Clinical Supervision Training Program
Final Report

Prepared for

Primary Health Branch, Rural & Regional Health & Aged Care Services Division,
The Department of Human Services

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THE BOUVERIE CENTRE, VICTORIA’S FAMILY INSTITUTE - LATROBE UNIVERSITY
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Clinical Supervision Training Program
Final Report

1.0 Executive Summary

This final report details the successful planning, marketing, implementation and evaluation of five trainings encapsulating all eight DHS regions. A total of 68 workers (with 78 initially registering) from 35 Community Health Services completed supervision training. The reported improved confidence in Clinical Supervision is likely to translate into improved client outcomes, staff morale and retention rates longer term.

The program was built on The Bouverie Centre’s previous state-wide training in clinical supervision in the ATOD sector and was further enhanced by consultation with the community health field.

A pre and post clinical supervisory skills scale, session by session evaluations and overall training evaluation, were used to elicit feedback about the training from participants.

The Pre and Post Clinical Supervisory Skills Scale was designed to evaluate the learning objectives of the training and to provide a measure of supervisor’s level of confidence connected to the key learning tasks, functions and knowledge related to supervision. There was a statistically significant improvement in the mean level of supervisory confidence between the start and finish of the training program ($p<.001$). Regardless of gender, region (metropolitan vs. non-metropolitan), years of experience, or training group, participants’ average confidence ratings increased following the supervisory training ($pre\ M=6.05$; $post\ M=7.84$). Analyses of individual questionnaire items show all aspects of participants’ supervisory knowledge and practice measured had improved at a statistically significant level. Such findings suggest the learning objectives for the course were successfully achieved.

Analysis of participants’ sessional feedback show Presentation Style and Content of the six training sessions were rated highly. Presentation had an overall mean rating of 4.39 out of 5 and Content had an overall mean rating of 4.36 out of 5. Participants’ self-reported satisfaction with Course Content was, however, jointly influenced by the training session (i.e., Day 1 or Days 2 to 6) and training group.

Results from the overall evaluations indicate a very high level of satisfaction with the overall quality and standard of the program with a mean rating of 4.54 out of 5. Participants’ overall rating of the training experience did not differ statistically by training group with means ranging from 4.31 to 4.85 between the groups.

Qualitative data indicates there were considerable benefits of the course to supervisory practice including: i) structure and framework within supervision practice; ii) increased confidence in both ‘self’ and supervision provision; iii) stimulated enthusiasm for further training, knowledge and commitment to supervision; iv) increased knowledge of the elements of supervision, the different models and skill development; v) opportunity to reflect and clarify role as both a
supervisor and supervisee; and vi) interactive nature of course.

Few improvements were recommended aside from some changes to the delivery of course material and structural aspects of the program. One hundred percent of participants indicated they would recommend the training to other workers.

2.0 Recommendations

The CHS Clinical Supervision Training Project has been well received across the sector and has created a demand for more supervision training and ongoing support and supervision for supervisors.

2.1 Recommendation for Further Training:

The Department of Human Services fund The Bouverie Centre to provide “catch-up” 6 day training programs for new supervisors and supervisors who missed the first round of training, each year.

The CST training is in high demand across the community health sector. This is evidenced by 11 workers registered on our waiting list and others who have expressed interest in attending further courses. CST catch-up courses will also provide the opportunity for community health services to induct new supervisors as experienced staff leave.

2.2 Recommendation for Ongoing Practice Development for Supervisors:

That the Department of Human Services fund The Bouverie Centre to set up and facilitate ongoing supervision practice development and review groups for current supervisors who have completed CHS clinical supervision training. To increase the current offer of one facilitated session annually per group, to four facilitated sessions annually per group.

To ensure effective and high quality supervision in the sector, supervisors require ongoing professional development and support with regard to their supervisory practice. Professional Associations such as Social Work, Psychology and Family Therapy all require accredited supervisors to have supervision of their supervision practice to maintain and further develop skills, ensuring quality and maintaining standards. Group supervision for supervisors also provides a forum to strengthen ties across agencies, to maintain a high practice standard and to discuss complex ethical dilemmas. Our evaluation showed that a large number of training participants
requested groups for supervisors to continue, in order to develop their supervisory skills.

2.3 Recommendation to Follow-up Training Participants:

That the Department of Human Services fund The Bouverie Centre to investigate the impact of the CST training on supervisor’s practice.

The Bouverie Centre is committed to provide quality training which assists participants to increase their confidence, skills and to change practices. Often short term training is only evaluated by participant satisfaction ratings. By conducting follow-up evaluations of CST participants it may be possible to gain an insight into how community health supervisors have changed their practice and what contribution DHS sponsored training has made to supervisory practice in community health services. Whilst according to the literature, the impact of improved confidence in Clinical Supervision is likely to translate into improved client outcomes, staff morale and retention rates longer term, research into longer term client and staff impacts is suggested. The results of an in-depth investigation of clinical supervisory practices in community health would provide valuable information to support existing policy guidelines and influence future policy in community health counselling, including specific knowledge about how to promote workforce retention in public services.

3.0 Introduction

This Final Report provides a comprehensive overview of the consultation, pre-training, program delivery and evaluation process. Since the commencement of the project in July 2006, The Bouverie Centre, Community Health Clinical Supervision project team has:

- completed a training needs analysis;
- developed a specific six day curriculum;
- constructed a pre and post scale to measure the impact of training on participants’ learning;
- assembled and written a comprehensive workbook for training participants;
- organised an extensive training timetable;
- completed five training programs;
- evaluated the effect of training on both participant satisfaction and pre- and post- training learning; and
- compiled a comprehensive project report with recommendations.

Details of the points listed above appear below in this report.
4.0 CHS Clinical Supervision Training Needs Survey

**Introduction:**
The Bouverie Centre undertook a training needs analysis to inform the delivery of Clinical Supervision Training specifically to Community Health Supervisors. The results of this survey assisted us to design a training package that was flexible enough to meet the needs of the majority of participants while addressing the core skills of supervision.

**Method:**
Questionnaires accompanied by expressions of interest in the training were sent to every Community Health Service in Victoria. The survey was designed to assess self-rated competency of prospective participants on a range of core supervisory skills. It also asked respondents to rate to what extent the clinical supervision training should focus on these topics. Survey responses were used to design the learning objectives for the training and the curriculum. The questionnaire, which comprised of eighteen questions, identified important facets that prospective participants wanted to develop better skills in.

**Results:**
A total of 61 Community Health staff completed the needs survey. The majority of requests (58) came from workers within agencies that currently offer some form of supervision. Supervision arrangements varied from Individual, Peer Group, Facilitated Group, and External to Agency, to combinations of all four. Furthermore, most supervisors interested in the training (41) indicated they were yet to receive specific training in supervision.

Overall the results show only a small percentage of respondents (ranging from 0 to 29.5%) reported little or no interest in any of the proposed subject areas. According to Table 1, prospective participants were most eager to learn about identifying factors which enhance successful supervision, managing the tension between multiple roles and tasks in supervision, and developing and/or integrating their own supervisory framework (average ratings 3.72, 3.45, 3.44 respectively, on a 4 point scale, where 1 indicates None and 4 indicates A lot.)

Generally the variation between individual respondents was far greater than any variation linked to whether respondents had received specific training in supervision. However, analysis of the data reveals that those who reported receiving some formal supervision training were, on average, slightly more interested (M=3.11) in working with issues such as culture, power, class and gender in supervision than those who had not received specific supervision training (M=2.69).

The number of respondents indicating interest in learning about specific subject areas can be seen in the table below, as well as the average response.
### Table 1: Needs analysis; averages and frequency of responses

<table>
<thead>
<tr>
<th>Need</th>
<th>None</th>
<th>A little</th>
<th>Some</th>
<th>A lot</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand the range of available supervisory frameworks.</td>
<td>6</td>
<td>31</td>
<td>24</td>
<td></td>
<td>3.30</td>
</tr>
<tr>
<td>2. Develop and/or integrate your own supervisory framework.</td>
<td>4</td>
<td>26</td>
<td>30</td>
<td></td>
<td>3.44</td>
</tr>
<tr>
<td>3. Manage the tension between multiple roles and tasks in supervision.</td>
<td>1</td>
<td>4</td>
<td>23</td>
<td>33</td>
<td>3.45</td>
</tr>
<tr>
<td>4. Identify factors which enhance successful supervision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Work effectively with conflict in supervision.</td>
<td>6</td>
<td>32</td>
<td>23</td>
<td></td>
<td>3.28</td>
</tr>
<tr>
<td>6. Develop/enhance skills for working with supervisees from diverse professional and/or personal backgrounds.</td>
<td>1</td>
<td>6</td>
<td>25</td>
<td>29</td>
<td>3.35</td>
</tr>
<tr>
<td>7. Give and receive constructive feedback in supervision.</td>
<td>3</td>
<td>38</td>
<td>19</td>
<td></td>
<td>3.27</td>
</tr>
<tr>
<td>8. Monitor the therapeutic or case management relationship between client and worker.</td>
<td>6</td>
<td>30</td>
<td>23</td>
<td></td>
<td>3.29</td>
</tr>
<tr>
<td>9. Consider strengths and limitations of different modes of supervision. (e.g. group, individual, peer, live, email)</td>
<td>1</td>
<td>17</td>
<td>31</td>
<td>9</td>
<td>2.82</td>
</tr>
<tr>
<td>10. Identify various methods of supervision (e.g. action methods, reflecting team, systems analysis, &quot;bells that ring&quot;, questioning styles etc.).</td>
<td>5</td>
<td>27</td>
<td>28</td>
<td></td>
<td>3.39</td>
</tr>
<tr>
<td>11. Work with issues such as culture, power, class and gender in supervision.</td>
<td>1</td>
<td>17</td>
<td>30</td>
<td>11</td>
<td>2.86</td>
</tr>
<tr>
<td>12. Consider various ethical dilemmas in supervision.</td>
<td>4</td>
<td>34</td>
<td>21</td>
<td></td>
<td>3.29</td>
</tr>
<tr>
<td>13. Identify strategies for enhancing staff morale, self care and professional growth.</td>
<td>1</td>
<td>10</td>
<td>22</td>
<td>27</td>
<td>3.25</td>
</tr>
<tr>
<td>14. Identify content and process issues that have particular relevance to supervision in the community health context.</td>
<td>5</td>
<td>26</td>
<td>29</td>
<td></td>
<td>3.41</td>
</tr>
</tbody>
</table>

### 5.0 Organising, Marketing and Designing the Training

(See Attachments A, B & C)

A training timetable was formulated after consulting key regional representatives in order to promote the supervisor training, engage participants, and to book locations and venues suitable for the majority of participants. Local knowledge was also used to contract venues and caterers to provide quality products within budget. An extensive marketing campaign attracted a large number of requests across the majority of regions and a demand strategy was established. This strategy included keeping a waiting list for prospective participants, priority for training given by date of registration and liaising with line managers to determine training priorities where a number of participants applied from the same agency.

The training package and learning objectives were developed after the following processes:

1. Adapting aspects of the supervision course run as part of The Bouverie Centre’s Master of Couples and Relationship Counselling.
2. Building on The Bouverie Centre’s previous experience in formulating and delivering state-wide clinical supervision training for the AOD sector.

3. Conducting a training needs analysis with community health workers.

The training program was designed to be interactive with a mix of experiential as well as didactic teaching methods. Participants received a resource manual and selected reading from the literature.

The course curriculum included:

- Introduction and Learning Objectives – covering the aims for the course as well as participants’ individual learning goals.
- Definitions and the Organisational Context – containing key points from the literature on definitions of clinical supervision, as well the benefits of supervision, while considering the participants’ organisational or service context.
- You as a Supervisor – mapping peoples’ developmental journey as a supervisor, their experiences, and assisting participants to start to understand their own supervisory style. Research findings on effective aspects of quality supervision were also presented.
- Starting Supervision Well – including engagement, contracting, structuring supervision and adult learning principles.
- History, Theory and Models – provision of a comprehensive summary of the major developments and models of clinical supervision. Major theorists and contributors were considered and compared while encouraging participants to identify and develop their own theoretical and practice based concepts.
- Feedback and Evaluation – the principles underlying review and evaluation in supervision were discussed in this section. Templates and suggestions were given, as well as an emphasis on equipping people to provide constructive feedback without shaming supervisees.
- Record keeping – provision of information about what should be documented from a supervisory and supervisee perspective. The process of record keeping, understanding that documentation should be integrated into the organisational context, was emphasised.
- Ethics – this important area of clinical supervision was discussed with particular emphasis placed on the unique circumstances practitioners may find in the Community Health sector. Participants were encouraged to discuss this topic using examples from real life practice.
- Supervision and Diversity – covered the implications of power, gender, race and cultural difference between supervisor and supervisee, as well as
consideration of the differences between the supervisee and client. Guidelines for culturally competent supervision were provided.

➢ Use of Self – topics covered in this section included the supervisory relationship, parallel process, isomorphism and the process of intersubjectivity and how it can relate to supervision. Care of self and the difference between providing supervision, therapy and case management was also be presented.

➢ Modalities and Techniques – provided a wide variety of supervisory techniques and modalities in the field. This section gave a brief overview on group (including peer) models, ‘live’ supervision, critical reflective practice, solution focused, family of origin and action methods.

Learning Objectives for Clinical Supervision Training (as described in the workbook)

Participants will be able to:

1. Understand the range of available supervisory models.
2. Describe their own framework of supervision.
3. Consider the place of supervision in their organization.
4. Identify the different roles and the range of tasks in supervision.
5. Identify factors which enhance supervision.
7. Enhance skills for working with supervisees from diverse professional and/or personal backgrounds.
8. Develop ways of giving and eliciting feedback in supervision.
9. Consider how supervisors make effective ‘use of self’ in supervision.
10. Identify and consider strengths and limitations of different modes and methods of supervision.
11. Consider issues such as culture, power, class and gender in supervision.
12. Identify various ethical issues in supervision.
13. Develop a self care plan and consider its application with supervisees.
14. Consider the purpose of documenting in supervision.
15. Identify issues that have particular relevance to supervision in the Community Health context.

6.0 Training Details

**Participant Numbers**

Five training programs were held from July 2006 to June 2007 (See Table 2). Seventy-eight community health counsellors/workers registered for the training sessions, with 67 attending. See Table 3 for a breakdown of the numbers per training group. A total of 35 community health services were represented in the training (Table 4).

**Table 2: Training Dates**

<table>
<thead>
<tr>
<th></th>
<th>Regions represented in training</th>
<th>Day training was held</th>
<th>Dates of training</th>
<th>Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>CST1</td>
<td>Northern and Western Metropolitan</td>
<td>Tuesdays</td>
<td>26 September, 17 October, 31 October, 21 November, 5 December, 19 December 2006</td>
<td>Dr. Kerry Proctor &amp; Shane Weir</td>
</tr>
<tr>
<td>CST2</td>
<td>Southern &amp; Eastern Metropolitan + Gippsland</td>
<td>Thursdays</td>
<td>28 September, 19 October, 2 November, 16 November, 30 November, 14 December 2006</td>
<td>Julie Beauchamp &amp; Pam Rycroft</td>
</tr>
<tr>
<td>CST3</td>
<td>Barwon, Grampians &amp; North and Western Metropolitan</td>
<td>Tuesdays</td>
<td>20 February, 13 March, 3 April, 17 April, 1 May, 22 May 2007</td>
<td>Dr. Kerry Proctor &amp; Shane Weir</td>
</tr>
<tr>
<td>CST4</td>
<td>Southern &amp; Eastern Metropolitan + Gippsland</td>
<td>Tuesdays</td>
<td>27 February, 13 March, 27 March, 12 April, 24 April, 8 May 2007</td>
<td>Jeff Young &amp; Pam Rycroft</td>
</tr>
<tr>
<td>CST5</td>
<td>Hume &amp; Loddon Mallee</td>
<td>Thursdays</td>
<td>8 March, 22 March, 12 April, 26 April, 10 May, 31 May 2007</td>
<td>Dr. Kerry Proctor &amp; Shane Weir</td>
</tr>
</tbody>
</table>
Table 3: Participant details by training group

<table>
<thead>
<tr>
<th>Workshop (Venue)</th>
<th>Attended</th>
<th>Registered</th>
<th>CH Staff</th>
<th>Non CH Staff</th>
<th>No. of CH Agencies Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>CST1 (Bouverie)</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>CST2 (The Dandenong Club &amp; The Comfort Inn - Dandenong)</td>
<td>16</td>
<td>17</td>
<td>16</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>CST3 (Bouverie)</td>
<td>13</td>
<td>18</td>
<td>12</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>CST4 (The Dandenong Club)</td>
<td>13</td>
<td>14</td>
<td>13</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>CST5 (Bendigo CHC)</td>
<td>11</td>
<td>14</td>
<td>11</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Totals</td>
<td>68</td>
<td>78</td>
<td>67</td>
<td>1</td>
<td>35</td>
</tr>
</tbody>
</table>

Table 4: Participating community health organisations by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Organisation</th>
<th>Number Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barwon</td>
<td>Barwon Health</td>
<td>5</td>
</tr>
<tr>
<td>East Metro</td>
<td>EACH</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Inner East CHS</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Knox CHC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>MonashLink</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Ranges CHS</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Whitehorse CHS</td>
<td>2</td>
</tr>
<tr>
<td>Gippsland</td>
<td>Bass Coast CHS</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Latrobe CHS</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>W Gippsland HCG</td>
<td>1</td>
</tr>
<tr>
<td>Grampians</td>
<td>Grampians CHC</td>
<td>1</td>
</tr>
<tr>
<td>Loddon-Mallee</td>
<td>Bendigo CHS</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Castlemaine &amp; District CHC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Cobaw CHS</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Echuca Primary Care</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Echuca Regional Health</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Inglewood &amp; District Health</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Service</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Kyabram &amp; District Health Services</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Maryborough District Health Service</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Swan Hill District Hospital</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 4: Participating community health organisations by region (Continued)

<table>
<thead>
<tr>
<th>Region</th>
<th>Organisation</th>
<th>Number Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>North &amp; West Metro</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Banyule CHS</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Dianella CH</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Doutta Galla CHS</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>ISIS Primary Care</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Moreland CHS</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Nth Richmond CHS</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nth Yarra CHS</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Nillumbik CHS</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Western Region Health Centre</td>
<td>2</td>
</tr>
<tr>
<td>South Metro</td>
<td>Cardinia Casey CHS</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Caulfield CHC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Frankston CHC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Greater Dandenong CHS</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Inner South CHS</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Peninsula CHS</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>

Graph 1: Percentage of CH participants who attended training July 2006-June 2007 by region
There were low numbers of participants from some regional and rural areas. Caution should be exercised before speculating why some regions were under represented. The training was advertised extensively throughout Victoria. Locations for training (particularly for regional venues) were selected to suit the majority of regional workers who submitted “expression of interest” forms. Possible explanations are as follows:

- Generally in regional areas there are fewer workers in senior positions who would benefit from the training.
- The previous ATOD clinical supervision training was attended by workers in regional areas who were employed in community health services. This is particularly true of the Grampians and Hume regions.
- The timing, location and number of the courses limited the choices and opportunity from people from regional areas to attend.

7.0 Evaluation by Participants

7.1 Session by Session Feedback

Evaluation forms were completed by participants at the conclusion of each session. (See Attachment D). Participants were asked to rate the Presentation Style and Content of each day’s training, as well as the Venue and Catering, using a 1 to 5 scale. Table 5 below presents the mean satisfaction ratings for Presentation, Content, Venue and Catering across all six sessions by training group. Note: high scores indicate higher levels of satisfaction.

Table 5: Mean ratings for presentation style, content, venue and catering by training group

<table>
<thead>
<tr>
<th></th>
<th>Presentation Style</th>
<th>Course Content</th>
<th>Venue</th>
<th>Catering</th>
</tr>
</thead>
<tbody>
<tr>
<td>All training groups</td>
<td>4.39</td>
<td>4.36</td>
<td>3.70</td>
<td>3.79</td>
</tr>
<tr>
<td>CST1</td>
<td>4.25</td>
<td>4.26</td>
<td>3.56</td>
<td>3.89</td>
</tr>
<tr>
<td>CST2</td>
<td>4.53</td>
<td>4.54</td>
<td>3.69</td>
<td>3.68</td>
</tr>
<tr>
<td>CST3</td>
<td>4.40</td>
<td>4.40</td>
<td>3.69</td>
<td>4.44</td>
</tr>
<tr>
<td>CST4</td>
<td>4.35</td>
<td>4.19</td>
<td>3.86</td>
<td>3.43</td>
</tr>
<tr>
<td>CST5</td>
<td>4.43</td>
<td>4.38</td>
<td>3.70</td>
<td>3.52</td>
</tr>
</tbody>
</table>

Table 5 indicates that participants were on average very satisfied with the quality of the training provided. For example, the content of the course and the manner in which it was delivered obtained overall mean ratings of 4.36 and 4.39 respectively across the six training sessions.

Closer inspection of the mean satisfaction scores shows some variability between the five different training groups. A series of statistical analyses were conducted to
further explore the effects of training group and training session on participants’ satisfaction with the program. Differences between the mean Presentation Style scores assigned to the six training sessions by the various training groups did not reach statistical significance at the p<.025 level (F(4, 313)=2.64, p=.034). Nor did the training session (i.e. Day 1 or Days 2 to 6) attended have a significant effect on Presentation Style ratings (F(5, 313)=.58, p>.05).

Graph 2: Mean ratings for presentation style by training group

While mean ratings of Course Content were found to differ significantly between the five training groups (F(4,312)=3.77, p=.005), such findings should be interpreted with caution. Differences between the groups’ average Course Content scores were moderated by which training session (i.e., Day 1 or Days 2 to 6) was attended (F(20,312)=1.91, p=.01). Post hoc comparisons using the Turkey HSD test indicate that Group 4’s mean ratings of Day 3’s Content (M=3.83) were statistically different to Group 2’s (M=4.80) and Group 3’s (M=4.70) ratings. Similarly, the Content of Session 5 was rated less favourably on average by Group 4 (M=3.73) than by Group
2 ($M=4.69$) or Group 5 ($M=4.71$). These mean differences were statistically significant.

The dynamic and experiential nature of the course coupled with diversity between participant groups and the diversity among the trainers may well have contributed to the variance in session ratings between groups. The variance in the rating of session content did not detract from the overall participant satisfaction of the training program.

**Graph 3: Mean ratings for Course Content by training group**

![Graph showing mean ratings for Course Content by training group](image)

Note: Scale of graph exaggerates variation.
7.2 Overall Rating of the Training Program

Participants completed an overall evaluation form following the completion of the whole program to gauge their overall satisfaction with the training (See Attachment E). It asked participants to rate the calibre of the training program using a 1 to 5 scale, where 1 equals “Unsatisfactory” and 5 equals “Excellent”. It is also designed to elicit qualitative feedback from participants regarding the benefits of the training to supervisory practice and suggestions for improvement.

Quantitative Feedback

An overall mean satisfaction rating of 4.54 was obtained from 61 participants (where the maximum score = 5). This result, when coupled with the sessional feedback (presented in Section 7.1), suggests the training program was perceived as meeting a high standard. There were no statistically significant differences in the level of overall satisfaction reported by the five training groups ($F(4,56)=2.39, p>.05$).

Although there was no statistical difference in overall satisfaction between the groups it is interesting to note that the two training groups (CST 3 and 4) with the lowest overall satisfaction ratings recorded the most improvement on the pre and post supervisory confidence scale (see table 6).

Graph 4: Mean ratings for overall satisfaction with the training program by training group
Qualitative Feedback

Open ended questions were asked to elicit participant feedback about the following areas of the course:

a) Benefits of training to supervisor practice
b) Course improvements
c) Recommending the course to other workers
d) Other general comments

Within these above areas, themes developed from the participants’ open ended responses and are as follows:

a) Benefits of training to supervisory practice

i) Structure and framework within supervision practice

*Example responses included:*
- It has changed the way I will prepare for supervision and work with supervisees.
- Clearer framework = more confidence.
- Self care plans, contracts and use of Symbolic work.
- Clearer contracting. More reflection and more of a sense of framework.
- Deeper thinking around accountability issues.
- Useful frameworks for understanding the process of supervision - ensuring effective outcomes.
- The importance of documentation, contracts and evaluations.
- This course has helped me gain a formal and comprehensive framework for conducting supervision.

ii) Increased confidence in both ‘self’ and supervision provision

*Example responses included:*
- Confidence in trying different modes of supervision.
- I will be more confident, creative and hopefully effective in providing good supervision.
- More reflective of self.
- I can transfer my learning to many situations including management issues. A great course in leadership too!
- This course has improved confidence in my abilities and helped me to explore my ‘self’. I can explore new strategies for improving my mistakes/weaknesses.
- Given me the opportunity to build my confidence in my ability and what I have to offer as a supervisor.
- Self reflection as an ongoing discipline. Confidence in giving adverse feedback.
- Greater awareness.

iii) Stimulated enthusiasm for further training, knowledge and commitment to supervision

*Example responses included:*
- Confidence to begin supervision in future.
• It has challenged my thinking, stimulated my enthusiasm and broadened my perspective.
• Inspired me to keep learning and networking.
• Has whetted my appetite for greater understanding of psychology.
• I now have the intention to seek support of management to request Bouverie to assist in the set up of peer supervision group formally.
• Highlighted the need for me to get my own clinical supervisor

iv) **Increased knowledge of the elements of supervision, the different models and skill development** – Broadening participants perspective and improving quality of supervision

*Example responses included:*
• Having permission to leave agendas aside.
• Willingness to try different approaches = potentially different outcomes.
• To take the supervising as an important and also accountable aspect of clinical work
• Greater range of skills to use due to the increased awareness of issues to consider.
• More creative supervision practice.
• A greater depth of understanding the various issues relevant to providing good supervision and ways of approaching these.
• Opening up varying styles of supervision.
• Greater understanding of skills needed to conduct effective supervision.
• More ways than one to work with a resistant group.

v) **Opportunity to reflect and clarify role as both a supervisor and supervisee**

*Example responses included:*
• To think more carefully about the structure and frame of the supervisory relationship.
• Encouraging open feedback from supervisees.
• Consolidation of knowledge, skills and clarification of role.
• Opportunity to reflect on style, practice and continuum.
• Clear understanding of what supervision is and of different models.
• More focus and attention to what’s happening for the supervisee.
• Greater awareness of what to expect as a supervisee and contribution towards the process of supervision.

vi) **Reference Material**

*Example responses included:*
• A solid base to come back to in terms of resources, ideas and contacts.
• Able to self-reflect on work using the materials in the course.
• Resource book to use as a reference.

vii) **Interactive nature of course**

*Example responses included:*
• Use of role plays, feedback techniques and questioning.
• Practice learnings shared by other participants will hopefully enrich my practice.
• Sharing experience and ideas.
• Triad role plays.
• Practical experiences prior to "real" supervision.

b) Course Improvements

i) Positive comments expressing satisfaction with the course – Many participants stated (when asked the above question) that there were no improvements needed.

Example responses included:
• Overall very well organised. The day went quickly with the variety of activities.
• Found all the subjects/topics useful.
• Keep it going as is.
• It is good to have so many days to develop. Worked particularly well for experiential work.
• Great content.
• The course was great and facilities lovely - really supportive, encouraging and nurturing. The facilitators set the scene for a safe environment that helped me feel more able to "stretch" myself professionally and personally - thank you.

ii) Improvements in the way some material was delivered – Comments varied as participant’s strengths and interests were broad, resulting in mixed reviews concerning various tasks, activities and modalities used to engage participants in learning material.

Example responses included:
• DVD/live examples - particularly of gifted supervisors and supervision would be fantastic.
• More exploration of symbol work, magnets and creative process in supervision.
• Group discussions to be allowed to be taken to a deeper level.
• Not so much emphasis on triads (triads were a bit hit and miss). A few different techniques offered, i.e. reflecting teams/groups - more of these - watching leaders in action. At times I have come away feeling less confident due to apparent confidence of others.
• For me there was actually a bit much supervision practice - lost its strength towards the end.
• The way theory is presented - it's often hard to absorb.
• Clearer explanation of some of the tasks we had to do.
• Less slides.
• Case supervision tended to be blurred into line management supervision. It would have been good to talk more directly about this and other dilemmas and challenges of the Community Health context.
• Encourage summary report of previous sessions to be completed & reviewed next session - formal homework.
iii) **Structural aspects of the course** – *Time management as a whole and within individual sessions.*

**Example responses included:**
- One more session focused on group supervision.
- Opportunity for fuller/longer discussion on key issues. Eg giving constructive feedback.
- I feel it would be easier to integrate the ideas of the sessions if they were held on consecutive days.
- Perhaps look at 8 sessions and expand a couple of the areas such as practicing the learnings.
- If the course is run at the end of the financial year, or at the end of the year, the work/pressure demands can make attendance difficult to achieve.
- I feel like it could be shorter - few areas that I found difficult to stay energized or to see relevance to supervision.

c) **Recommendation of Training**

Participants were asked if they would recommend the training to other workers. Nearly all of the responses received said "Yes", "absolutely" or "definitely" with only two responses being uncertain.

i) **The provision of valuable frameworks and structures for all professionals (at various stages of their career)** – *Providing both a good starting point and consolidation of skills.*

**Example responses included:**
- Yes - The facilitators provided a structured course, containing framework that was thoughtful, creative and respectful. An excellent parallel process.
- Yes definitely - provides a frame of reference and a sense of clarity to the work. Also very supportive.
- Lots of opportunity to network and share resources/knowledge.
- Yes - Great foundation and starting point with great resources.
- Yes - Good framework and analysis.
- Yes - Especially those moving in to team leader roles or in organisations where supervision is being introduced (deliver the course to both supervisors & supervisees)

ii) **Highlighting the complexity and importance of supervision practice and training**

**Example responses included:**
- Yes - Skill set very much missing in community health - critical to introduce more reflection organisationally.
- Highlights the complexity of supervision and gives a great space to try new ideas.
- Yes, since it will enhance knowledge / benefits of supervision.
- Definitely. The training really provides an opportunity and space for supervision to be valued.
• Yes. To support people to gain further knowledge and experience around the practise of supervision.
• Yes most definitely! Everyone in a supervisory capacity should have to explore this knowledge.

iii) **Comments about the high quality of the facilitators and their delivery**

**Example responses included:**
• Yes - as it is an opportunity to work with highly skilled practitioners. The facilitation of learning was great and styles appropriate.
• Thanks for feedback, sharing intuition, flaws and insights. Your working relationship developed well over time. Good to see you enjoy each other.

iv) **The offering of reflection and growth of the individual participants**

**Example responses included:**
• Yes definitely, especially for newer supervisees. It provides a fantastic space for reflection and growth. The opportunity to practice using real experience in triads.
• Yes - invaluable process of review and expansion of personnel - professional resources.
• Yes. This training has been helpful on many levels as I have reflected on the various relationships (e.g. Me and manager, me and client, me and supervisor) and the impact/roles/responsibilities of those relationships. I feel I have more to offer in a supervisor role than I previously thought or recognised.

v) **Comments on high quality and variety of training**

**Example responses included:**
• Yes. I enjoyed the variety of teaching/learning methods employed and especially the "hands on" practice exercises.
• Yes definitely. Best workplace training I've had.
• Yes. Supportive, educational, challenging and a variety of methods used.
• Yes - I think it a support to develop theoretical frameworks for supervision.

vi) **Other**

**Example responses included:**
• Yes. Hopefully we will be able to organise SOS group process with this group.
• Not sure. Did not always feel that the course looked at sections in depth that there was a lot of on the surface work.

d) **Other Comments**

i) **Overall praise for the training program**

**Example responses included:**
• Thank you for your skilled facilitation and rigorous preparation.
• A wonderful and valuable opportunity for reflective practice - a luxury in community health.
• I learnt a lot about group process as well as supervision and practice.
• An excellent program, well-planned, thorough, reflective and I loved the use of humour.
• Great to be challenged in a supportive environment!
• The ongoing opportunity to evaluate is really good.

ii) **Overall praise for the trainers**

*Example responses included:*
- Thank you so much for creating such a delightful, enjoyable and respectful safe environment in which to learn.
- This has been a fantastic group experience which has been facilitated extremely well.
- The trainers worked very well as a team and challenged all participants to achieve their potential (to take risks and try new strategies; to question their own practices).
- Thank you for your wisdom and good humour.
- I appreciate your work and dedication to your work as supervisors and teachers.
- Terrific job
- Thank you for your time, energy and enthusiasm in the running of this training. We can be a challenging and critical bunch at times.
- Wonderful facilitators, very entertaining - always alive to bring up a different perspective and able to use their own personal examples.
- I believe part of what made this training SO successful was the level of expertise in the room - we didn’t have to dwell on the basics. Very interesting and stimulating.
- Great and thanks. You are so experienced, relaxed and open to self-disclosure etc...
- I have really enjoyed your both different presentation styles and the warmth, ease, safe, concreteness you both bring to the group.

iii) **Requests for further training**

*Example responses included:*
- It would be good if ongoing process for peer/group supervision was facilitated - encouraged following the course.

iv) **Other**

*Example responses included:*
- I will take back information and promote the importance of supervision within the organisation.
- It is a good opportunity to learn from others & to spend time to get to know colleagues.
### 7.3 Analysis of Pre and Post Supervisory Skills Scale

A 29 item self report questionnaire was administered to participants at the commencement of the training program and after its conclusion (See Attachment F). The survey was designed to measure the effect of the training program on participants’ levels of *supervisory confidence* - where 1 represents ‘not confident at all’ and 10 represents ‘really confident’.

Sixty participants completed both the pre and post questionnaires across the 5 training groups. Years of supervisory experience ranged from 0 to 20, with an average of 5.07 years (N=57).

Average scores on pre and post tests were compared and analysed to investigate the impact of the training program on participants’ supervisory confidence and to explore whether this effect was mediated by demographic variables such as gender, years of supervisory experience, region (metro vs. non-metro) and training group attended. Table 6 presents the mean pre and post supervisory confidence ratings across the demographic groupings.

### Table 6: Mean ratings of supervisory confidence by training group, gender, region (metro vs. non-metro) and years of supervisory experience

```
<table>
<thead>
<tr>
<th></th>
<th>Pre Mean</th>
<th>Post Mean</th>
<th>Pre Post Diff.</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>6.05</td>
<td>7.84</td>
<td>1.79</td>
<td>60</td>
</tr>
<tr>
<td>CST1</td>
<td>6.06</td>
<td>7.74</td>
<td>1.68</td>
<td>15</td>
</tr>
<tr>
<td>CST2</td>
<td>6.09</td>
<td>7.76</td>
<td>1.67</td>
<td>15</td>
</tr>
<tr>
<td>CST3</td>
<td>5.98</td>
<td>7.81</td>
<td>1.83</td>
<td>10</td>
</tr>
<tr>
<td>CST4</td>
<td>5.68</td>
<td>7.91</td>
<td>2.23</td>
<td>11</td>
</tr>
<tr>
<td>CST5</td>
<td>6.48</td>
<td>8.07</td>
<td>1.59</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>6.06</td>
<td>7.91</td>
<td>1.85</td>
<td>50</td>
</tr>
<tr>
<td>Male</td>
<td>5.90</td>
<td>7.40</td>
<td>1.50</td>
<td>9</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>6.04</td>
<td>7.82</td>
<td>1.79</td>
<td>44</td>
</tr>
<tr>
<td>Non-Metropolitan</td>
<td>6.08</td>
<td>7.88</td>
<td>1.80</td>
<td>16</td>
</tr>
<tr>
<td>&lt; 1yr supervisory experience</td>
<td>6.00</td>
<td>7.07</td>
<td>1.07</td>
<td>2</td>
</tr>
<tr>
<td>1 to 2 yrs supervisory experience</td>
<td>5.52</td>
<td>7.62</td>
<td>2.10</td>
<td>21</td>
</tr>
<tr>
<td>3 to 10 yrs supervisory experience</td>
<td>6.16</td>
<td>7.91</td>
<td>1.75</td>
<td>27</td>
</tr>
<tr>
<td>&gt; 10yrs supervisory experience</td>
<td>6.70</td>
<td>8.21</td>
<td>1.51</td>
<td>7</td>
</tr>
</tbody>
</table>
```

Comparison of overall pre and post responses suggests participants experienced improvements in their level of supervisory confidence following completion of the course. Prior to engaging in the training, participants rated confidence in their supervisory skills as an average of 6.05. At the conclusion of the course, participants’ mean ratings of supervisory confidence rose to 7.84. This difference was statistically significant ($F(1,55)=152.85$, $p<.001$).
Table 6 indicates increases in average supervisory confidence for all training groups occurred from Time 1 to Time 2, with Group 4 making the greatest gains (Pre-Post Difference, $M=2.23$) and Group 5 improving the least (Pre-Post Difference, $M=1.59$). However, such differences between the pre and post mean supervisory confidence ratings reported by the various training groups did not reach statistical significance ($F(4, 55)=.61, p>.05$). Similarly, although Table 6 suggests participants with 1 to 2 years of supervision were more confident in their supervisory skills following course completion than were, for instance, participants with less than 1 year of experience (see graph 5 below), the impact of years of experience on average differences in pre-post supervisory confidence ratings was not statistically significant ($F(3,53)=1.00, p>.05$).

**Graph 5: Mean pre and post confidence ratings grouped by years of experience**

Table 6 also shows regardless of whether participants were male or female, or practiced in metropolitan or non-metropolitan regions, confidence ratings increased following the supervisory training. Once again, statistical analysis conducted to assess the effectiveness of the program in improving supervisory confidence revealed males and females and metropolitan or non-metropolitan workers did not significantly differ in their response to the training [Gender ($F(1,57)=.76, p>.05$); Region $F(1,58)=.001, p>.05$)].

- 25 -
Areas of strongest vs. areas of weakest improvements

On average, participants’ ratings of all twenty-nine questions improved following the program’s conclusion. Such differences were statistically significant at the p<.001 level, which suggests the learning objectives of the program were achieved satisfactorily.

Table 7 outlines aspects of the program participants appear to have benefited from the most and those that they reported profiting the least from.

Table 7: Average pre and post ratings of individual questionnaire items

<table>
<thead>
<tr>
<th>Questionnaire Items</th>
<th>Pre-Mean</th>
<th>Post-Mean</th>
<th>Pre-Post Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strongest areas of improvement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Describe my own supervisory framework.</td>
<td>4.67</td>
<td>7.57</td>
<td>2.90</td>
</tr>
<tr>
<td>14. Develop and utilise supervision contracts.</td>
<td>4.85</td>
<td>7.63</td>
<td>2.78</td>
</tr>
<tr>
<td>7. Understand the strengths and weaknesses of various supervision modalities (e.g. self-report, live observation, group, peer).</td>
<td>4.60</td>
<td>7.37</td>
<td>2.77</td>
</tr>
<tr>
<td>1. Select from a range of supervision interventions available.</td>
<td>4.34</td>
<td>7.03</td>
<td>2.69</td>
</tr>
<tr>
<td><strong>Weakest areas of improvement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Provide support in supervision.</td>
<td>7.58</td>
<td>8.58</td>
<td>1.00</td>
</tr>
<tr>
<td>19. Identify key legal and ethical issues in the work.</td>
<td>6.88</td>
<td>7.93</td>
<td>1.05</td>
</tr>
<tr>
<td>18. Listen carefully to any concerns presented.</td>
<td>7.47</td>
<td>8.57</td>
<td>1.10</td>
</tr>
<tr>
<td>3. Provide formal, regular and reliable supervision</td>
<td>6.98</td>
<td>8.10</td>
<td>1.12</td>
</tr>
</tbody>
</table>

According to their own self reports, by the end of the program, participants’ were more comfortable with negotiating a mutually agreed and clear contract with supervisees. They were also more knowledgeable about the various supervisory modalities and techniques available as well as the framework they use to guide their supervision practice. By contrast, prior to commencement of the training, participants rated confidence in their ability to create an empathic and trustworthy climate, and their sensitivity to legal/ethical issues, highly. Unsurprisingly, gains in these domains of supervision were smaller than for the previous items discussed.
8.0 Conclusion

Sixty eight community health counsellors/workers from 35 community health services completed the Clinical Supervision Training program. Training participants reported they were, on average, highly satisfied with the content of the training sessions and the style in which it was presented. Likewise, training participants rated their overall training experience as 4.54 out of 5 and offered a number of positive qualitative comments. Furthermore, there was a statistically significant improvement in training participants’ self-reported confidence in their supervisory skills following the conclusion of the training program.
Dear Colleagues/Clinical Supervisors,

Re: Consultation and Expression of Interest for
Clinical Supervision Training Program

Introduction:
The Bouverie Centre, La Trobe University will be offering a Clinical Supervision
Training Program for Community Health staff who are currently supervising clinical
staff. The training program is one of a number of key DHS support strategies for
Community Health counselling services. By consulting with you, we hope to gain
important information about current supervisory practices, identify areas of focus for the
training and to form a database of supervisors who are interested in attending the training
in the next 12 months.

There is no cost for this training and lunch will be provided.

Training Details:
DHS has funded us to provide five training programs, each program consisting of six
day-length sessions. It will be essential for participants to attend all six sessions. There
will be a gap of approximately two-three weeks between each session. Training will take
place over the course of 2006 until June of 2007. You will receive information advising
you about venues, dates and bookings with several months notice.

A maximum of 15 places are available in each region. Priority for places will be
given to those people currently providing clinical supervision Community Health
counselling and casework staff.
Articulation to further study:
Participants undertaking this Community Health Clinical Supervision Training will have the option of enrolling in a Graduate Certificate in Systemic Supervision, Training and Consultation through The Bouverie Centre, La Trobe University. This will be subject to various conditions including meeting entry requirements, enrolling and completing a further semester long subject in Training and Consultation and meeting assessment and fee requirements.

Consultation:
In order for us to develop a training program that is relevant to your individual situation we would like you to fill out the attached questionnaire and complete the expression of interest form if you are interested in receiving further details about the training program.

Please return your forms marked to the attention of Tina Whittle (Project officer)
Email to t.whittle@latrobe.edu.au or
Fax to 03 93769890 or
Post to The Bouverie Centre
50 Flemington Street,
Flemington, Vic. 3031

Thank you for taking the time to complete the information requested and we look forward to meeting you during training.

Yours faithfully,

Jeff Young (Project Manager) Shane Weir (Project Officer)
Expression of Interest for Community Health Clinical Supervision Training

Yes I am interested in the clinical supervision training program for Community Health counselling supervisors and would like to receive training details for my region. **This is not a registration form. You will be contacted to register at a later date.**

Name:

Contact details: Phone-

Email-

Name of Organisation:

DHS region where I work:

Current position:

Number of staff I currently clinically supervise:

Number of years as a clinical supervisor:

Reason for wanting to do the training if not currently supervising staff:
Attachment C
Community Health Clinical Supervision Training Program

TRAINING NEEDS SURVEY
1. Have you received specific training in supervision?
Yes  No  (Please circle)

2. What are the current arrangements for supervision in your agency?
Individual  Peer Group  Facilitated Group  None
External to agency  (Please circle and stipulate how often for each)

In the training, please indicate to what extent you would like to know more about the following topics. Circle your preference.

3. Understand the range of available supervisory frameworks.
None  A Little  Some  A Lot

4. Develop and/or integrate your own supervisory framework.
None  A Little  Some  A Lot

5. Manage the tension between multiple roles and tasks in supervision.
None  A Little  Some  A Lot

6. Identify factors which enhance successful supervision.
None  A Little  Some  A Lot

7. Work effectively with conflict in supervision.
None  A Little  Some  A Lot

8. Develop/enhance skills for working with supervisees from diverse professional and/or personal backgrounds.
None  A Little  Some  A Lot
9. Give and receive constructive feedback in supervision.
   None __________ A Little _______ Some __________ A Lot

10. Monitor the therapeutic or case management relationship between client and worker.
    None __________ A Little _______ Some _________ A Lot

11. Consider strengths and limitations of different modes of supervision.
    (e.g. group, individual, peer, live, email)
    None __________ A Little _______ Some _________ A Lot

12. Identify various methods of supervision (e.g. action methods, reflecting team, systems analysis, “bells that ring”, questioning styles etc.).
    None __________ A Little _______ Some _________ A Lot

13. Work with issues such as culture, power, class and gender in supervision.
    None __________ A Little _______ Some _________ A Lot

14. Consider various ethical dilemmas in supervision.
    None __________ A Little _______ Some _________ A Lot

15. Identify strategies for enhancing staff morale, self care and professional growth.
    None __________ A Little _______ Some _________ A Lot

16. Identify content and process issues that have particular relevance to supervision in the community health context.
    None __________ A Little _______ Some _________ A Lot
18. Any other supervisory skills you wish to develop (identify).

____________________________________________________
____________________________________________________
____________________________________________________

PLEASE RETURN TO Tina Whittle:
Email to t.whittle@latrobe.edu.au or
Fax to 03 9376-9890 or
Post to The Bouverie Centre, 50 Flemington Street, Flemington, Vic. 3031
SESSION EVALUATION FORM

1. In general how would you rate today’s training, 1 – 5, if 1 equals Unsatisfactory and 5 equals Excellent:

   Unsatisfactory                  Excellent
   i. Presentation Style   1  2  3  4  5
   ii. Course Content       1  2  3  4  5
   iii. Venue & Room        1  2  3  4  5
   iv. Catering             1  2  3  4  5

2. What was the most valuable aspect for you in today’s program?

3. What aspects of today’s program could be improved?

4. Can you name something from today’s training that you could apply to your work as a supervisor between now and the next session?

5. Any other comments? (please continue over page)
OVERALL EVALUATION FORM

6. In general how would you rate the training, 1 – 5, if 1 equals Unsatisfactory and 5 equals Excellent:

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
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7. What will be the benefits for your supervisory practice from the course?

8. What aspects of the course could be improved?

9. Would you recommend this training to other workers? (Please explain)

10. Any other comments?
Attachment F

CLINICAL SUPERVISORY SKILLS SCALE

Please write your - Years of Supervisory Experience:

Each item below is related to a task performed by a clinical supervisor. Rate your confidence for completing each task right now. Please answer every question, regardless of whether you have actually performed the activity.

1 2 3 4 5 6 7 8 9 10
Not Confident Somewhat Really At all confident confident

1. Select from a range of supervision interventions available.
   1 2 3 4 5 6 7 8 9 10

2. Consider the factors which promote and maintain the value of supervision within my organisation.
   1 2 3 4 5 6 7 8 9 10

3. Provide formal, regular and reliable supervision.
   1 2 3 4 5 6 7 8 9 10

4. Facilitate skills development in supervisees.
   1 2 3 4 5 6 7 8 9 10

5. Deal effectively with conflict and challenges in supervision.
   1 2 3 4 5 6 7 8 9 10

6. Provide effective feedback in supervision.
   1 2 3 4 5 6 7 8 9 10

7. Understand the strengths and weaknesses of various supervision modalities (e.g. self-report, live observation, group, peer).
   1 2 3 4 5 6 7 8 9 10

8. Assist a supervisee with case conceptualisation.
   1 2 3 4 5 6 7 8 9 10

- 36 -
9. Provide support in supervision.
   1 2 3 4 5 6 7 8 9 10

10. Develop self-care plans with supervisees.
   1 2 3 4 5 6 7 8 9 10

11. Consider the purpose of documentation in supervision.
   1 2 3 4 5 6 7 8 9 10

12. Structure supervision to meet supervisee’s learning styles and needs.
   1 2 3 4 5 6 7 8 9 10

13. Solicit critical feedback on my work as a supervisor from peers, or supervisor of supervision.
   1 2 3 4 5 6 7 8 9 10

14. Develop and utilise supervision contracts.
   1 2 3 4 5 6 7 8 9 10

15. Structure supervision to take into account the developmental needs of the supervisee (i.e. new recruit, recovered worker, veteran).
   1 2 3 4 5 6 7 8 9 10

16. Assist a supervisee to develop a strategy when client work becomes “stuck”.
   1 2 3 4 5 6 7 8 9 10

17. Assist a supervisee to share his/her negative feelings about supervision without becoming defensive.
   1 2 3 4 5 6 7 8 9 10

18. Listen carefully to any concerns presented.
   1 2 3 4 5 6 7 8 9 10

19. Identify key legal and ethical issues in the work.
   1 2 3 4 5 6 7 8 9 10
20. Understand appropriate supervisor functions of teacher, counsellor and consultant.

1 2 3 4 5 6 7 8 9 10


1 2 3 4 5 6 7 8 9 10

22. Facilitate a supervisee’s cultural awareness.

1 2 3 4 5 6 7 8 9 10

23. Understand the reason for choosing a supervision intervention based on theory, client, counsellor dynamics and/or setting.

1 2 3 4 5 6 7 8 9 10

24. Demonstrate respect for a supervisee who has different personal characteristics, working style or world view from myself.

1 2 3 4 5 6 7 8 9 10

25. Address parallel processes as they arise within the supervisory relationship.

1 2 3 4 5 6 7 8 9 10

26. Facilitate case discussion in group supervision.

1 2 3 4 5 6 7 8 9 10

27. Balance the needs of the group with the individual needs of each supervisee during group supervision.

1 2 3 4 5 6 7 8 9 10


1 2 3 4 5 6 7 8 9 10

29. Make appropriate “use of self” (transference, countertransference, intersubjectivity etc.) in supervision.

1 2 3 4 5 6 7 8 9 10
This is to certify that

**Jo Bloggs**

**attended**

**Community Health Counselling Clinical Supervision Course**

Between September and December, 2006

Attended 36 contact hours (of 36 total hours)

Topics covered on the days attended are specified below.

<table>
<thead>
<tr>
<th>Day 1:</th>
<th>✓ Defining supervision</th>
<th>✓ Agency context</th>
<th>✓ Supervisor development</th>
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<tbody>
<tr>
<td></td>
<td>✓ Experiences of supervision</td>
<td>✓ Care plans</td>
<td></td>
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<tr>
<td>Day 2:</td>
<td>✓ Supervision models</td>
<td>✓ Contracting</td>
<td>✓ Adult learning</td>
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<td></td>
<td>✓ Structuring supervision</td>
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<tr>
<td>Day 3:</td>
<td>✓ Feedback &amp; evaluation</td>
<td>✓ Action methods</td>
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<tr>
<td>Day 4:</td>
<td>✓ Ethics &amp; moral reasoning</td>
<td>✓ Record keeping</td>
<td>✓ Models of group supervision</td>
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<tr>
<td>Day 5:</td>
<td>✓ Diversity</td>
<td>✓ Interventive supervision</td>
<td>✓ Critical reflective &amp; solution-oriented questioning</td>
</tr>
<tr>
<td>Day 6:</td>
<td>✓ Use of self</td>
<td>✓ Ending supervision</td>
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All sessions included experiential exercises.

_________________________             ________________________
Kerry Proctor                        Shane Weir

*Presenter*                          *Presenter*
Attachment H:
Community Health Project Team: Roles & Qualifications

Project Manager/Trainer:

Jeff Young, MSc., BSc, Grad. Dip. Fam. Therapy

Team Leader/Trainer:

Shane Weir, Grad.Dip. Fam.Ther., BSW, BA

Trainers:

Julie Beauchamp, BAppSc(OT), MC/FTherapy
Kerry Proctor, PhD, M/Fam Ther., BEd Coun, Dip Ed, BA

Project and Research Officers:

Michelle Wills, BA Hons (Psych)
Tina Whittle, MS (Psych/Fam Ther), BA

Administrative Assistants:

Becky Meltzer.
Lana Scicluna.