RESEARCH TEAM

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Supervision literature and research over the past few years is striking in its acknowledgement that our health climates’ driven by a concern for accountability (with a predominance on evidence based practice, practice based evidence, competencies and outcome measures), are here to stay for some time (Watkins, 2011, Falendar, 2014)

What does this mean for supervision?
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<th>Evidence-Based Practice</th>
<th>Practice-Based Evidence</th>
<th>Outcome Measures</th>
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<td>Using research generated knowledge or evidence to design, implement and evaluate the</td>
<td>It involves using assessment and outcome data from practice with ‘real client work’</td>
<td>“Outcome measures provide the ability for service users, clinicians, managers, and</td>
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<td>most effective interventions</td>
<td>which, cumulatively and singly, demonstrate the effectiveness of therapies.</td>
<td>organisations to measure change (improvement, deterioration or maintenance) in</td>
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<td>health, wellbeing and circumstances over time. Change between one collections to</td>
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<td>the next is known as an outcome”.</td>
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<td><em>(Wright-St Clair, Reid, Shaw, &amp; Ramsbotham, 2014)</em></td>
<td><em>(Miller, 2017)</em></td>
<td><em>(Te Pou, p. 5)</em></td>
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1. As supervisors of practitioners and/or students in practice

   e.g.: Alcohol and Drug Outcome Measures (ADOM)  
        (Ministry of Health)  
        Substance Choices Scale Brief Intervention (SACS -BI)

2. The evaluation of our supervision practice(s)
THE LANDSCAPE OF SUPERVISION EVALUATION

1. Supervision is a distinct professional activity (Falender, 2014; Maidment & Beddoe, 2012)


3. Call for more extensive research, and evalulative data, to evidence such contentions.

Falender (2014) argues, that “for clinical supervision it is time to realize that artful practice, experiential validity, and general assumption of efficacy do not measure up in the implementation science and competency era” (p. 143).
4. Extensive debate/research on how best to evaluate supervision.

Raft of measures and instruments - 49 identified, concern with lack of coherency and collective response. (Wheeler & Barkham, 2014)

- Manchester Clinical Supervision Scale  Winstanley, (2000)
- Supervision Working Alliance Inventory  Bahrick (1989), Ladany, Mori & Mehr (2007)
5. Gap between theoretical models of supervision and evaluation models tend to be from other disciplines e.g.: medicine. (Milne, 2014)

6. Evaluation theory itself is vast and complex and poorly understood. Evaluation theories need to be considered in terms of their emphasis on use, value and method (Alkin & Christie, 2004)

7. More fundamentally we are not clear on what constitutes effective supervision. “A clear set of assumptions, operationalized supervision processes, and tests of the impact of these on supervisees and client outcomes are lacking…” (Falender, 2014, p.143).
OUR RESEARCH

Four professions – counselling, social work, mental health nursing and psychology.

Two phase qualitative research study using a mixed-method approach

- Phase one comprised 24 semi-structured interviews
- Phase two on-line qualtrics survey - 51 counsellors out of 329 participants

Aim: to map current practice of evaluation of supervision and what participants considered best practice to be.
RESEARCH FINDINGS

Current Evaluation Practice

Supervision process evaluation
Process and outcome combined
Session by session and annually
Largely informal and/or focused dialogue between supervisor and supervisee
Some awareness of tools and measures little use

Best Practice

Support for process and outcome combined rather than process only
More frequent and structured evaluation wanted
Guidelines re evaluation and what is possible to evaluate in supervision
Checklist to use
Support and collective evaluation response from professional bodies and organisations
BROAD QUESTIONS....

1. What are the most important questions that evaluation can address?

2. What use do we want to make of evaluative work? (as individuals and collectively) Who are the audiences in varied domains of practice?

3. What evaluation theories would suit us – meaningfully, theoretically, philosophically and methodologically as a profession?
1. Begin from a clear conceptualisation of supervision – what are we hoping to achieve?
2. Is supervision according to our conceptual foundations being achieved with ‘integrity’?
3. Do the intended impacts for the practitioner [supervisee] take place?
4. Does the impact then get enacted in the counsellor’s practice?
5. To consider comparative evaluation of supervisee’s client outcomes with the above evaluations.
REFERENCES


Ladany N., Mori Y., Mehr K. (2007). Trainee perceptions of effective and ineffective supervision interventions, Lehigh University, Bethlehem, PA: Unpublished manuscript.


