

‘GETTING TO GRIPS WITH’ EVALUATION AND SUPERVISION

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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?

Evidence-Based Practice	Practice-Based Evidence	Outcome Measures
<p data-bbox="69 379 719 762">Using research generated knowledge or evidence to design, implement and evaluate the most effective interventions</p> <p data-bbox="69 1203 674 1426">(Wright-St Clair, Reid, Shaw, & Ramsbotham, 2014)</p>	<p data-bbox="748 379 1413 932">It involves using assessment and outcome data from practice with ‘real client work’ which, cumulatively and singly, demonstrate the effectiveness of therapies.</p> <p data-bbox="748 1203 1111 1267">(Miller, 2017)</p>	<p data-bbox="1496 379 2219 1342">“Outcome measures provide the ability for service users, clinicians, managers and organisations to measure change (improvement, deterioration or maintenance) in health, wellbeing and circumstances over time. Change between one collection to the next is known as an outcome”.</p> <p data-bbox="1496 1369 1850 1433">(Te Pou, p. 5)</p>

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)
2. Benefits of supervision for supervisors, supervisees, service users and organisations (Carpenter, Webb & Bostock, 2013, Watkins, 2011)
3. Call for more extensive research, and evaluative 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 Bahrck (1989), Ladany, Mori & Mehr (2007)
- Leeds Alliance in Supervision Scale (LASS). Wainwright (2010)

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?

EVALUATION CHECKLIST ADAPTED FROM FIDELITY EVALUATION FRAMEWORK (MILNE,2014)

- COMBINING PROCESS AND OUTCOME EVALUATION & SUPERVISION THEORIES

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.

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