THE UNIVERSITY OF HONG KONG

M.Soc.Sc. in Clin. Psy.

Clinical Supervisor's Corner

Self-Learning Modules on Core Competencies for Clinical Supervision

Module 5: Review and Evaluation in Clinical Supervision

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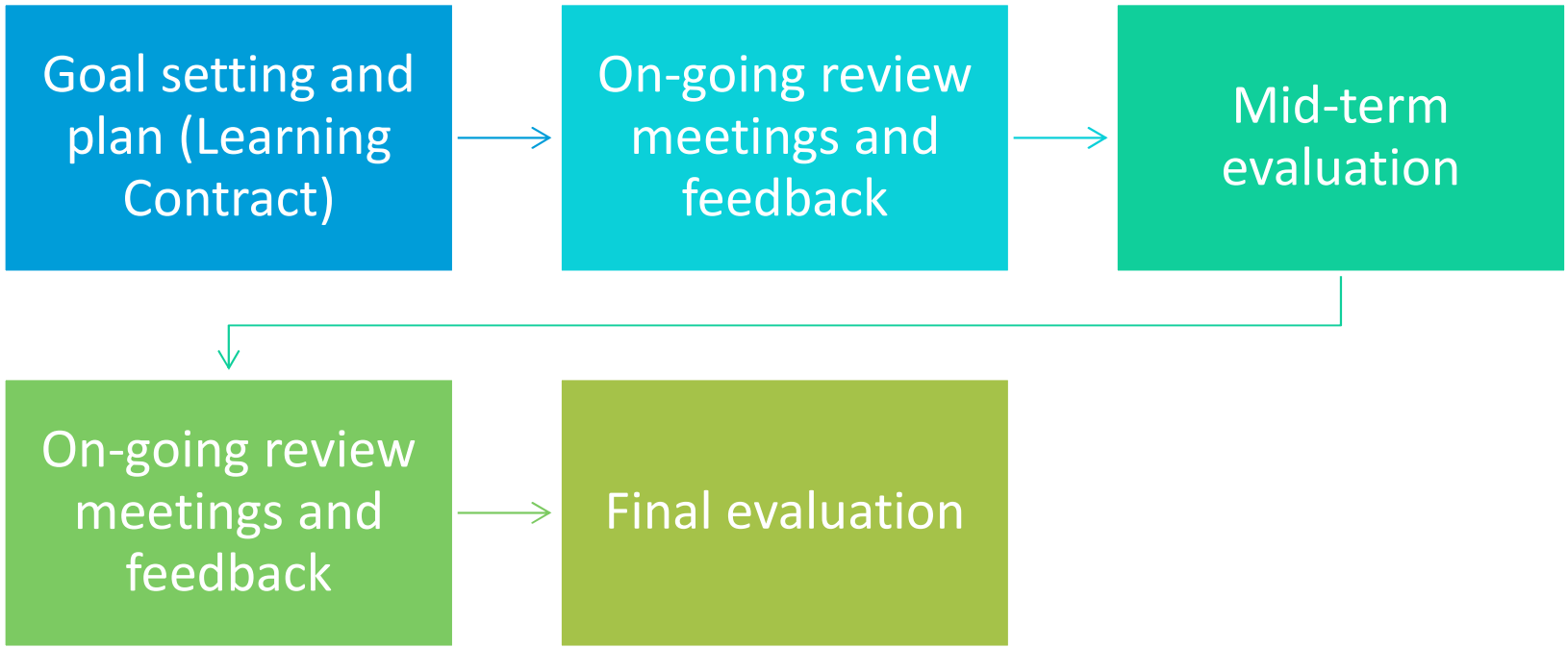
5. Process of Review and Evaluation in Clinical Supervision

5.1 Process of review and evaluation in clinical supervision

It typically includes the development of learning contract and plan (goal setting), mid-term evaluation and final evaluation according to the goals set in the contract, with on-going review meeting and feedback in-between.



5.2 Development of Learning Contract

5.2.1 Components of a learning contract

- Placement objectives (Goal setting)
- Plan for possible passing-out components
- Tentative time, frequency and duration of supervision session
- Format of supervision
- Tentative caseload/workload
- Signature of both supervisor and trainee

5.2.2 Goal setting in clinical supervision

What makes a GOOD goal?

- A good goal should be
  i. written,
  ii. specific,
  iii. realistic,
  iv. challenging, and
  v. Measurable

- It should be accompanied by
  i. an operational definition,
  ii. a set of activities designed for achieving the goal,
  iii. a measurable standard for evaluation, and
  iv. a clear time frame for achieving the standard.

What makes a GOOD goal?

Bad examples:

"to be a good CP", "to improve performance", "to have better time management"

*** not specific enough, difficult to measure, doesn't make sense to have deadline*

Good examples:

1. "to develop empathic listening skills"
2. "to adhere to instructions in assessment manuals"
3. "to leave at least _____ time for physical exercise each week"

One can then proceed to operationally define the goal, and set the activities, standard for evaluation, as well as deadline for these goals.

Linking Core Competencies with Goal Setting

The core competencies listed in the Placement Evaluation Form are good guidelines for goal setting. For instance, the supervisor and trainee can ask themselves, “what does the trainee have to do in order to make good use of the supervision?” (Part A), or “what does the trainee have to do in order to learn to formulate assessment strategies?” (Part B), etc. Reference can also be drawn from the lists of competencies proposed by other training programmes or organizations.

Example 1: The core purpose and philosophy of the profession– A Guide, by BPS: https://www1.bps.org.uk/system/files/Public%20files/DCP/cat-713.pdf

Linking Core Competencies with Goal Setting

Example 2: on the list by University of Leeds, under the core competencies in Supervision, trainees are expected to:

- Understand the roles of both supervisor and supervisee in the supervision process
- Prepare for supervision
- Engage in the supervisory process (for example, asking for/provision of/access to knowledge and learning; the giving and receiving of feedback and constructive criticism; the willingness of both parties to enjoin in debate; the emphasis placed on mutual value and respect)
- Utilize supervision to discuss support issues and needs (including the knowledge and awareness of the boundaries between supervision and support, and a clear understanding that the supervisor cannot and should not act in the role of personal therapist)

Types/Timing of Goal Setting

A. At the beginning of placement

- Setting new and general goals for learning, according to the special characteristics of the
- placement setting, and the developmental level of the trainee.

B. During mid-term evaluation

- Setting specific remedial goals if the trainee is lacking certain competencies to fulfill the
- placement requirements.

Helpful Tips for Goal Setting

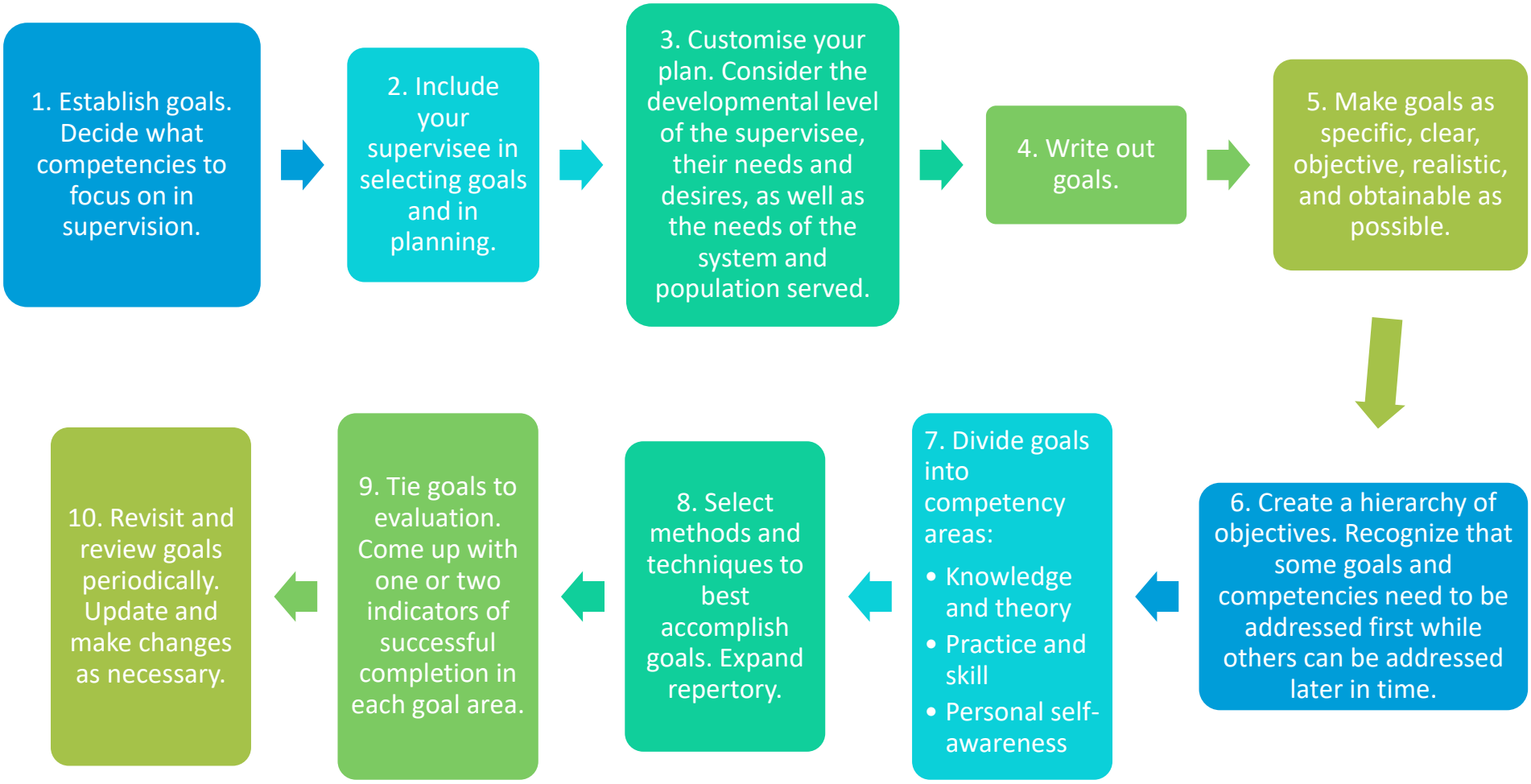
[Campbell, J. (2006). Essentials of clinical supervision, p.114]

Helpful Questions for Supervisor to ask trainee

- "What would you like to get out of supervision with me?"
- "Are there areas of practice or topics about which you would like to learn more or improve your skill in?"
- "Do you have thoughts about what your clients' needs are and how supervision might help you meet those needs?"
- "What would need to happen in supervision to make it worth the time?"
- "What is one thing you would most like to take away from this experience?"
- "What are some ideas you have from your other supervision experiences that might help improve supervision with me?"
- "How can I be of most help to you as you work with your clients?"

Ten Steps for Goal Setting and Planning

[Campbell, J. (2006). Essentials of clinical supervision, p.120]



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5.3 Samples of Learning Contract

Appendix 3 Sample Learning Contract

Placement Setting:

Placement Block:

Start Date:

Tentative Mid-Placement Evaluation Date:

Tentative End Date:

Placement Objectives:

Possible Passing-Out Components:

Tentative Time, Frequency and Duration of Supervision:

The followings would be included in supervision (e.g. direct client contact, reflections, discussions regarding theory/models, modelling and role play, group supervision, etc.):

Tentative Caseload/Workload (type, size and range) :

(Signature)	(Signature)
Clinical Supervisor	Clinical Psychology Trainee
Date:	Date:

5. 4 Review and Evaluation in Clinical Supervision

5.4.1 About Clinical Supervision

- It is recommended that there should be on average at least one hour of direct contact with the clinical supervisor for each full day of placement4. Direct contact should include:
  i. Face-to-face supervision
  ii. Observation of supervisor performing clinical work, and
  iii. Observation of trainee performing clinical work.

- Each of these components should not be less than 20% of the direct contact hours.

5. 4 Review and Evaluation in Clinical Supervision

- Various forms of team supervision for groups of trainees are acceptable.
- But each trainee must have a named supervisor who is responsible for the co-ordination of his/her supervision and who formally assesses the trainee in consultation with other supervisor(s) involved.
- Where supervision comprises a mix of individual and small group formats, no less than 50% should be individual supervision.
- During individual supervision, trainees must be provided with opportunities to discuss issues related to professional development, overall workload and organizational difficulties as well as on-going case work.
- Longer supervision should be arranged whenever needed.
- In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions.

5.4.2 Components of evaluation

Evaluation refers to a predesigned procedure for providing regular feedback structured around agreed-on goals.

Specific components include:

- constructive criticism balanced with encouragement,
- regular feedback (Henderson, Cawyer, & Watkins, 1999),
- articulation of shared expectations and mutual goals for the supervision and relationship (Leddick & Dye, 1987), and
- constructive confrontation (Gandolfo & Brown, 1987; Henderson et al., 1999; Miller & Oetting, 1966), (Falender & Shafranske, 2004).

5.4.3 General guidelines for conducting evaluation

Bernard and Goodyear (1998) advise that evaluation must be conducted sensitively. Supervisors should note that:

i. the relationship between supervisor and supervisee is unequal
ii. a clear contract is needed (that clarify the methods, goals and expectations of supervision)
iii. supervisee defensiveness should be taken into account and addressed
iv. individual differences need to be discussed
v. evaluation procedures and processes should be clearly defined
vi. evaluation should be a formative as well as a summative process that is present throughout supervision
vii. life events external to the supervisory relationship should be taken into account for the final evaluation
viii. the evaluation must be institutionally supported. Supervisor decisions need to be trusted and honoured, while respecting the supervisee's right to reply
ix. avoid rushing to conclusions at an early stage of the supervision
x. supervisors should invite feedback on their own performance
xi. attention must be paid to the supervisory relationship. If it falters, evaluation becomes questionable
xii. supervisors should enjoy supervision

5.4.4 Types of evaluation in psychology traineeship

A. Summative evaluation
   - Summative evaluation is an objective assessment of competence and performance that yields evaluation outcomes in terms of grades, ratings passing or failing. In this type of evaluation, role conflict may be conceived by the supervisor who on one hand is supportive towards the trainee's professional and personal growth but on the other giving hard facts on how the trainee is not up to the requirements of the traineeship.

B. Formative evaluation
   - Formative evaluation focuses on skill refinement and identification of personal issues that may be impeding clinical practice.

5.4.5 Types of evaluation in psychology traineeship

Summative evaluation

- is a more formal process
- ensures the supervisor's accountability to the supervisee, the academic and clinical training programs, and the profession and ultimately safeguarding the public
- involves ratings of performance in relation to the extent to which the training objectives were met
- is usually conducted at the midpoint and at the end of the rotation
- also serves as a training record

Formative evaluation

- is continuous
- uses both formal & informal procedures
- e.g. ongoing inquiry and critique on the supervisee's effectiveness in performing clinical services
- e.g. the use of instruments and observation procedures to provide reliable, valid and useful feedback to trainees.
- considers the supervisee's ability to reflect on the therapeutic process, his or her contributions to it, and his level of competence

5.4.6 Conducting formative evaluation

A) Reflective

- "I wonder how that felt to you?"
- "I wonder what you were thinking or feeling when…"
- reflection on the impact of a particular client on the supervisee
- observation of a behaviour or event that was unnoticed in the session
- a general observation about the role of the therapist in relation to the clients

B) Integrative

- "Let's think about that and how it fits in the direction in which you see the family moving"
- "Where would pursuing that option have led to?"
- "What was your thought process when you let that opportunity pass?"

C) Neutral

- "It would be interesting to know…"

D) Empowering

- "Your skill set has markedly enlarged, and with it your integration of clinical material"
- "Your use of the metaphor far surpasses your self-assessment of play-therapy competence"
- "Think about how well you approached the same problem last month when the mother was so angry"
- "Your skillful use of the metaphor paved the way for the child's disclosure about her level of pain"

5.4.6 Conducting formative evaluation

E) Analytic

- "Let's analyze the pattern of what has been happening in the past three sessions"
- "I'm wondering what your thought process would have been if there were any other ways to have linked that situation to the history of abuse"

F) Responsive

- "It seemed like you were wondering which way to proceed"
- "What emotions were elicited in you when your client accused you of being unfeeling?"

G) Corrective

- "It would be interesting to see what prefaces besides disclaimers you could use"
- "I am wondering what other ideas you and I can come up with to get around the problem of the mother's continuing to ignore the child's appropriate behaviour"

H) Concern

- "I'm concerned that the mother started to bring up punishment and you changed the subject. Why do you think that happened?"
- "The fact that you did not follow up with the input about exploring possible child abuse in this case is a legal breach as well as a breach of professionalism"

5.4.6 Conducting formative evaluation

I) Evaluative

Positive

- "You are responding much more clearly and empathically to this family, a direction we indicated in your goals. Good job"

Negative

- "You are continuing to ignore affective expression of this child. Attending to the child's affective expression is a goal in your contract, and I am increasingly concerned that the efforts we are making to improve this area are not succeeding"

- "I am continuing to be concerned about how you do not seem to be integrating the concept of process in your clinical work. For your level of training and experience, I am very surprised that you are not progressing more easily"

5.5 Mid-term Evaluation

- There should be a mid-placement evaluation of the Trainee's progress and the training experience provided in the placement.
- The review can be conducted just between the Clinical Supervisor and the Trainee if the progress is satisfactory.
- The Trainee has the responsibility to report to the Practicum Course Instructor about the completion of the mid-placement evaluation and spell out all concerns or suggestions arising from the evaluation cc copy to the Clinical Supervisor.
- If either the Clinical Supervisor or the Trainee finds it helpful to have the Practicum Course Instructor's presence in the mid-placement evaluation meeting, this can also be arranged.
- If there are serious concerns of the Trainee's performance or conduct, the Clinical Supervisor is strongly advised to fill out the Placement Performance Evaluation Form at mid-placement, and should discuss with the Practicum Course Instructor as soon as possible.

5.6 Final Evaluation

- At the end of the placement, the Clinical Supervisor should complete the Placement Performance Evaluation Form.
- The Trainee should be given the opportunity to read and discuss the comments on the Evaluation Form. The Evaluation Form will be passed to the Practicum Course Instructor through the Trainee or by post.
- The Clinical Supervisor should keep a copy as record.

5.5 Responding to problematic behaviour of trainees

- If problematic behaviour of a trainee is identified, a four-step model (Lamb, Cochran, & Jackson, 1991) for responding could be considered. Revision to the model was made by Falender and Shafranske (2004):

Step 1

- Supervisor consults to the trainee to clarify their concern
- The concerns and consultations are documented
- Give the trainee ample chance to remediate the deficiencies and provide a formal reply
- Make a remediation plan

Step 2

- The training staff implements a full range of interventions and observes the impact.
- Modify the supervision procedure and other elements of supervision and add other interventions as necessary
- Notify the trainee's school

Step 3

- Failing the trainee or expulsion from the training is considered
- If probation is necessary, notify the trainee in writing
- Share the information with the school
- Follow the due-process steps, i.e. ensure the trainee have a clear understanding of the requirements of the placement, knowledge of the means and tools of evaluation, and opportunity for notice, defence and appeal
- If expulsion occurs, the school and the trainee are simultaneously notified
- Plan the process and time for departure

Step 4

- Address the impact of the probation or expulsion with all the remaining trainees, staff members, the academic program, and the trainee himself sensitively

5.7 Responding to problematic behaviour of trainees

Remediation strategies (Lamb, Roehlke & Butler, 1986; Knoff & Prout, 1985)

- Monitoring and evaluation
- Case-load modifications
- Intensive interventions e.g. live observation, cotherapy with the supervisor, required supplemental courses, leaves of absence
- Additional clinical field experiences
- Trainee to receive personal therapy

5.8 Feedback to supervisors

Providing feedback to the supervisor regarding his performance should be an integral part of the evaluation process (Falender & Shafranske, 2004).

Sources of information can include (Dendinger & Kohn, 1989):

- self-assessment
- the supervisor of the supervisor
- fellow supervisors
- supervisees (e.g. on the supervisory relationship, agreement levels, knowledge, communication)
- individuals outside the agency who can give an expert assessment of the supervisor's skill base

Dimensions of review and evaluation may include:

- progress towards supervisory contract goals
- time spent with the supervisee in consultation or observation of live or taped interviews
- the extent and frequency that detailed feedback about progress is given