Training and Supervision

For training, clinicians were provided a detailed introduction to the manual and reviewed audiotapes of master therapists delivering the curriculum. Then, these clinicians joined a master therapist for live REORDER sessions; with experience clinicians were allowed to take the lead in these sessions. Master therapists determined when the trainee could deliver REORDER independently. Audiotapes of the first several sessions delivered were reviewed by a master therapist and feedback provided. Clinicians attended weekly phone group supervision and a master therapist was available on a daily basis for supervision.

All sessions were audiotaped or observed by a master therapist. Sessions were selected randomly for assessment of fidelity with an effort to choose from all of the REORDER clinicians and some balance between phase and session number within a phase. A total of 42 of 315 REORDER sessions (13%) were rated on a 5-point scale for adherence to the manual and overall quality of the session. The rating scale for each variable ranged from 0 (unsatisfactory) to 4 (excellent); a rating of a 2 was considered “good”. The average rating for manual adherence was “good” (mean=2.4; SD=0.7) and 88% (37/42) of sessions were rated as having at least “good” manual adherence. The average rating for overall session quality was also “good” (mean=2.4; SD=0.7) and 95% (40/42) of sessions were rated as having at least “good” overall quality. Of the 42 sessions rated, 17 were rated by two independent raters. Inter-rater reliability was completed after dividing the adherence and overall quality scores into two groups: ratings of 0-1 were considered poor and ratings of 2-4 were considered good. Interrater reliability for manual adherence was moderate (kappa=.68) and for overall quality was exceptionally high (kappa=1.00).