship)
- I have been more aware of the dynamics of privilege in supervision and encouraged more open conversations about race.
- I have been able to include some of the theories and practices in my supervisory practice.
- I am more sensitive and personally connected to my supervisees
- I am more thoughtful of how the multiple selves play a role both in supervision and in clinical practice with clients
- I am more aware of, and bring up, issues of diversity between myself and my supervisees, as well as discussing the family's cultural and feelings of disempowerment, in supervision.
- Educated and encouraged clinicians about VCR technique. Encouraged clinicians to address in session issues regarding race and ethnicity.
- I am able to practice reflective supervision in regards to cultural biases, emotions, and conversations about race.
- VCR, reflective supervision
- Using VCR method as well as engaging supervisees in more questions regarding race and culture.
- Adapted many of the techniques and framework into supervision. Utilizing more the sense of "self"
- Engaging in and sitting with uncomfortable conversations
- Do more reflective supervision and are more aware of cultural bias and self as a therapist.
- Inclusion of reflective techniques
- Thinking more on a cultural competency level
- I am more aware of how each individual bring their culture into the work environment.
- More ability to utilize reflective practices and 'lean in to' topics that would otherwise be avoided.
- Staff feel more open, they do reflect more on the situations
- I know use VCR in most of my interaction with the department.
- I've become less directive, less focused on administrative work, challenged my clinicians more
- Become more culturally aware of my role as a supervisor.
- Using some of the reflective supervision tools offered, more mindful and likely to bring up power dynamics present in the room between us, relating clinicians' responses to clients to their histories more, exploring this realm. Discussing families' cultures more, leaving more space for this in supervision.
- Has been applying new approaches.
- Approach
- Being more aware and/or addressing issues that might be related to gender, race, being in a privileged position, etc.
- Been more reflective with staff during supervisions
- I've integrated lots of everything I learned into my supervision

- I understand the importance of myself in my relationship with supervisees. I discuss issues of race openly and routinely.
- Become aware of my own bias; support my team to express their opinions and to address the subject of racism and disparities, within our regular group or individual supervision. Also open up the space to have conversations that are unusual and sometimes uncomfortable.
- I am being more aware of racial differences and how it plays out at work and every day life. I am also more aware of how race might relate to privilege. I am also more open to have discussions about race and privilege while using validation.
- More self aware and ask more questions pertaining to racial and culture relationships between supervisees and their clients that pertain to the progress of treatment.
- Able to look at race as a component of the treatment
- We have begun to use the "tasks of the subjugated" and "tasks of the dominant" in supervision, as guidelines for conversations that involve talking about power. They have provided tremendous containment, while also pushing me to respond from the self that is called into the space.
- I always ask about race of clients and deconstruct impact of working across difference. We speak openly on the team about racism and what is happening in the world.
- I try to be mindful of reflection over fixing. I am still working on it.
- In the past I discussed issues of diversity and cultural differences with clients but didn't address racism and its impact explicitly nor did I explicitly address it within the supervisory relationship. I do now.
- I am using the principles of reflective supervision with building relationships with a new team
- I am much more aware of myself and ALL of the different selves I bring into the supervision space. I am able to support supervisees in their deer understanding of how race and culture plays a role in individuals and families lives.
- Explicit discussion of racism which is different than the discussions I was having about cultural biases and differences.
- More consistently incorporating into supervision, discussion of aspects of power and privilege including race and ethnicity
- I have incorporated the principles of multiple selves within the supervisions.
- I am able now to ask more questions especially regarding race during supervision what race is the family, other providers working in the case, etc and take into perspective how race is playing into effect in the case.
- I'm able to introduce the topic of race into my conversations with staff with ease.
- Previously, I had explored some issues related to ethnicity for myself and supervisees. Since starting my participation in this class, I have started acknowledging and exploring issues of race as a supervisee and a supervisor. I have felt more relaxed addressing these issues.
- More discussion with supervisors who directly supervise practioners and bring up the topics with more frequency and understanding from this new framework.
- I do not talk about my intentions Validate, Challenge, Request
- I can hold a safe space and make room supervisees multiple identities to grow and to be heard; I can use my privileged self to provide insights for my subjugated self and have a relationship with my subjugated self. I learned tools and can have more in-depth conversations with my peer supervisors and my superior and challenge deeply (being challenged deeply) and be more responsible for each other's growth.
- I am able to have more complex conversations with my supervisees regarding race.
- I feel I'm more equipped to use parallel process effectively to help supervisees
- -Asking more about race in cases - asking more about supervisee's various parts of self and how these impact their work - being more forward about my own parts of self, lenses, and biases - feeling more comfortable initiating and participating in difficult conversations in supervisions and

team meetings I facilitate - feeling less defensive (from subjugated parts of myself) in these conversations
- More self reflective and thinking about the impact of race/ethnicity in the way we work
- Much more comfortable directly addressing issues of race, oppression, culture in supervision
- Dr. Hardy asks great questions. He has helped me ask better questions during supervision. I also feel as though I can recognize power differentials better.
- I am able to support my staff of color in helping them using their voices and stories for further empowerment for themselves and the families they serve.
- More reflection and more multicultural content
- Bringing in conversations around power & privilege into supervision, noticing more, being more curious
- I have been far more intentional about reflecting on my own and my supervisees' social locations and the impacts of those reflections in the work.
- More willing to "lean in" to conversations about race in both individual and group setting. Also really challenging myself to acknowledge and be accountable to being in the privileged position as a white person.
- Bring race into conversations with my team
- I am now locating myself racially with each supervisee. I am using more of a reflective process during supervision and using the VCR method.
- Introducing the concept of race
- More awareness of multidemensional self. More discussion of race/culture and impact on service provision and experience.
- I try to incorporate more discussion around how race factors into the work being done between clinician and family. I also discuss how race plays into the relationship between supervisor/supervisee.
- I attempt to hold multiple contexts within the supervisory relationship as I support my staff in navigating the work, as well as approach the conversation in a reflective and validating way. I also continually try to locate myself racially and otherwise in conversations with my staff.
- Not only have I practiced the skills in supervisions, I also, and more importantly, feel changed because of this course. The shifts in my selves, my whiteness, and my awareness are more about WHO I am as a supervisor, which inherently affects HOW I am.
- Questions being asked
- Engaging in conversations around the role of race in the supervision relationship and in the families that supervisees work with, being more aware of the role race plays in supervisory relationships

What barriers, if any, do you anticipate encountering as you make changes in your practice?

- People not looking to see their own biases and being unwilling to change.
- None
- The individual's willingness to reflect on multi-culture factors, and, that is not always a high priority of the larger organization.
- VCR is very hard to implement.
- No longer having regular check ins/opportunities to discuss these issues may make it hard to keep is as a priority.
- Balancing my multiple selves as i implement what i have learned throughout the course of training.
- The thin line of bounderies that a supervisor needs to maintain to be regarded as professional, while sharing experiences

- People have a variety of comfort discussing issues of identity/power/privilege
- Keeping the information fresh and alive, on top of all the mandated trainings that we are required to provide, and making sure I'm following up around business topics (productivity, documentation deadlines, etc.) In addition, any ongoing feelings of discomfort that I have with these conversations can be a barrier.
- None at this moment.
- Someone's reaction to a question or difficult situation, but I feel as though this training prepared me to stay in a conversation for a longer period of time, even if it can be uncomfortable.
- Continual learning in this field
- Initially, resistance by supervisees and staff until they understand it better.
- Follow through with clinicians by supervisors
- Changing old habits, how I am used to doing supervision.
- My staff not being ready to have these conversations.
- I do not foresee any barriers
- Red tape from administration
- Difficulties working with Latino population and cultural influence, staff difficulties to understand American culture and expectations
- I've found this can be a hard topic to have some folks engage in.
- Staff being uncomfortable about discussing these issues of race or gender (for example) during supervision or with the families.
- U/K
- Not having directors, executive directors believe in the importance of discuss race in supervision and with families. Thinking of themselves as not "biased" or not seeing color.
- Personal life histories, resistance to address the subject of racism, multiple selves.
- It is hard to keep conversation open about race and privilege with higher position clinicians, especially with whites clinicians.
- People who will not be ready or feel comfortable to be pushed to have difficult discussions.
- Spending the additional time with clinicians and being able to afford the additional supervision hours.
- If nothing else, this is very emotional material. A lot of tears have been shed, and staff often need quite a while to regroup after difficult conversations. This is so far away from how we are socialized to talk about race and difference that it puts a tremendous strain on participants.
- Systemic barriers
- It seems that people in this agency are at differing levels of interest and ability when it comes to making changes around issues of diversity and inclusion. While Wayside is committed, this process will be slow. I think patience and perseverance will be required.
- People are at very different stages of development in their understanding and therefore I expect to encounter defensiveness initially, just as I expressed defensiveness initially.
- Training was on IHT supervising..... I work with a Behavorial modification team
- Push back from higher ups if people become uncomfortable.
- The same barriers that exist in the larger society; everybody is at a different place in recognizing institutional racism and understanding how they were socialized racially. There has been defensiveness, curiosity, and openness - the whole gamut.
- Actively sustaining integration of these concepts in the program over time
- I anticipate that people might have their own process in understanding their privileged and subjugated selves and might not think that this knowledge would be valuable to their work with families.
- The barriers that I anticipate is clinicians that does not think that race is a problem and oversees racism.

- The key is to keep the conversation going until it becomes second nature.
- Recognizing that not everybody is at the same level of awareness and may not be ready to explore the impact of this topic.
- Keeping the conversations real; increasing the time for contemplation and intentionality to race in what can be a fast paced culture in the world of CBHI as crisis erupt.
- higher administration not understanding
- Higher administrative people unaware of power/privilege impact practice. My clinicians reported high burn out rate due to not enough salary increase for high intensity work; too much paper work; not enough system training for supervisors.
- Possible barriers with collaterals
- It will require more effort and planning to bring about larger group change although our clinical staff has benefited from several sessions with Dr. Hardy.
- I don't see any barriers at this time. My program and agency have been very supportive of me taking the course and bringing back things I've learned into supervision, team meeting, and diversity forum.
- Not having the ongoing support regarding this issue.
- No current cohesive agency-wide plans to incorporate changes or knowledge from this course into agency practice with institutional support
- I think this shift in attitude may be hard for folks to think about and digest. I do not foresee issues from management.
- I need need time and opportunities to practice the newly learned supervising skills, and in the process of practicing and "trying", there may be unwanted effects created for my supervisees.
- Where my team is at in its growth and discovery of self
- Building relationships with new staff, as a new supervisor and allowing trust to exist in relationships
- My own reflections and discomfort that need to be worked through. Larger barriers of institutional bias and racism.
- Fear of offending others and being judged by staff members
- Conversations with more powerful people in my agency.
- Addressing conflict and being transparent always involves some risk, but the benefits will outweigh any temporary difficulties or barriers.
- Challenges being able to have successful conversations about the topic.
- Issues of denial or unawareness
- Discomfort of the privileged in discussing race.
- I would like to see more staff at Riverside be trained by Dr. Hardy. There were only 4 of us from the entire organization (and all of us are in different offices) that makes it hard to get the momentum up to make such changes.
- Some of these practices are new to me, and as such they are not habit - they take continual work and dedication to maintain.
- Already, there has been some push-back from some staff, in terms of not being self-aware of their own racial identity, and even denying that racism could be an issue in their work.
- Mostly barriers around program development- bringing ideas up the chain to upper management
- Supervisees own process around race and willingness to be part of the conversation, holding myself accountable to remaining present in conversations around race where I may become uncomfortable

Please provide comments and suggestions for improving future programs (topics, location, scheduling, etc.).

- More hands out materials, not having handouts and/or materials is hard to follow along
- Ensuring that those who are attending are prepared to be exposed to difficult conversations
- Ensuring that those participating are prepared to engage in difficult conversations
- Better communication about structure of the program to program participants.
- I would have benefited from more time to practice in class tools provided in training. The implementation stage needs more support.
- The organization of the course from an administrative perspective was poor. There was seemingly constant confusion about the schedule, expectations, purpose of reflection groups, etc.
- The presenter was great, very knowledgeable, engaging, took the time to give people a chance to express their opinions in a fair manner. Organization and scheduling of the trainings was in the middle of the day and a little inconveniencing for the fee for service supervisors, perhaps the beginning of the day would have been a good option.
- More material should be available should the attendees learn from visual materials
- More organization around logistics
- The length of time for each session was very long. Would it be possible to have more sessions for slightly shorter periods of time? Even 3 hours instead of 4 would make a big difference.
- Family systems.
- It would be nice to have some snacks during the long sessions, but other than that it was very convenient.
- Shorted sessions, having the reflection groups linked more closely with Ken's class
- It would be helpful to have handouts and articles throughout the course to look back on and make connections.
- Training location was challenging for the size of the group. Difficulty with parking as well.
- Improved communication from and effectiveness of the organizer. Written materials to support classroom learning.
- Having a hand book or powerpoint would have been helpful to follow. There were times where their was too much talking and not strategies being taught. It could have been down in 6 instead of 10 sessions.
- Satisfied with the program as it was laid out.
- 4 hours at times seemed a little long, I would decrease time by 1 hour to avoid individuals losing focus and sitting for a long period of time.
- No comment
- Very useful
- More dynamic
- I would of liked to see more of a debrief after discussing such intense topics
- Better structure of schedule. Mornings would be better as CBHI service meetings often take place during afterschool hours.
- Multiculturalism and diversity from all perspectives. Training scheduled was difficult to follow due distance
- I think make it a 10-month training can be challenging. Retention and participation would improve if done in a shorter period of time (i.e. biweekly, 5 months).
- Waiting one month in-between classes was sometimes hard, a lot to hold onto for a long time.
- Less hours, so our job is not heavily impacted.
- No comments
- 1st session- less intense (to present personal issues in a big group, with unknown people)

- More dynamic
- More time to close up after a emotionally charged session
- I believe in the importance and need for this training to continue to happen in all communities, especially in those where providers are serving communities of color. It would be essential if this training could happen with agency leaders.
- N/A
- I would like to have a written material since the beginnig of the program.
- All locations, it would be nice to have accessible parking like HFLW in Brighton. It's hard to commit as much time as we did due to management responsibilities. I agree this training is extremely important and I learned a lot, it was a huge time commitment, so finding a way to make it more compact would be helpful. I also wish supervisees could have participated so we could have had a parallel process.
- Dr. Hardy should write a book and conduct a master class on supervision!
- There was an awful lot of time between meetings, and it was hard to pick up the thread. If sessions could be condensed into smaller intervals, that would really help the flow.
- Ongoing training, systemic training, higher management positions trained in these ideas.
- It was very distracting and stressful to be constantly changing locations.
- First, I really appreciate the fact that there was a smaller, break out "supervision: group in which I spoke more frequently and more comfortably than in the larger group. Having it meet more consistently, have it be a closed not open group, consistent leadership and consistent place would have made it more successful - but nonetheless, it was very useful. I felt that there was a way in which the white privilege was "shamed". When I think about how to help the underdeveloped parts of oneself gain insight and grow, I think of compassionate introspection a.k.a. Internal Family Systems approach. Confrontation felt shaming at times and shut me down somewhat. Sometimes Dr. Hardy was more dogmatic than reflective at times. Given that there was supposed to be a learning component about "reflective supervision", it would have been helpful to acknowledge when it was moving from reflecting to ... well, not reflecting. Also, handouts would have been very helpful particularly on the topics of the Tasks of the Subjugated and Privileged, and descriptions/definitions so that we could start with a common language. Also, I want to pass on what I learned and I feel less confident because my note taking was minimal at times.
- Different time during reflective supervision.
- I would have loved to be able to get homework assignments.
- Handouts ie. "materials" would have been helpful, some of the concrete ideas such as privileged vs. subjugated selves and tasks of each done earlier in the training rather than second to last meeting. I loved having the small group "supervision" as a forum for discussion but I felt that there was a lot of
- The pacing of the Supervisors course was good. The pacing of the training to staff has been very "stretched out", making it more difficult to fully engage staff in the material and sustain awareness of concepts and shift in practice.
- I wish that this program would run again but for a shorter period of time: same number of sessions but condensed in 6-8 months.
- These were great topics that we discussed I definitely suggest that it should be continued so other people can learn. The location was hard for me but I understand that other people were also coming from afar. The time is great specially if the commute is long.
- Continue to engage Dr Hardy in ongoing trainings
- I found the course communication to be very disjointed, inconsistent, unclear, and scattered. It was difficult to contact people. There was no phone or e-mail list, despite numerous requests. There was no contact information provided for Dr. Hardy. There was no phone number provided for Jackie. This survey was distributed without a deadline date. The mid-year evaluation was due within a day. Handouts that were promised were never distributed. The peer supervision groups

didn't always have a facilitator. When we did have a facilitator, there were times that she went very off-topic and over time. I appreciated that the class was very experiential, but the one theoretical class was towards the end of the course. It would have been helpful to have had that towards the beginning. I didn't think that the experience of the class matched the title. It felt like there were a few favorites who were always looked to for their perspective and the rest of us blended in.

- Provide written materials during the course for students to read. The material was very intense, the conversations deep, at times the 4 hour sessions seemed too long. By the end of the day, some people were tired and it became harder to focus and engage. The parking was great at The Home. The room was nice, a little tight.
- High leadership in organization there
- I would love to have continuing education related to supervising multicultural family therapy)
- Have an outline of what information the class will cover
- Scheduling for the earlier part of the day would be helpful, with just one location.
    - Keep to scheduled times (class and reflective supervision, in particular, often went over scheduled time). - Give more information about what the class is about (the style of learning was very helpful but was not explained before the course)
- Ongoing trainings with the inclusion of upper management and staff
- Always very valuable, but sometimes felt a bit disorganized and hard to translate into practice. Smaller, agency specific meetings with a facilitator (Deb maybe?) to help think about and support institutional change would be helpful in terms of helping to use this course to create longer-term and agency-wide change and support for thsi work
- I do feel that having 4 different locations was a bit difficult.
- hope this will be an ongoing class; hope this class will be provided to all staff and upper management.
- More more more
- None
- That there be more meetings with staff at participating agencies, not just with supervisors.
- Wish the course was longer and more sessions included staff not just supervisors.
- I would like to have this course be ongoing. I wish we were continuing.
- More time to complete evaluations!
- The supervision time will be more convenient to have it at either the beginning or the end of the day, to facilitate the organization for the day.
- Room was rather small - chairs uncomfortable for such long sessions- vignettes and role plays would be helpful
- Thank you.
- I think it would be very helpful for people to wear name tags. A consistent location would be great. I would have benefited from Dr. Hardy providing more handouts. I felt like it was hard to participate in conversation and take notes at the same time.
- I feel that it would have been helpful to have some readings along with the trainings to do in between sessions.
- I don't think I would change anything. It was an organic, raw, real experience that covered more than "how to do something." It changed, and will continue to change who I am. Thank you Dr. Hardy!!!!!
- Length between sessions was a challenge
- Allowing more programs to take part in dr. Hardy morning trainings/discussions around race

Have you made any changes in your supervisory practice as a result of this course?

- Being more aware and reflective to my staff in our sessions.
- Increased skill and confidence to initiate difficult conversations about multiculturalisms.
- Received useful feedback from Deb and colleagues that has been implemented.
- Role plays
- Using tools made available
- I try and be even more responsive and present in supervision
- I'm more aware of trying to check in with them in regards to their feelings about the work.
- Educated clinicians about importance of discuss issues involving race and ethnicity.
- Utilizing questions that are geared towards reflective supervision.
- Reflective supervision
- Being more mindful of using reflective supervision and not letting the administrative needs take over.
- Improved confidence in my ability to approach and process challenging situations.
- More aware of what I am doing and how I change
- Incorporating reflective elements
- I am more open with my staff in discussion and training them to be more culturally competent.
- Reflective, feedback and multicultural approach
- I've become less directive, less focused on administrative tasks and more focused on clinical supervision, increased focus on self of the therapist issues and multicultural issues
- Reflective Group Supervision
- Used many of the pools Deb provided, all very practical.
- Approach
- Reflective supervision with staff
- Been more reflective with staff , providing space for them to be more open
- I've integrated lots of everything I learned into my supervision
- Thinking of concrete ways of responding reflectively to issues in supervision.
- Creating awareness of the multiple selves and how this impacts the way people understand their own and others lives. Validating personal and professional challenges, creating a secure space to address the topic of racism, disparities, and bias.
- I have been motivated to discuss about race and privilege more often wiht supervisees and families that we serve.
- As explained in the previous section
- I have begun to notice more when I move from an administrative position to a reflective one, and have begun to name these out loud. This has helped smooth over supervisions that have otherwise been difficult, because we were responding from different places.
- I practice reflective supervision
- More active in initiating conversation about differences in race between client and clinician and clinician and supervisor.
- I have intentionally used reflective practices in supervision.
- I have incorporated concepts of reflective supervision as well as information presented by Dr. Hardy into my supervisions with staff.
- I have learned to listen and validate supervisees to a great degree.
- I'm reflecting more during and taking time before answering and exploring more.
- Yes, I now reflect and avoid deflecting supervisees' emotions in supervision.
- Uninterrupted and sacred time
- I can use VCR approach in supervision

- Being more mindful to be reflective in supervision.
- Yes, from a combination of Dr. Hardy's class and reflective supervision, but no new material was in the reflective supervision. See feedback from Dr. Hardy's class.
- Self reflective and increased awareness about my thinking
- Asking more reflective questions in regards to feelings and self-awareness during supervision
- More reflection and more multicultural content
- How to incorporate reflective supervision even when addressing tasks and/or providing feedback. Also how to include and address differences in social location in supervisory relationship.
- Continuing to value reflective supervision
- I better understand what it means to practice reflective supervision.
- As a team we have implemented some of the ideas discussed during the group supervision.
- It strengthened the lessons learned in Dr. Hardy's class and gave space to process.
- I have incorporated more discussion around race and how it impacts our work. I have also been less timid to bring up these issues in management meetings. I have advocated for more work to be done with our staff around multicultural issues.
- The supervision groups were instrumental in some of the steps, and the way I approached one particularly challenging supervisory relationship. I felt supported by the group and by Deb, and was able to try some new things that allowed for growth in the relationship and in the clinician.
- Being in the moment- furthering my reflective practice
- Being aware of my position of power in the supervisory relationship

What barriers, if any, do you anticipate encountering as you make changes in your practice?

- Expectations of agency to spend more time on units/paperwork
- Organizational values.
- Sometimes the requirements of the program do not give room for some of the recommendations made.
- Time constraints
- I don't feel like I have practiced this enough, and need more skills.
- Having some difficult conversations and not knowing how to redirect the flow of the conversation.
- None
- Follow through with clinicians.
- Starting new habits, breaking old.
- Other people who have not taken the course.
- These sessions were not productive
- Red tape from administration
- Staff biases
- Not all staff or administrators have the same perspective in regards to refection and reflective supervision
- Some folks are very reactive with this topic and uncomfortable.
- Staff being uncomfortable about talking about these issues during supervision or with families
- Not having leaders in our agencies believe in the importance of having these conversations and limiting this.
- Constant change in providers, lack of time to add this conversation to an already hectic work schedule.
- Some clinicians avoid talking about race because they do not want to feel unconfortable.
- Resistance from supervisees

- It was hard to visualize what the reflective practice was supposed to look like. Videos would have helped tremendously.
- Systemic barriers
- Same as before
- Some defensiveness would be expected though I have not encountered any.
- I don't work with the IHT practice
- Sustaining change in practice over time (with staff turnover, etc.)
- I imagine that supervisees would challenge and maybe avoid having difficult conversations based on their own family of origin history.
- Same as noted before.
- Time commitment and follow up
- Please see previous comments.
- Ongoing support not being available
- Systemic barriers or possible lack of understanding from upper management.
- Where my team is at in their learning and where I am at
- Bringing more reflective supervision in for staff who have been in the program longer than myself and are not used to this model - growing pains
- Bias within organization and outside of the organization on larger institutional levels.
- Getting stuck in old patterns
- The barriers of logistics, billing requirements and other logistics of the job. They work to get in the way of reflective supervision practice.
- Barriers of time due to administrative and clinical demands during supervision times.
- Higher ups haven't been trained.
- Not applicable as I am staying status quo pretty much
- We need to have more people trained from the top down. This is how change can be more effective. Therefore, we need to get more higher-ups trained and let it trickle down.
- I feel that this course was used to reflect on what was brought up in Ken Hardy's course; thus I anticipate the same challenges; in particular working on continually validating my staff before challenging and requesting.
- The continual push and pull of the many tasks of supervision - clinical, administrative, productivity, etc. There is never enough time!
- Resistance from staff not exposed to trainings such as these
- My own discomfort in those conversations

APPENDIX 7:
TESTIMONIALS

Testimonials from leaders of participating services regarding the training and capacity building assistance services delivered by the Workforce Development Initiative.

Gandara Center

We have had several current employees of ours that have taken the courses either after they were hired or prior to being hired by Gandara Center in Boston. These CBH courses have had a strong and unique impact on our staff depending on where they have been at in their professional development when they have taken the course. One of the most visible impact it has had on our staff is their understanding of CBHI services and feeling comfortable using a lot of the language that many new employees take time to adjust to. We have also noticed a significant difference from those that have not taken the course in their ability to almost immediately start writing clinical progress notes that are up to standards with many of our staff who have been with us for over a year. Lastly, I think it impacts their personal developmental as they are more professionally mature. Many of our TMs and TT&S are recent graduates who have benefited from these courses as it provides them with a greater understanding of the issues that impact the communities that we work with and how they have an opportunity to support families in creating change.

-If you as an employer have hired anyone, how many people have you hired? Any thoughts on the readiness of the pipeline candidates coming from the class?

We have hired 2 TMs that have directly been hired from this pipeline. They both have demonstrated a greater understanding of child development, clinical language and a more in-depth understanding of CBHI services. Given this success we have had TMs and TT&S that had already been working for Gandara (5) take the program while already working for us.

-Feedback from your employees on the course?

Overall, I think employees feel like they learned a lot regarding the CBHI systems and gained language to be able to write more appropriate notes while also gaining a deeper understanding in how they can work with families in their trained positions.

Dr. Hardy & Deb

-As an employer, your view of the benefit and impact of the course(s) on Supervisors? On clinicians/staff? Impact professionally and personally? Have you seen it impact the work? If so, how?

We believe that Dr. Hardy's trainings have been transformational for us as individuals and as an agency. It has promoted multiple conversations about culture and race and the impact of what we do on our families. It has triggered us to start integrating more trainings on self-reflection and self-awareness. We are more open to name race when it is at play or in the room and have open and transparent dialogues with each other and our supervisees. The staff trainings also had an impact in staff. Staff of color have been more open to discuss race in supervision and name moments when they have felt that race was in the room. Lastly, the staff trainings provided an opportunity for supervisors to see staff's perspective on race, their assumptions, and the areas they need to grow.

-Feedback from your employees?

Supervisors report that Dr. Hardy's training was transformational and life-changing. For many, it has given them language to talk about topics that they frequently thought about but did not have the tools to externalize it. We believe that these trainings need to happen with higher management given that often they are the only catalyst for systemic changes in agencies.

As an employer, what's your view of the benefits and impact of the course on your staff that attended? Professionally and personally. Have you seen it impact their work? If so, how?

We have had several current employees of ours that have taken the courses either after they were hired or prior to being hired by Gandara Center in Boston. These CBH courses have had a strong and unique impact on our staff depending on where they have been at in their professional development when they have taken the course. One of the most visible impact it has had on our staff is their understanding of CBHI services and feeling comfortable using a lot of the language that many new employees take time to adjust to. We have also noticed a significant difference from those that have not taken the course in their ability to almost immediately start writing clinical progress notes that are up to standards with many of our staff who have been with us for over a year. Lastly, I think it impacts their personal developmental as they are more professionally mature. Many of our TMs and TT&S are recent graduates who have benefited from these courses as it provides them with a greater understanding of the issues that impact the communities that we work with and how they have an opportunity to support families in creating change.

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Lawrence Children's Friend and Family Services
Lawrence Children's Friend and Family Services participated in both the CBH Worker course and the reflective supervision with Dr. Hardy and Deb Fauntleroy. Both aspects of staff support have been beneficial to the site.
The Family Partners and Therapeutic Mentors who participated in the program felt that the writing aspect of the CBH Worker course was most helpful. Many were grateful for the reminders of grammatical structure, rules and syntax. English is a second language for most and the additional instruction was helpful. The reminder of goal oriented progress notes highlighting aspects of medical necessity was also evident as a strength. For external participants we experienced positive interviews with a broader understanding of CBHI philosophy and systems compared to other external interviews. We have taken on an intern in our drop-in center and will be hiring a family partner as a result of the course.

Dr. Hardy and Ms. Fauntleroy enhanced our site with their shared expertise. All of our supervisors and staff have been exposed to reflective supervision and have been using it in both individual and group sessions. Dr. Hardy initiated the discussions for both supervisors and staff of how to incorporate the impact of race on supervisory relationships, peer relationships and work done in the community. Our site employs 86% people of color who have experienced racism directly or through family members. Dr. Hardy modeled how to facilitate the discussion in a way that is safe, sometimes uncomfortable, but always leaving people thoughtful and anticipating that next opportunity for discussion.

We have implemented a monthly site wide discussion group around race utilizing the curriculum shared by Dr. Hardy. Given the ongoing national spotlight on race and violence associated with race the strategies shared by Dr. Hardy and Ms. Fauntleroy have instilled confidence in the management team to support conversations as they arise and in a formal setting.

Wayside Family
Wayside Family partners benefited from the Children's Behavioral Health course by increasing their competency is documentation writing; such as Strenth, Needs, and Culture Discoveries. Overall they

learned to document in more of concise ways, and were able to acquire better writing skills and improve grammar.

Wayside clinician benefited from participating in Dr. Hardy's course by increasing their ability to facilitate discussions around issues of race and privilege, specifically staying in conversation with individuals of color even when it is challenging or uncomfortable. They gained knowledge and skills with using the VCR model, not only with clients but in the workplace, and even life in general. Additionally, increasing their awareness of dynamics of power and privilege in the clinician/client relationship and the supervisor/supervisee relationship, especially how our multiple selves, especially in regards to racial identity, impacts the dynamics of supervision.

Behavioral Health Network

As Behavioral Health Network's Program Director for Family Support and Training (Family Partners),I was very impressed with the Childen's Behavioral Health certificate program. BHN was able to hire 4 Family Partners from the class! We also were able to put 10 of our existing Family Partners through the program. The majority of our Family Partners come to us with a High School diploma. We were excited to offer this opportunity to them, but the thought of going to college was overwhelming for some. It took a lot of persuasion for them to try it. School was not easy for them and many English is their second language, so the thought of going to collage was never thought of. I was so proud of them for sticking with it and then seeing them holding their certificates at the graduation. They were very proud of themselves! Several of them now have plans on continuing their education! A complete turnaround! The Family Partner's writing skills have improved since the class as well. They feel more comfortable writing their documents and there is more understanding on what should be included. Writing was not their strength, but now they feel more comfortable and the required documentation shows great improvement.

Thank you again for including BHN in this very valuable program.