



Katarina Kocbek, Katja Ponikvar and Anja Podlesek

EVALUATION OF THE SUPERVISED PRACTICE I: REPORTS BY SUPERVISORS AND SUPERVISEES AND ASSESSMENT OF THEIR COMPETENCES

The supervised practice was evaluated by means of the reports written by the supervisors and supervisees (novice psychologist who concluded a one-year supervised practice). A structured questionnaire was produced for the supervisors, assessing the effectiveness of various aspects of the supervised practice. The questionnaire also included open- and closed-ended questions on the organization and logistics of the supervised practice, dilemmas which occurred during the practice, methods of evaluation of the practice, and general open-ended questions on the supervised practice and supervision. Special attention was devoted to questions on the contents of supervision (methods and approaches applied in supervision, assessment of the supervisee competences, supervision documentation, etc.). The open-ended questions on reflection and the supervised practice were used to obtain the evaluations from the supervisees, as given in the chapter *Development of the Supervised Practice of Psychologists*. The questions were divided into seven content-related clusters, and the supervisees answered all the questions in one cluster together. This chapter presents the responses by the supervisors and supervisees, as well as the findings from the survey analysis.

We investigated how the supervisors assessed the supervisee competences in terms of the *EuroPsy* competence model, i.e. we analysed responses obtained with *EuroPsy* form C (see Table 8) on a four-level scale (Table 3). We also analysed how the supervisees assessed the supervisors' competences in the form *Supervisor competences* (see Table 8).

Supervisors submitted their self-assessment of supervision competences three times during the course of the project: (i) prior to the beginning of the training of supervisors, (ii) after the conclusion of Module 1, i.e. at the time of the internship report submission (in most cases three months after the beginning of the training), and (iii) upon conclusion of the supervised practice implementation (in most cases 15 months after the beginning of the training). Comparisons between these self-assessments show the change in self-perceived competences over time. The effectiveness of the training of supervisors, i.e. the effects of the training on the quality of supervision, was thus evaluated.

Analysis of Supervisors' Evaluation Reports

A total of 32 reports submitted by July 2016 were used in the analysis. Twenty-one supervisors submitted their reports, and approximately a half of them submitted two reports, one for each supervisee. Even though they submitted separate reports, the content was repeated in some cases (the same answers for both supervisees), and thus the numbers given are not the same in all cases.

Organizational Aspects of the Supervised Practice Implementation

The duration of supervision. On average, the supervisors implemented 38.5 hours of direct supervision with their supervisees. All of them also applied other supervision methods, so the set goal of 40 hours of supervised practice in one year was achieved.

The location of sessions. Supervisory dyads most frequently met in the workplace of the supervisor or the supervisee, which was evaluated as suitable. Less often the dyads met in public places (evaluated by few dyads as suitable, and by several dyads as unsuitable), at supervisees' homes or in the place of the project partners. With regard to the choice of session location, the key point was that there were no disturbing factors.

The frequency of sessions. The majority (23) of supervisors stated that supervision sessions had been frequent enough, while five thought that they had been too rare. On average the dyads implemented 15 longer sessions (personally or by means of videoconferencing). Several reported that they had made frequent telephone calls, which had not been referred to as sessions so no notes were taken.

Suitable length of supervision. In two thirds (19) of the reports, the supervisors shared the opinion that one year is the right length of supervision, while in one third of reports ($f = 9$) they thought it was too short. Ten supervisors agreed that a one-year period was a suitable length for implementing supervision, while seven supervisors preferred one to one and a half or two years, and one supervisor suggested a shorter period (nine to 12 months).

Suitable length of sessions. Most supervisors conducted 1.5 to two-hour long sessions (90–120 min). Several sessions implemented in the supervisor's/supervisee's workplace were up to three hours long or longer. Almost all the supervisors suggested that 1.5 to two hours was the optimal length for sessions. A few supervisors recommended longer sessions (up to three hours for regular sessions and longer periods in the workplace), and two supervisors preferred sessions to be one to two hours long.

Modality of sessions. On average, the supervisors implemented 80% of supervision sessions live (all supervisors applied this modality of supervision). Approximately one third of supervisory dyads ($f = 12$) implemented an average of 27% of sessions via videoconferencing. Almost one half of supervisory dyads implemented the sessions partly over the phone (9% of their entire supervision). The majority (79%) of supervisors used e-mail in supervision, on average during 7% of supervision time devoted to collaboration with supervisees. Approximately 50% of supervisors devoted 5% of supervision time to communicating with the supervisee through the web platform. Other modalities of supervision were applied by three supervisors (for 3% of the time devoted to supervision).

Experiences with the Supervision Agreement

Supervisors considered the Supervision Agreement to be a fundamental aspect of the process, and one that was beneficial to and required for quality supervision. In their opinion the agreement provided the possibility of establishing a good working alliance, and added a formal basis and seriousness to the relationship between the supervisor and the supervisee. Negotiating the contents of the specific sections of the agreement offered opportunities for clear goal setting regarding the modality and methods of work in supervision, assignment of responsibilities and roles of both participants, harmonization of their expectations, and definition of relationship boundaries. The agreement, according to supervisors responses, emphasized the supervisee's proactivity, provided the basis for later evaluation, and served as a support in cases of difficulties.

Deviations from the agreement were not reported by the supervisory dyads, although there were some positive adaptations (additional agreements, additional formats and methods of work, upgrading of the supervisee's goals). A few supervisors reported timeframe deviations, changes in supervision modalities (for instance, videoconferencing was more common than predicted), or changes in goals due to changes in the supervisee's employment.

The agreement-related difficulties perceived by the supervisors included initial action plans that were too extensive, and some thought that the general section of the agreement was too long.

Experiences with Different Modalities and Methods of Work

Personal sessions were perceived as most suitable in terms of establishing a safe relationship, monitoring the supervisee's responses, and enhancing comprehensive communication. In some instances there were some schedule-related difficulties, or the travel distance was too great, and thus the supervisory dyads selected other modalities of work (telephone, videoconferencing, e-mail).

Videoconferencing created opportunities for the supervisory dyads to make appointments or to implement sessions when the travel distance was too great for them to meet regularly. The disadvantages of this modality are a less intimate climate, internet connection-related difficulties, and so a lower quality of communication. However, no significantly negative consequences of this approach were reported.

E-mail was perceived positively by the supervisory dyads, due to its enabling of prompt responses and resolution of dilemmas occurring between sessions. It also proved useful in making appointments and exchanging materials. However, one disadvantage of e-mail was the relatively poor treatment of difficulties, which supervisees encountered between sessions.

Communicating **by phone** was useful for making appointments, i.e. for organizational aspects of the practice, as well as for dealing with central contents of supervision (resolving current dilemmas, questions). Implementing sessions by phone seemed less appropriate, due to the problems of conducting confidential conversations using this modality.

The **web platform** served in particular for keeping documentation regarding the process and regular evaluation. Several dyads applied it in making session appointments.

Certain methods (except for personal sessions and videoconferencing) seemed too impersonal to some supervisors, and therefore they did not apply them often (except for organizing the process). Supervisors recommended combining various methods in a complementary manner in order to accomplish the goals of supervision.

Methods of work applied in sessions. The supervisors and supervisees used various methods of work. During sessions they applied the analysis of audio and video recordings, role playing, reflecting teams (when working with more supervisees), case simulation, recording of role playing by the supervisor and the supervisee for later use, techniques of problem solving, checklists assisting in problem solving, brainstorming, analysis of cases of client treatment, (collegial) coaching, review and analysis of reflections on the supervisee's performance, supervisee's psychological reports, and review and analysis of the materials provided by the supervisee and the supervisor.

The **non-regular sessions** of supervisory dyads encompassed mutual article writing, workplace visitations (visits by the supervisor or by novice), job-shadowing (repeated or longer observation of the supervisor at work), inclusion of the supervisee into

the supervisor's work (e.g., leading the supervisor's group of clients in one session), and attending an event together.

The **instruments** developed in the project were useful for the supervisors and provided support in structuring, planning, and guiding the process of the supervised practice. They were also applied in the evaluation of supervisory sessions. The most frequently used were the instrument Personal path – supervisor version and Personal path – supervisee version, various check lists, questions on the supervised practice planning, the *EuroPsy* form C for assessing the supervisee competences, a scale for assessing group supervision sessions, i.e., sessions supervisors had with other supervisors and the supervisor of supervisors, and evaluation of individual sessions, questions on reflection and evaluation of the supervised practice, notes on reflections on sessions and exchange of reflections, and own instruments. In their responses, the supervisors stated that they found the instruments effective and recommended them for further use.

Satisfaction with the Supervised Practice Implementation

The supervisors evaluated the supervision by means of a five-point Likert scale (1 – strongly disagree, 5 – strongly agree), and stated that the following aspects of supervision were the most successful: specifying the relationship-related rules ($M = 4.91$) and session cancelation ($M = 4.69$), establishing a safe and confidential relationship with the supervisee ($M = 4.81$), and adequately determining the context of supervision with regard to the supervisees' needs ($M = 4.63$). They felt that they had specified the goals of the supervised practice successfully ($M = 4.56$), that their expectations for the supervision had been fulfilled ($M = 4.44$), as well as those of the supervisees ($M = 4.56$), that the delivered materials and documentation had contributed to better implementation of the supervised practice ($M = 4.53$), and that they had successfully monitored the development of the supervisory relationship ($M = 4.53$). The supervisors were satisfied with their giving of feedback to supervisees ($M = 4.34$), the suitability of the supervisees' expectations regarding supervision ($M = 4.31$), the supervisee's delivery of documentation ($M = 4.28$), action planning after the conclusion of the supervised practice ($M = 4.28$), monitoring of the supervisees' enabling competences development ($M = 4.28$), and monitoring of the suitability of the set goals and their accomplishments ($M = 4.28$). The lowest assessment values for success (although still high) were given by supervisors to monitoring of the primary competences ($M = 4.19$), documentation of the supervised practice ($M = 4.19$), and suitability of their own expectations towards supervision ($M = 4.19$).

Dilemmas and Obstacles during the Supervised Practice

The organizational dilemmas and obstacles occurring during the supervised practice included the travel distance between the supervisor and supervisee, and

timeframe obstacles in scheduling sessions. Dilemmas relating to the implementation and content of the supervised practice included recording the supervisee's performance and supervision sessions, establishing a clear supervision agreement, supervision of (temporarily) unemployed novices, (difficult) transitioning of supervisors between different roles (teacher, counsellor, therapist), closeness of job position to novices who were employed in the same organization as their supervisors, assessing the competences of supervisees who did not spend time with their supervisors every day, insufficient knowledge of the supervisees' job position, different therapeutic orientations, and different fields of practice between the supervisor and the supervisee. Several dilemmas and obstacles occurred in relation to the relationship between the supervisor and supervisee, e.g. intergenerational differences, a lack of intergenerational differences (both participants being the same age), a sense of stagnation of the supervisory relationship, weakening of the relationship due to non-regular sessions, problems in establishing a good working relationship, insufficient encouragement of the supervisee's reflection and development of competences, personality differences, and lack of motivation in the novices.

Ethical Dilemmas

The ethical dilemmas occurring during the supervised practice mostly related to the supervisee's job position (for instance, accepting multicultural diversity, protecting personal data, providing feedback on testing, the responsibilities of a psychologist, application of psychodiagnostic instruments). When resolving such dilemmas the supervisors referred to the Code of Professional Ethics of Slovenian Psychologists, applied various methods and techniques for coping with the related problems, and regularly examined the supervisees' knowledge of the ethical principles required in a particular situation. The supervisors presented concrete cases of their practice and studied them with the supervisees from an ethical point of view.

In the relationship between the supervisor and novice psychologist ethical dilemmas referred to issues such as: (i) disclosing trade secrets in cases when operating in the same field of practice; (ii) conflicts among the supervisor's roles; (iii) low levels of professionalism in the relationship (due to the relationship being closer to friendship than to a professional relationship); (iv) disagreements with regard to recording of supervision sessions or one's own sessions with clients; and (v) reporting the relationship difficulties to the project leading team.

Most of the supervisors did not report any ethical dilemmas in their relationships with the supervisees. In the future, more time should perhaps be spent on the training of supervisors and supervisees with regard to recognizing such dilemmas.

Analysis of Supervisees' Evaluation Reports

A total of 32 reports submitted by supervisees were analysed, with the results reported below.

The Criteria of a Successful Supervised Practice

The supervisees listed the most important criteria of a successful supervised practice as follows: the supervisor's professionalism, establishment of a pleasant and trustful supervisory relationship, their own progress, accomplishment of the set goals, receiving feedback on their work, and development of the need for self-reflection.

Supervisees frequently emphasized the supervisor's professionalism. It seemed important to them that the supervisor is very knowledgeable of his/her area of work, various methods and techniques of work, that he/she is very experienced, cares about continuing professional development, exhibits a high level of self-awareness, is aware of his/her competences, and knows when to refer the supervisee to other professionals for advice. Being aware that there is somebody with knowledge and experiences available to assist them in problem solving during implementation of psychological services gave the supervisees a sense of safety, as they realized that they had not been left alone in coping with professional dilemmas. They were thus able to manage stress more effectively.

In the supervisees' opinion, a good supervisory relationship is based on trust and reciprocal responsibility, which enables conversations on various questions, dilemmas, fears, wishes, weaknesses and possible obstacles encountered by the supervisee in his/her work. The majority of supervisees emphasized that the relationship between the supervisor and the supervisee created a foundation for monitoring and developing the supervisee competences, and for his/her personal growth. It seemed important to supervisees that the supervisor and supervisee have compatible personalities.

Supervisee's reported that the criteria of their progress and development included the difference between the initial and final assessment values of the focal competences, the supervisors' opinion, and subjective feelings of greater competency for practicing independently in a specific field upon the conclusion of the supervised practice. They reported on feeling greater sovereignty in their performance, which was a result of their supervisors' acknowledgement that they effectively performed their tasks. It was important to them to be able to apply what they had learned in a real work setting immediately, and that the quality of their performance increased as a result of the supervised practice.

The supervisees considered specifying goals (both long- and short term) to be important, as well as regular monitoring of goal accomplishment, goal adaptation, and final assessment of the goals attained.

They emphasized the importance of receiving constructive feedback and encouragement to self-reflect in becoming more aware of the acquired knowledge, and other things they had not paid enough attention to before.

Requirements for the Supervised Practice

The supervisees reported they had been offered support by their work organization, both from leadership and co-workers. Several supervisees did not inform their employers of their inclusion into the programme of the supervised practice, and talked about it only with co-workers who evaluated the project very positively. Several employers expressed their support for the supervised practice by allowing the novice psychologists to use the work premises for sessions, and making computer equipment, materials, documents, reports, and the outline of practical cases available for the purpose of evaluating and monitoring supervisees' performance.

Formal regulation of the supervised practice was not difficult. The majority of beginners met their supervisors in the afternoon, so there were no cases of absenteeism. This was evaluated as very positive. Another characteristic that was seen as beneficial was the fact that all travel expenses incurred when traveling to the sessions were reimbursed by project funds.

Preparation and Planning of the Supervised Practice

In the comparison between their previous experiences of being mentored and the present experiences of supervision, the supervisees emphasized that the latter had a more effective structure, systematic approach, and promptness in following the agreements. The negotiations between supervisees and supervisors were carried out without difficulty. Supervisory dyads set the goals gradually, step by step, and with constant agreement checking. They set short-term goals whose attainment was examined in every session, and long-term goals whose attainment was assessed upon conclusion of the supervised practice. Slightly more time was devoted to determining the method of evaluating the accomplished goals. To construct the Supervision Agreement they first created an outline of the content, and then they elaborated on this and concluded the final version of the agreement. Several supervisory dyads succeeded in agreeing on fixed dates for sessions, while others made agreements regularly due to lack of time and long traveling distances, but they followed the recommended frequency of sessions, i.e. twice per month. Several supervisory dyads planned the supervised practice more broadly, and later narrowed it to cover the content areas which were at the time relevant for the focal work organizations. They paid attention to the development of either less developed competences or specific task-related competences. Supervisees revealed that a very good command of the competence model was necessary to develop competences and monitor their progress – and some of them stated that they should have learned more about the model prior to the implementation of the practice.

The Course of the Supervised Practice

Beside live sessions, several supervisory dyads communicated by means of video-conferencing, telephone calls, electronic mail, and to a lesser extent through the web platform. Communicating by these varied channels enabled the supervisory dyads to regularly exchange feedback, and deal with cases which needed immediate assistance. Others used e-mail and telephone calls to communicate only about organizational issues (e.g. regular scheduling of the next sessions).

Supervisees reported that most of the time they followed the planned timeframe and organization of supervision, but in some cases there were adjustments due to changes in employment, illness, and similar reasons. Documentation was prepared regularly. Supervision sessions were evaluated at the end of each session, and in most cases further activities were also planned at this point. The supervisees reported on the gradual development of the supervisory relationship, which strengthened over the year and became more relaxed and confidential. However, most of the supervisees believed that over this one-year period their firm relationships had just been established, and they hoped that these would continue after the conclusion of the project. The supervisory relationships were described as suitable, professional, accessible, understanding, and safe for disclosing information within.

In order to observe the supervisees at work (and thus observe their approach and method of work) and to give feedback, the supervisors visited their supervisees in the workplace. This was evaluated by the supervisees as the most beneficial form of work within the supervised practice. Many benefits were also recognized in role playing, where the supervisees were able to solve in their own experiential way the difficulties or dilemmas that occurred, and this was also true for the in-depth analysis of individual cases.

The development of supervisees' competences followed different routes. Several focused on the development of particular competences from the very beginning, others tried to make progress in as wide area as possible, and there were those who followed only the development of competences related to the work tasks that were relevant at the moment.

Ethical dilemmas occurring during the supervised practice (as there were some dilemmas from previous work that the supervisees presented for discussion during the supervisory meetings) were discussed openly by the supervisory dyads. The process of resolving dilemmas was carried out in a way that the supervisor encouraged the supervisee to describe the dilemma in detail, and then directed his/her thinking by asking questions, in order for the supervisee to see the dilemma from various points of views and from the perspectives of all those involved.

Some of the supervisees encountered minor intercultural and intergenerational diversities during the supervised practice, which they discussed with their supervisors.

Outcomes of the Supervised Practice

The majority of supervisees reported that their goals had been adequately specified. However, they realized that certain long-term goals were too difficult to accomplish in one year of supervised practice. Similarly, some of the supervisory dyads specified their goals too extensively to be able to attain them within the limited time-frame of the project. The Supervision Agreement, according to the supervisees' opinion, contributed to the attainment of goals as it directed the supervision process and assisted in interim and final evaluations of goal accomplishment. It helped in clarifying expectations – as the supervisory dyads wrote down what their expectations towards each other and towards the course of supervised practice were. This enabled them to have an exact knowledge of what they could expect and what the agreed method of work was.

The supervisees confirmed that during the supervised practice they in particular developed professional strategies and approaches to work (the role of the psychologist in the organization, relationship with the leadership and colleagues, harmonization of expectations), and skills of self-reflection, since they had been encouraged to think about their own methods of work and approaches to dealing with problems and dilemmas. They became more confident about their competences and working independently, and developed the skills of monitoring, listening, and transferring knowledge into practice. They emphasized that their supervisors had offered them alternative methods of problem solving. They felt relieved because of the moral and professional support provided by their supervisors, and became aware of the importance of self-care, in terms of care for one's own mental health.

All of the supervisees observed progress in developing their competences. Several developed their competences above the expected level, some worked towards the development of particular group of competences, and there were others who strived for success in all areas of competency. A few supervisees admitted that they had not been able to develop the defined competences due to the specifics of their usual work tasks, and one supervisee developed even more competences than planned when she ended up in a different workplace with different work tasks due to a change in employment.

The unexpected achievements of the supervised practice, as perceived by supervisees, were as follows: the development of competences above the expected level, frequent positive feedback given by their supervisors, prompt acquisition of alternative methods of problem solving and thinking, and increased awareness of the importance of regular self-reflection. One supervisee affirmed that supervision indirectly improved her relationships with her team members.

Having an opportunity to discuss workplace challenges with an external person who could provide a different opinion or different perspective of a particular situation was seen as important by the supervisees. There was one supervisee who reported a dilemma expressed by her workplace supervisor, which was that having

two supervisors with different approaches at the same time could cause confusion in the supervisee.

According to supervisees' opinions, the supervisors successfully developed their skills of structured supervision during the supervised practice. This was especially obvious in supervisors who had two or more supervisees. Each supervisee had his/her own knowledge, needs, and skills that required adaptations by the supervisors, who thus got an opportunity to constantly develop and upgrade various supervision skills and competences.

General Evaluation of the Supervised Practice and Recommendations for the Future

When comparing supervision with previous experiences of mentoring, the supervisees revealed important distinctions in structure, extension of acquired knowledge, and required regularity (e.g. following the Supervision Agreement, regular sessions, and regular evaluation). Most supervisees would have liked more time for optimal implementation of the supervised practice. Several long-term goals could not be achieved in one year, as some competences require longer to develop to higher levels. The supervisees encountered more challenges at particular times in their workplace. As a result, there was a shortage of time during the supervision sessions carried out in that period to discuss all the problems relevant at that moment. Sometimes the initial part of supervision—goal setting—took too much of their time, and they would have liked to devote more time to the analysis of cases and reflection. Several supervisees wanted a larger choice of educational programmes within Module 3 to be offered to novice psychologists. They wished for more common meetings where mutual evaluations could be conducted by all project participants, reflections on practical experiences could be exchanged, and they could increase their professional connections. Several supervisees suggested that the forms and materials should be simplified, while additional forms for regular evaluation of the supervised practice should be constructed, and additional trainings for novice psychologists and supervisors should be provided. They recommended agreements on performing work in both institutions/organizations—the one where the supervisor is employed and the one where the supervisee is employed—so both the supervisor and the supervisee can visit each other's workplace. The majority of supervisees expressed their desire to continue the supervision relationship after the supervised practice had been concluded. They recommended additional supervision sessions be carried out after a definite time following the conclusion of the supervised practice. In this way, the supervisees' professional qualifications, further development, and advancement of competences would be examined, and the relationships could be prolonged. Being aware of the importance of continuing professional development and the need for supervision, most novice psychologists stated that they planned to continue their professional development by attending additional educational programmes (e.g., training in psychotherapy).

Assessment of Supervisees' Competences

The supervisors assessed the supervisees' competences on a four-level scale based on the *EuroPsy* competence model. Table 20 shows the median values of individual primary competences in the sample of supervisees. It can be observed that all medians exceeded level 3, which is required to practice psychology independently. The sample exhibited on average highly developed primary competences in the functional categories *Communication* and *Goal specification*, whereas the least developed categories of competences (yet still highly developed) were *Intervention* and *Evaluation*. The enabling competences were also adequately developed, in the opinion of supervisors (Table 21).

Table 20. Descriptive statistics for assessments of the primary competences of supervisees ($N = 30$) upon the conclusion of the supervised practice

Competence	$f(< 3)$	$f(\geq 3)$	Q_1	Mdn	Q_3
Goal specification					
Needs analysis	1	29	3.3	3.8	4.0
Goal setting	0	30	3.0	3.5	4.0
Assessment					
Individual assessment	1	29	3.0	3.5	4.0
Group assessment	2	28	2.9	3.5	4.0
Organizational assessment	4	26	2.6	3.2	3.7
Situational assessment	2	28	3.1	3.7	4.0
Development					
Service or product definition & requirements analysis	4	26	3.0	3.7	4.0
Service or product design	2	28	2.9	3.5	4.0
Service or product testing	2	28	2.9	3.5	4.0
Service or product evaluation	3	27	2.9	3.5	4.0
Intervention					
Intervention planning	0	30	3.4	3.4	3.9
Direct person-oriented intervention	2	28	3.0	3.5	4.0
Direct situation-oriented intervention	3	27	2.9	3.3	3.9
Indirect intervention	1	29	2.9	3.5	4.0
Services or product implementation	0	30	3.0	3.5	4.0
Evaluation					
Evaluation planning	3	27	2.9	3.5	4.0
Evaluation measurement	6	24	2.7	3.3	3.9
Evaluation analysis	5	25	2.7	3.4	4.0
Communication					
Giving feedback	0	30	3.2	3.7	4.0
Report writing	1	29	3.1	3.7	4.0

Note. Column $f(< 3)$ shows the number of supervisees whose level of competence development was assessed at level 2 or the supervisor could not assess the competence because it was not expressed in typical work tasks. Column $f(\geq 3)$ shows the number of supervisees with adequate levels of competence development (levels 3 or 4). Table also shows the values of the first (Q_1), second (Mdn) and third (Q_3) quartiles, calculated for values as group midpoints.

Table 20 shows that the supervisees were assessed with high median values in both competences of *Goal specification*. In the category *Evaluation* they were assessed as most competent in *Situational assessment* and *Individual assessment*, a little less in *Group assessment* and the least in *Organizational assessment*. The competences of the category *Development* were assessed with similar median values; the highest assessments were obtained for *Service or product definition & requirements analysis*. In the category of *Intervention* competences the median values of three competences were similar (*Direct person-oriented intervention*; *Indirect intervention*; *Service or product implementation*), followed by *Intervention planning*, and the lowest values belong to *Direct situation-oriented intervention*. In the assessment of evaluation competences, the supervisees received on average the highest values in *Evaluation planning*, whereas *Evaluation measurement* and *Evaluation analysis* remained below the required level in several supervisees; the supervisees differed in their evaluation of their services. High median values were achieved in both *Communication* competences.

Table 21. *Descriptive statistics for assessments of the enabling competences of supervisees (N = 30) upon the conclusion of the supervised practice*

Competence	$f(< 3)$	$f(\geq 3)$	Q_1	Mdn	Q_3
Professional strategy	0	30	3.0	3.5	4.0
Continuing professional development	0	30	3.3	3.8	4.0
Professional relations	0	30	3.2	3.7	4.0
Research and development	2	28	2.8	3.4	4.0
Marketing and sales	1	29	3.3	3.3	3.8
Evidence management	1	29	3.2	3.7	3.6
Practice management	2	28	3.1	3.6	4.0
Quality assurance	0	30	3.2	3.7	4.0
Self-reflection	0	30	3.2	3.7	4.0

Note. See note to Table 20.

The highest assessments were given to supervisees for their *Continuing professional development* (see Table 21), followed by *Self-reflection*, *Professional relations*, *Quality assurance*, and *Account management*. Somewhat lower assessments were given to *Practice management*, *Professional strategy*, *Research and development*, and *Marketing and sales*.

Adequate median values of competences indicate that supervisees developed the competences during the supervised practice to the level which enabled them to practice psychology independently. However, Tables 20 and 21 also show that some supervisees had not developed certain competences to a proper level, or the supervisors could not assess their competences. This may be partly due to the fact that certain work positions of psychologists do not require all the listed competences.

In future research, it would be sensible to obtain assessment values of the supervisees' competences at the beginning of the supervised practice (e.g., assessments after the internship has been carried out at the end of their academic studies), and compare the values with those obtained after the supervised practice has been concluded. In this way, the progress of supervisees could be estimated more accurately.

Self-Assessment by Supervisors

The supervisors ($N = 18$) assessed their competences by means of a self-assessment form (on a six-point scale; 1 – Not developed/Not at all true, 6 – Very well developed/Completely true) in three time periods: before the start of the supervised practice (*Wave 1*), during the implementation of the practice (*Wave 2*), and upon the conclusion of the practice (*Wave 3*). Tables 22–25 show the assessed values and how they changed in different competences between the measurements. The columns on the right show assessments provided by the supervisees for their supervisors' competences.

The supervisees assessed their supervisors' competences with high values, 5 or 6, upon the conclusion of the supervised practice. A comparison between the supervisors' self-assessments and the assessments by their supervisees (comparing the columns *Wave 3* and *Supervisee* in Tables 22–25) shows that the supervisees' evaluations were much higher than those of their supervisors who self-assessed their own competences. This points either to the supervisees' overestimation of their supervisors' competency, because of their high regard for their supervisors due to the positive supervision relationships, or to high self-criticism by the supervisors (their conscious incompetency). Kyte and Duckert (personal communication) believe that this finding may support the belief that the group of supervisors has reached a healthy maturity and a true, good competence. Wise and capable therapists and supervisors have a clear awareness of the complexities they must deal with in their work. This is often more prominent in those who have experienced uncertainties and feel humility in facing the fact that there are many things they do not have full control over. From this they may conclude that there is still much to master before they "deserve" a top evaluation.

Examining Tables 22–25, we can observe that the dispersion of the supervisors' self-assessed scores was higher in the first and second measurement waves than in the third. The scores among the supervisors differed at the beginning, and later became more homogeneous. In the last measurement wave the values were high and more homogeneous. The differences between the first and second measurements were high, which is in accordance with our expectations. The differences were lower between the second and third measurements, and in some cases there was no significant increase in the scores.

Table 22. *Changes in supervisors' self-assessments of general competences and the comparison between supervisors' and supervisees' assessments*

Competence	Wave 1		Wave 2		Wave 3		Supervisee	
	M	SD	M	SD	M	SD	M	SD
General competency in the professional area of supervision	4.7	0.8	5.2	0.8	5.5	0.5	5.8	0.4
Knowledge of legislation of the professional area of supervision	4.4	1.1	5.1	0.9	4.8	1.0	5.6	0.6
Knowledge of European standards of psychological practice	2.7	1.1	3.9	1.1	4.2	1.4	/	/
Time management	4.4	0.9	4.8	0.8	5.1	0.6	/	/
Accepting novelties	5.2	0.6	5.3	0.6	5.3	0.6	5.8	0.4
Knowledge and developed skills of teaching	4.7	0.7	4.9	0.9	5.3	0.7	5.8	0.4
General competences – Total	4.3	0.6	4.9	0.6	5.0	0.6	5.8	0.4

Note. The column *Supervisee* shows the assessments by supervisees. The sign / signifies that supervisees did not provide values for these competences.

Table 23. *Changes in supervisors' self-assessments of competences of managing the supervised practice and the comparison between supervisors' and supervisees' assessments*

Competence	Wave 1		Wave 2		Wave 3		Supervisee	
	M	SD	M	SD	M	SD	M	SD
Clear expectations regarding the supervised practice and its course	3.8	1.3	5.2	0.6	5.4	0.5	/	/
Clear expectations regarding the role of supervisor of the supervised practice	4.1	0.9	5.2	0.7	5.2	0.8	/	/
Knowledge of procedures, methods of supervision and their flexible application in supervision	3.6	0.8	4.7	0.9	4.8	0.7	5.7	0.6
General planning of the supervised practice (organization of time, space, etc.)	4.6	0.8	4.9	0.8	5.5	0.7	5.5	0.6
Utilization of information and communications technology for the purpose of implementing the supervised practice	4.2	1.3	4.4	1.2	4.9	1.0	5.5	0.8
Assuring the structure of individual supervision sessions	4.1	1.0	4.8	0.7	5.0	0.7	5.5	0.8

Competence	Wave 1		Wave 2		Wave 3		Supervisee	
	M	SD	M	SD	M	SD	M	SD
Knowledge of competences required for practicing psychology independently	4.1	0.9	5.1	0.6	5.6	0.5	5.9	0.3
Planning of particular work tasks for the supervisee	4.4	0.8	5.2	0.9	5.1	0.6	/	/
Assisting the supervisee in resolving dilemmas which occur during the supervised practice	4.6	0.7	5.3	0.6	5.3	0.5	6.0	0.2
Reflection on the supervisee's practice	4.1	1.0	4.9	0.8	4.9	0.6	/	/
Drawing attention of the supervisee to ethical dilemmas and directing his/her ethical decision making and conduct	4.6	1.0	5.1	0.5	5.3	0.6	5.6	0.6
Keeping records of the supervised practice	3.7	1.1	4.5	0.6	4.6	0.9	5.3	0.8
Evaluating the level of the supervisee competences	3.2	1.0	4.5	0.7	4.9	0.7	5.7	0.5
Managing the supervised practice – Total	4.1	0.6	4.9	0.5	5.1	0.4	5.6	0.6

Note. See note to Table 22.

Table 24. Changes in supervisors' self-assessments of competences of supervision and the comparison between supervisors' and supervisees' assessments

Competence	Wave 1		Wave 2		Wave 3		Supervisee	
	M	SD	M	SD	M	SD	M	SD
Awareness of the importance of supervision	5.0	0.7	5.7	0.5	5.9	0.3	/	/
Awareness of factors influencing the quality of supervision	4.2	0.9	5.2	0.7	5.4	0.5	/	/
Knowledge of the supervision process and development of the supervisory relationship	3.7	0.9	5.1	0.6	5.3	0.5	/	/
Implementing negotiations in the supervisory relationship	3.6	1.2	4.9	0.8	5.3	0.8	5.8	0.4
Establishing and maintaining the supervisory alliance	4.1	0.8	4.9	0.8	5.3	0.8	5.8	0.4
Ability to establish a trusting relationship with the supervisee	4.9	0.8	5.6	0.7	5.7	0.6	5.9	0.3
Ability to establish a transparent relationship with the supervisee	4.5	0.9	5.3	0.8	5.1	0.6	5.9	0.3

Competence	Wave 1		Wave 2		Wave 3		Supervisee	
	M	SD	M	SD	M	SD	M	SD
Taking responsibility for the supervisee	4.7	1.0	5.2	1.0	5.4	0.5	5.8	0.6
Care for the supervisee's mental health (prevention of burnout, crises etc.)	4.4	0.9	5.1	0.8	5.3	0.7	5.8	0.5
Giving feedback to the supervisee	4.3	1.1	4.9	0.8	4.8	1.4	5.8	0.6
Preventing and resolving conflicts with the supervisee or unpleasant emotions in relation to the supervisee	4.2	0.9	4.4	1.0	5.0	0.6	5.8	0.4
Setting boundaries in the relationship with the supervisee	3.9	0.8	4.6	0.8	5.0	0.9	5.7	0.5
Managing changes in the supervision relationship	3.7	1.0	4.8	0.8	5.0	0.8	5.8	0.5
Reflecting on and evaluating the supervisory relationship	3.9	0.8	4.9	0.8	4.9	0.9	5.8	0.6
Reflecting on and evaluating one's own skills of supervision	3.4	1.2	4.9	0.8	5.0	0.6	/	/
Awareness of the importance of supervision of supervision	4.5	0.9	5.6	0.6	5.8	0.4	/	/
Supervision – Total	4.2	0.5	5.1	0.5	5.3	0.4	5.8	0.5

Note. See note to Table 22.

Table 25. Changes in supervisors' self-assessments of attitude towards the supervisee and the comparison between supervisors' and supervisees' assessments

Competence	Wave 1		Wave 2		Wave 3		Supervisee	
	M	SD	M	SD	M	SD	M	SD
Awareness of the supervisee's uniqueness	4.3	0.8	5.1	0.8	5.1	0.7	5.8	0.4
Openness, accepting the supervisee	5.0	0.8	5.4	0.8	5.4	0.6	6.0	0.0
Empathy towards the supervisee	4.8	0.9	5.3	0.7	5.6	0.6	5.9	0.3
Kindness towards the supervisee	5.1	0.9	5.6	0.6	5.8	0.5	6.0	0.0
Skills of effective communication with the supervisee (directing the conversation, explaining, persuading)	4.7	0.9	5.0	0.8	5.3	0.8	5.9	0.3
Skill of actively listening to the supervisee	4.9	0.7	5.1	0.8	5.4	0.5	6.0	0.2
Skill of encouraging the supervisee	4.9	0.5	5.0	1.0	5.5	0.6	5.9	0.3
Attitude towards the supervisee – Total	4.8	0.6	5.2	0.6	5.4	0.3	5.9	0.3

Note. See note to Table 22.

Figure 6 shows the changes in the supervisors' self-assessments in all four groups of competences. The average values increased, and the greatest increase was observed between the first and second measurements. During this period the supervisors underwent intense training, led the internship and the first part of the supervised practice (conclusion of the Supervision Agreement, first trial of supervision methods, inclusion in the supervisory group). Their sense of competency was thus increasing rapidly. Later, between the second and third measurements, their training was less intense. The smallest increase was perceived in assessments of the attitude towards their supervisees, which were initially very high. This points to the fact that the project was joined by participants who were enthusiastic about supervision from the very beginning. The highest increase was observed in the assessments of leading the supervised practice and supervision. This leads us to conclude that the training was effective in encouraging self-efficacy regarding supervision. It is interesting that the scores of general competences increased as well. The supervisors' participation in training thus seemed to benefit not only supervision but also the performance of psychological work. This was also confirmed by several supervisors in the evaluation survey.

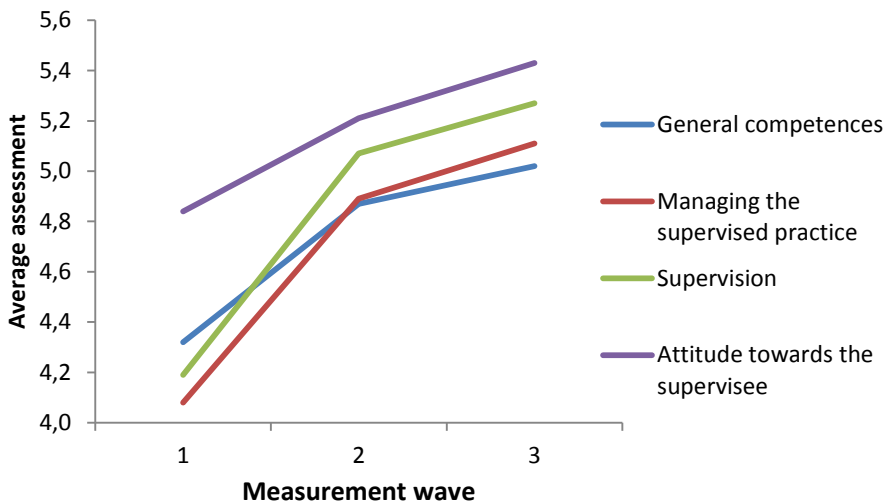


Figure 6. Changes in supervisors' self-assessed competence scores during the supervision training.

Based on the changes observed in the self-perceived competences it can be concluded that the training of supervisors, which included three modules, implementation of the internship and the supervised practice, were very effective. Overall, the supervisors perceived themselves as more competent to supervise novice psychologists.

However, we should be careful when considering the positive effects of the training on the self-efficacy of supervisors. Without monitoring other simultaneous factors

which could influence an increase in self-perceived competences (e.g., the participants were aware that the programme leaders expected positive results from this project) it may be too early to emphasize the positive influence of the training programme. It would have been better if we had also monitored a control group in the research. A control group is, however, difficult to find, since it would be difficult to find non-educated supervisors and motivate them to complete the inventory three times in comparable conditions. As a result, in our conclusions regarding the effectiveness of the training we considered parallel indicators such as evaluation reports by supervisors and supervisees, which—as was shown in the first part of this chapter—similarly supported the effectiveness of the training and the established system of the supervised practice. Our findings were also supported by additional research which is presented and communicated in the chapter that follows.