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# Evaluation of the Supervised Practice II: Comparison between the Efficacy of the Supervised Practice and Other Modalities of Training of Novice Psychologists

In Slovenia, the training programme for supervisors (also called mentors of the supervised practice) has been undergoing development and pilot implementation since 2009. The participants engage in practical work, i.e. supervision of students in an internship. The experiences obtained so far prove that students and supervisors are excited about this approach. Those who have experienced both competence-based supervision and traditional mentoring, where mentors are not specifically trained in mentoring, usually report that there is a great difference between the two. This is not only about the level of satisfaction of the young psychologists, but the difference in the supervisory relationship and greater structure of the supervision provided (see e.g. Zabukovec & Podlesek, 2010).

In the SUPER PSIHOLOG project, the pilot implementation of supervision was transferred from the internship to the supervised practice. With the aim of gathering evidence-based information regarding the efficacy of the established supervised practice system (i.e. efficacy of the training of supervisors and efficacy of the supervised practice implementation), a special evaluation study was conducted within the project encompassing novice psychologists who participated in a one-year supervised practice under the leadership of a supervisor-in-training, and psychologists who in their early psychologist career received different forms of support. The goal of the research was to explore how different groups of psychologists evaluated their period of training. This could help us evaluate the efficacy of the developed supervised

practice system when contrasted with other forms of training provided for early career psychologists in the workplace.

## The Purpose of the Research

Young psychologists start their careers in various ways. Some (group 1) do not receive special training in the workplace when they become employed; either the organization does not have need for this, or the induction training is carried out by a co-worker who is not necessarily a psychologist. Other psychologists (group 2) enter traineeship where they collaborate with their supervisor who is often not qualified for supervision. Some of them (group 3) find a supervisor during the traineeship on their own, as they recognize the importance of being included in supervision. Yet another group of psychologists (group 4), after they have spent some time working in the area of psychology, attend special longer and more advanced trainings where they improve their knowledge and skills (e.g., specialization programmes in psychotherapy or clinical psychology), and are included into the supervision process as an obligatory part of the training. A supervisor is assigned by a work organization or training organizers, or they find one by themselves. Even though individuals attending such training are not 'real' beginners in performing psychological services, we can refer to them as such in a specialized area. The aim of our research was thus to compare the novice psychologists who participated in the SUPER PSIHOLOG project with four other groups of psychologists. The research focused on finding out how satisfied with the training the psychologists of the different groups are, how they assess the mentoring/supervisory relationship, and how they perceive the development of their competences during the period of training.

## Method

### Instruments

An online survey was constructed with which demographic data, information on the features of training attended by young psychologists, assessments of the mentoring/supervisory relationship, and assessments of the development of competences during the period of training were obtained.

#### *The First Section of the Survey*

The first section of the survey gathered data on the age, gender, education, and employment status of participants, and different features of their training: which field of psychological practice the training covered, whether or not they received payment during the training and how much, the length of the training (the actual length, and the desired length in order to feel competent enough), whether or not their mentor/supervisor gained certain benefits for leading the training, and whether or not he/

she had enough time at their disposal, the reasons that led them to attend the training, and the inclusion of and support provided by their work organization.

By means of a seven-point assessment scale (the levels being: 1 – not present, 2 – very little, 3 – little, 4 – moderate, 5 – lots of, 6 – a great deal of, 7 – extensively present) the respondents assessed the mentor's/supervisor's: (i) professionalism at work (ethics, adherence to standards and legislation of the field of work, suitability of methods of work, instruments, experiences, responsibility, professional attitude towards users/clients); (ii) psychological knowledge and skills of the field of work (theoretical knowledge, knowledge of profession novelties, knowledge of various techniques and methods of work, approaches, instruments); (iii) competences of educating, guiding (skills of guiding and leading, awareness of responsibility of being a mentor/supervisor, reflection on performance, skills of teaching and forwarding the knowledge); (iv) communication skills (appropriateness, respect, precise articulation, clarity, effective communication, counselling skills, skills of giving feedback, written communication, document keeping, report writing); and (v) interpersonal skills (kindness, empathy, engagement, showing interest, care, offering help, skills of encouraging). In addition, the respondents provided assessment values for the mentor's/supervisor's encouragement of the development of all five categories of competences.

The respondents assessed to what extent the mentor/supervisor had satisfied their needs for: (i) psychological knowledge and skills; (ii) mentoring and guiding (leading, explaining, providing feedback); and (iii) the availability and accessibility of the mentor. They also assessed how much the training added to their (i) personal development, (ii) professional development, (iii) attitude towards clients, and (iv) final success in their work with clients. They stated whether or not they had been satisfied with the training and with the mentor/supervisor.

This chapter provides the responses to selected questions. More information regarding the analysis of remaining responses can be found in Bučar (2016).

### *The Second Section of the Survey: Supervisory Relationship Questionnaire – SRQ*

In the second section of the survey, the Supervisory Relationship Questionnaire – SRQ (Palomo, Beinart, & Cooper, 2010) was applied. The SRQ is an instrument for evaluating the quality of the relationship between the supervisor and supervisee; it can be applied in a context wider than that of psychotherapy or clinical psychology (Palomo, 2004). Permission was obtained from Wiley, the copyright holder, to translate the questionnaire and validate the Slovenian version (see Skrbinšek, 2016). The questionnaire was translated independently by the first three authors of this chapter. The translations were then harmonized, and some expressions were adapted, if needed. An official translator then translated Slovenian statements back to English. The translation of the questionnaire was checked by a co-author of the original questionnaire, Helen Beinart, and she confirmed the suitability of the translation.

The SRQ consists of 67 statements referring to various aspects of the supervisory relationship. Statements are grouped into six sub-scales. The *Safe base* sub-scale consists of 15 items which measure how respectful and collaborative the supervisor is towards the supervisee and how accepted the supervisee feels in the supervisory relationship (an example item: "I felt able to discuss my concerns with my supervisor openly"). The *Structure* sub-scale consists of eight items which measure how the supervisee perceives the organization, regularity and structure of supervision sessions (an example item: "Supervision sessions were focused"). The *Commitment* sub-scale consists of 10 items which measure whether the supervisor is interested in the supervisee and his/her availability (an example item: "I felt like a burden to my supervisor"). The *Reflective education* sub-scale consists of 11 items which measure the professionalism of the supervisor, his/her flexibility, and encouragement of reflective thinking (an example item: "My supervisor facilitated interesting and informative discussions in supervision"). The *Role model* sub-scale consists of 12 items which measure how the supervisee respects the supervisor as a professional, practitioner and person, and what role model the supervisor presents to the supervisee (an example item: "I respected my supervisor's skills"). The *Formative feedback* subscale consists of 11 variables which measure the benefits and constructiveness of the supervisor's feedback, and the supervisor's adjustment to the supervisee's competences (an example item: "My supervisor was able to balance negative feedback on my performance with praise").

A respondent assesses the supervisor's qualities on a seven-point scale, stating to what extent he/she agrees with each statement (1 – strongly disagree, 2 – disagree, 3 – slightly disagree, 4 – neither agree nor disagree, 5 – slightly agree, 6 – agree, 7 – strongly agree). A few items are reverse scored. The sub-scale score is obtained as the sum of (reverse-scored) responses, and the total scale score is obtained by adding up the subscale scores.

Palomo et al. (2010) reported that on an English sample the SRQ proved to be a valid and reliable instrument for evaluating the supervisory relationship from the view of the supervisee. The principal component analysis showed six components that explained 65% of the variance. The subscale scores correlated highly, and the Cronbach alpha coefficients as measures of internal consistency were between .87 in .97 for different subscales. The total score correlated with scores on several questionnaires which measure related supervision constructs, e.g. supervision process, role conflict, working alliance and relationship. Retest reliability was $r$ = .97. Scores did not significantly change in one month.

In the present research, the Cronbach alpha coefficients ranged from .90 to .96. Their values were: for *Safe base* $\alpha$ = .96, for *Structure* $\alpha$ = .91, for *Commitment* $\alpha$ = .94, for *Reflective education* $\alpha$ = .93, for *Role model* $\alpha$ = .90, and for *Formative feedback* $\alpha$ = .96. Correlations between sub-scales were high, between .61 and .87.

### *The Third Part of the Survey: Scale of Competences According to the Cube Model*

We wanted to examine what development of competences was achieved in young psychologists in different groups. The *EuroPsy* competence model is not very suitable for accurate and general monitoring of the competences development, because the descriptions of competences are general and the supervisory dyad needs to make them more concrete. It is thus unlikely that psychologists who are not familiar with the model would understand individual competences and levels of their development. For this reason, we decided to apply behaviour indicators of individual competences developed on the basis of the Cube model (Fouad et al., 2009; McCutcheon, 2009). The instrument for measuring the competences development created by Campbell et al. (2012) was adapted. This scale includes 55 competences divided into two large groups: a group of foundational competences and a group of functional competences. *Foundational competences* encompass the knowledge, skills, attitudes, and values which create the foundation of psychological practice; *Functional competences* include the main functions of psychological practice which require reflective integration of foundational competences in specifying and resolving psychological problems (Fouad et al., 2009). When comparing the *EuroPsy* competence model and the Cube model, it can be observed that most of the foundational competences of the Cube model, but not all of them, correspond to the enabling competences of the *EuroPsy* competence model, while most of the functional competences roughly correspond to primary competences.

Foundational competences cover (Campbell et al., 2012; Fouad et al., 2009):

1. A domain of professionalism, including:
    a. Professional values and attitudes (integrity and honesty, proper behaviour and deportment, responsibility, concern for the welfare of others, professional identity).
    b. Awareness of individual and cultural diversity (awareness of one's own culture ideologies and context, awareness of other cultures ideologies and context; knowledge of ideologies and operation of other cultures in interactions, intercultural skills).
    c. Reflective practice, self-assessment, self-care, participation in the supervision process.
    d. Adherence to ethical standards and legal aspects (knowledge of ethical, legal, and professional standards and guidelines; awareness of and application of ethical decision making; ethical conduct).
2. A domain of relationships (interpersonal relationships, affective skills, expressive skills).
3. A domain of science, including:
    a. Knowledge of scientific findings and methods (scientific mindedness, understanding of and respect for the scientific foundation of psychology, comprehension and respect for scientific foundations of professional practice).

   b. Research/evaluations in professional practice (scientific approach to generating knowledge; application of scientific methods to practice).

Functional competences include (Campbell et al., 2012; Fouad et al., 2009):

4. A domain of application, including:
   a. Evidence-based practice (knowledge and application of evidence-based practice).
   b. Assessment (measurement and psychometrics, knowledge of assessment methods, application of assessment methods, diagnosis, conceptualization and recommendations, communication of findings).
   c. Intervention (knowledge of interventions, intervention planning, skills of effective intervention, implementation of intervention, progress evaluation).
   d. Counselling (role of consultant, addressing the reason for the referral, informing on the findings of counselling, application of methods of counselling).
5. A domain of education, including:
   a. Supervision (expectations with regard to supervision and the roles of both parties in supervision; the process and procedures of supervision, development of supervision skills, awareness of factors affecting quality, the supervision practice, ethical and legal issues in supervision).
   b. Teaching (didactic knowledge, teaching skills).
6. A domain of systems, including:
   a. Advocacy (empowerment of clients, changing the system).
   b. Interdisciplinary systems (knowledge of the shared and distinctive contributions of other professions, functioning in a multidisciplinary and interdisciplinary context, understanding how collaboration in interdisciplinary teams contributes to outcomes, respectful and productive relationships with professionals of other disciplines).
   c. Management and administration (managing the direct delivery of services, the administration of organizations, programmes, agencies; management, administration, leadership, evaluation of management and leadership).

The original instrument (Campbell et al., 2012), adjusted to the context of psychology education in the USA, includes a list of competences at three levels of psychologist training: level of readiness for practicum (we estimate that in Slovenia this is equal to the level of readiness of a student for implementing practice in practicum and the internship), level of readiness for the internship (we estimate that in Slovenia this is equal to the level of readiness of a psychologist for participating in the supervised practice), and level of readiness for entry to practice (i.e., into independent performance of psychological services). An evaluator assesses a person at the level corresponding to his/her level of training, and estimates how present a particular feature or behaviour which expresses a certain competence is. Due to our desire to examine the development of competences during the time of training, we adjusted the instrument and for each competence defined behavioural indicators at all three

levels. The participants marked how developed a competence was before the beginning of the training, and after its conclusion. An example is shown in Figure 7. If, for instance, the participants estimated that they did not reach level 1, they selected value 0. If they expressed a few behavioural indicators of level 1, they selected value 0-1. If the participants expressed all behavioural indicators of level 1, but none of those of level 2, they selected value 1. Therefore, when the participants expressed all indicators of level X, they selected value X; when they expressed only a few indicators of level X, and all the indicators of the lower level, they selected a value in between the two (partial operation at level X). Moreover, the participants estimated the frequency of the behaviour in their field of practice, that is, how frequent the expression of a particular competence was.

| 0 | 0-1 | 1 | 1-2 | 2 | 2-3 | 3 | 1-7 |
|---|---|---|---|---|---|---|---|
| I operate at level 1 | I partially operate at level 1 | I entirely operate at level 1 | I partially operate at level 2 | I entirely operate at level 2 | I partially operate at level 3 | I entirely operate at level 3 | Level of competence expression in a selected area of performance |

**PRIMARY COMPETENCES:** They refer to the knowledge, skills, attitudes, and values of a person and serve as the basis for psychological practice.

***PROFESSIONALISM***

**Professional values and attitudes**

Professional behaviour and conduct which expresses professional values and attitudes by a psychologist

**Integrity –** honesty, personal responsibility and adherence to professional values:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **BEFORE** training | 0 | 0-1 | 1 | 1-2 | 2 | 2-3 | 3 | 1-7 |
| **AFTER** training | 0 | 0-1 | 1 | 1-2 | 2 | 2-3 | 3 | |

- **At level 1**: A person is knowledgeable of and understands professional values and the principles of the code of ethics; behaves ethically and in compliance with ethical standards; demonstrates honesty and sincerity, even in more difficult situations, and takes responsibility for his/her actions.
- **At level 2**: A person expresses knowledge and adherence to professional values and implements them in his/her professional performance; recognizes situations that challenge adherence to professional values and seeks advice from a professional and/or supervisor, if needed; is able to discuss his/her failures and lapses in adherence to professional values with a professional and/or supervisor.
- **At level 3**: A person addresses situations where professional values are exposed, monitors them and independently resolves situations where professional values or integrity are violated.

*Figure 7.* Assessment scale for the competence Integrity.

## Procedure

The novice psychologists who participated in the SUPER PSIHOLOG project completed the online survey as an attachment to their report on the supervised practice. In this way, their duty of evaluating project activities to which they committed when they had joined the project was fulfilled. Other groups of psychologists were invited through an e-mail list of the Slovenian Psychologists' Association, an e-mail list of psychology students, including those who had recently graduated, and personal acquaintances. Recipients of the invitation were asked to forward the e-mail to their colleagues. The online survey intended for the project participants was activated in March 2016 and received 62 clicks in six weeks, out of which three quarters were received in the first week. The survey intended for other psychologists was activated in the middle of April 2016 and received 240 clicks, 94% of which were made in the first month.

After we had removed inadequate units from the database (e.g., responses by psychology students and surveys which were doubled because participants exited the survey early), there were 137 units left in the database. The analysis included examining the features of the sample, characteristics of the early career training, the SRQ scores, and assessments of development of particular sub-areas of competences at the beginning and end of the training. The majority of participants assessed their relationship with the mentor/supervisor and their competences retrospectively, (except for those who were just concluding their training at the time of evaluating the development of their competences).

## Sample

In the survey, we collected 137 relevant units of responses (responses by psychologists who described their early training after the academic studies). The sample included 12 male participants (9%) and 125 female participants (91%); this ratio corresponds to that seen in young psychologists in Slovenia. On average, the participants were 34.9 years old (*SD* = 9.7) at the time the survey was conducted. Four participants (3%) were unemployed, and the others were employed. Thirty-two participants (23%) described their training in the field of psychology of education, 24 (18%) in the field of clinical psychology, 21 (15%) in the field of work and organizational psychology, 21 (15%) in the field of psychotherapy, 10 (7%) in the field of social welfare, seven (5%) in the field of psychological counselling, and three (2%) in other fields.

There were 52 participants (38%) who had already performed psychological services before the training described in the survey, at least to a minimum extent, while 85 (62%) joined the training inexperienced. One fifth of the participants (*n* = 28; 20%) had not yet concluded their training during the time of the survey, but only six had more than half of the training still to complete. Seventy-five supervisees (58%)

reported that their mentors/supervisors were employed in the same organizations as themselves.

The respondents were divided into five subgroups comprised of individuals with similar training: (1) the traineeship without help by others (taking over) or with a co-worker's assistance (in a sort of induction training), (2) the traineeship with the mentor, (3) the traineeship with the supervisor, (4) the supervised practice within the SUPER PSIHOLOG project, and (5) a longer training, for instance, psychotherapy or clinical psychology education. Even though the subgroups 2, 3, and 4 are similar in the modalities, we wanted to treat them separately and compare them. It often happens that mentoring in the traineeship (in group 2) is performed by mentors who have not concluded any special training in mentoring or supervision. Supervisors who implement the supervision of a trainee (in group 3) have presumably been trained in doing so, for instance, supervision in a particular psychotherapy domain. They exhibit the knowledge and skills needed for supervision; however, since they had not been trained in our project we wanted to treat their supervisees separately. The number of respondents who described their training were as follows: 20 participants (15%) described the training as happening without help (or a typical induction training); 45 participants (33%) described the traineeship with the mentor (the mentors of five participants were not psychologists); nine participants (7%) described the traineeship with the supervisor (supervisors of four participants were not psychologists); 31 participants (23%) described the supervised practice within the SUPER PSIHOLOG project; and 32 (23%) participants described longer trainings (mentors/supervisors of eight participants were not psychologists).

Table 26 shows the features of individual subgroups. It can be observed that the supervisees participating in the SUPER PSIHOLOG project were on average a little older than other beginners, as were those who participated in longer trainings (this seems reasonable, as in Slovenia individuals enter specialization after they have been performing psychological services for some time). The period of traineeship and the supervised practice was approximately one year, while the induction training was typically six months long, and longer trainings had an approximate duration of four years, according to the participants' reports. Most respondents had completed the training in the period of three years prior to the survey; there were some participants, however, and in particular those who assessed the traineeship with the mentor, who had concluded their training more than three years prior to the survey.

Table 26. *Characteristics of the five sample subgroups*

| Training features | Induction training (*n* = 20) | Traineeship with the mentor (*n* = 45) | Traineeship with the supervisor (*n* = 9) | The supervised practice (*n* = 31) | Longer training (*n* = 32) |
|---|---|---|---|---|---|
| Age at the time of survey in years, *M* (*SD*), *Mdn* | 35.9 9.5), 36 | 34.7 (10.2), 30 | 31.0 (3.6), 30 | 28.9 (3.5), 28 | 41.7 (10.4), 40 |
| Estimated age[a] at the beginning of the training in years, *M* (*SD*), *Mdn* | 28.9 (5.1), 27 | 25.7 (4.4), 25 | 26.9 (3.2), 26 | 28.0 (3.6), 27 | 32.3 (8.7), 30 |
| The duration of the training in months, *M* (*SD*), *Mdn* | 6.0 (3.5), 6 | 10.3 (2.9), 12 | 10.9 (2.0), 12 | 11.5 (1.2), 12 | 47.3 (17.8), 48 |
| The period since the conclusion of the training in years, *M* (*SD*), *Mdn* | 4.1 (4.2), 2 | 8.3 (10.0), 3 | 3.4 (3.8), 2 | 0.0 (0.0), 0 | 5.1 (6.9), 1 |
| Mentee/supervisee had previous experience of psychologist work in the field of training, *f* (%) | 2 (10) | 6 (13) | 1 (11) | 26 (84) | 17 (53) |
| Co-worker/mentor/supervisor was a psychologist, *f* (%) | 10 (71) | 40 (89) | 5 (56) | 31 (100) | 24 (75) |
| Co-worker/mentor/ supervisor worked in the same organization, *f* (%) | 11 (79) | 34 (76) | 6 (67) | 7 (23) | 17 (53) |

[a]Estimated age at the beginning of the training was obtained by comparing the age at the time of survey, the period of time since the conclusion of the training, and the duration of the training programme. Estimation was not possible for two participants of the group *Induction training* and two participants in the group *Longer training*.

The groups differed in previous experiences of performing psychological services. The percentage of participants with previous experience is shown in Table 26. The percentage was the highest in the group who were trained within the SUPER PSIHOLOG project. In this all the supervisors were psychologists, which was not the case in other groups. Moreover, in this group there was also a lower percentage of supervisees who were employed in the same organizations as their supervisors.

## Results and Discussion

A few participants did not complete the whole survey, so the number of answers differs slightly among the analyses. We examined how the participants in different groups assessed their mentors or supervisors, their competences, the mentoring/supervisory relationship, and the development of their own competences and satisfaction of their needs during the training. The majority of hypotheses were tested

with non-parametrical statistical tests, as the distributions of the responses deviated significantly from normality (they were asymmetric). If not specified otherwise, individual hypotheses were tested at the five-percent alpha-error rate.

## The Mentoring or Supervisory Relationship – Scores on SRQ

Only participants who responded to all SRQ items were included in the analyses related to SRQ scores. We used the IBM SPSS 23 statistical package to perform bias-corrected and accelerated (BCa) bootstrapping with 10,000 samples in order to estimate the 95% confidence intervals of the mean subscale scores in different groups of participants. The results are shown in Figure 8.

Figure 8 shows a comparison between the mean responses on different subscales of SRQ. Two groups can be seen for which the means were similar. One group was composed of the participants who participated in the induction training or in traineeship with the mentor (who, as has been mentioned, were usually not educated with regard to mentoring); their achievements were lower. The second group was composed of participants who were included in supervision during the time of their training, either in the traineeship, within our project, or within a longer psychotherapy or clinical psychology training (specialization); the three groups showed higher achievements on the SRQ scales.

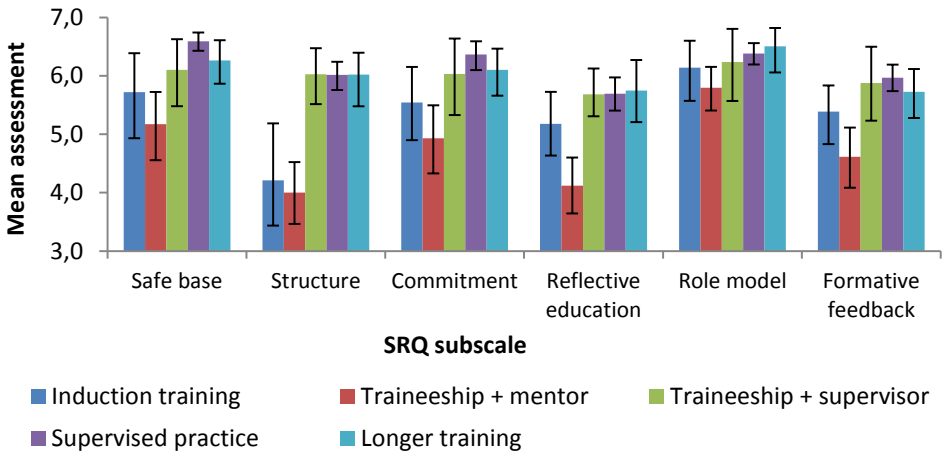


*Figure 8.* Mean assessments of the mentoring/supervisory relationship based on SRQ subscales in five groups of participants. Whiskers represent bootstrapped 95% confidence intervals for mean scores on SRQ subscales. The analysis included the responses by participants who completed the whole survey; seven participants described the induction training, 29 described the traineeship with the mentor, nine described the traineeship with the supervisor, 30 described the supervised practice in the SUPER PSIHOLOG project, and 17 described a longer training.

The Kruskal-Wallis *H* test was used to examine the equality of scores for the five groups with regard to the SQR scales, and the results showed that there were statistically significant differences in all six subscales; for *Safe base* $H(4) = 25.15$, $p < .001$; for *Structure* $H(4) = 44.03$, $p < .001$; for *Commitment* $H(4) = 23.29$, $p < .001$; for *Reflective education* $H(4) = 29.62$, $p < .001$; for *Role model* $H(4) = 12.02$, $p = .017$; for *Formative feedback* $H(4) = 20.34$, $p < .001$. Based on the 95% confidence intervals for the means in different groups, as shown in Figure 8, we can indirectly make conclusions about the statistical significance of the differences among scores in different groups (indirectly only, because half of the confidence interval for the difference between two group means can in reality be smaller than the sum of one half of the confidence interval for the mean of the first group and half of the confidence interval for the second group mean). It can be observed that the participants who participated in the supervised practice of the SUPER PSIHOLOG project scored statistically significantly higher in the *Safe base* subscale than those who participated in the induction training and ordinary traineeship with the mentor, while they did not score not significantly higher than the respondents who participated in the traineeship with the supervisor and in longer trainings (the confidence intervals for arithmetic mean partially overlap in the three groups).

Examining Figure 8 and comparing the position of supervisees included in the supervised practice in our project and that of the participants with the mentor, we can see that the former achieved higher scores for all SRQ subscales. The former outperformed the group of participants who participated in the induction training on the subscales *Safe base* and *Structure*. The Mann-Whitney test with Bonferroni correction for six comparisons of the two groups on the SRQ subscales where the alpha error rate was reduced to .009 showed that the groups also differed statistically significantly on the *Commitment* sub-scale ($U = 37.5$, $Z = -2.63$, $p = .007$). The scores for the group of participants who participated in the supervised practice were equal to those for the two other groups who were included in supervision. It can be concluded that special training of supervisors contributes to the quality of the supervisory relationship. Referring to the comparison of scores for the three groups whose participants took part in supervision, we can affirm that the training of supervisors within the SUPER PSIHOLOG project was as effective with regard to the quality of the supervisory relationship as the training of supervision implemented by different psychotherapeutic schools and other models of supervision.

## Satisfaction with the Mentor/Supervisor and Training

An additional indicator of the quality of the mentoring/supervisory relationship was provided by the participants' reports on whether the mentor had been available enough, and whether he/she had fulfilled their expectations, and whether their own expectations had been met by the training. For these variables, the equality of the frequency distributions of responses by different groups was examined using the Fisher's exact test.

Table 27 shows that the availability of a co-worker in the role of mentor was the lowest during the induction training. In other groups, the availability of the mentor/supervisor was comparable – approximately a quarter of the participants wanted their mentors/supervisors to have been more available. The differences in frequency distribution of the responses regarding the mentors' availability were not statistically significant among the groups, $\chi^2 = 8.92$, $p = 058$.

In general, the co-workers/mentors/supervisors met the expectations of trainees/mentees/supervisees and there were no significant differences in the distributions of responses, $\chi^2 = 10.80$, $p = .184$. The groups, however, had different levels of satisfaction with the training, $\chi^2 = 18.67$, $p = .011$. The participants who had participated in the induction training and traineeship with the mentor reported, more often than participants of other groups, that they expected more from the training. There were two notable results, namely the percentage of respondents participating in the supervised practice who responded that their training met their expectations, and the percentage of trainees with the supervisor who stated that their expectations had been exceeded.

Table 27. *Comparison of five groups of participants according to characteristics of the mentoring/supervisory relationship and satisfaction with the relationship and training*

| Training features | Induction training (*n* = 20) | Traineeship with the mentor (*n* = 45[b]) | Traineeship with the supervisor (*n* = 9) | The supervised practice (*n* = 31) | Longer training (*n* = 32[b]) |
|---|---|---|---|---|---|
| Mentor/supervisor was available enough. | 5[a] (36%) | 28 (62%) | 7 (78%) | 24 (77%) | 24 (75%) |
| Satisfaction with the training | | | | | |
| Below expectations | 6 (35%) | 13 (33%) | 1 (11%) | 4 (13%) | 3 (11%) |
| As expected | 8 (47%) | 22 (55%) | 2 (22%) | 22 (71%) | 15 (56%) |
| Above expectations | 3 (18%) | 5 (13%) | 6 (67%) | 5 (16%) | 9 (33%) |
| Satisfaction with the mentor/supervisor | | | | | |
| Below expectations | 4[a] (29%) | 10 (24%) | 0 (0%) | 2 (7%) | 4 (14%) |
| As expected | 5[a] (36%) | 26 (62%) | 7 (78%) | 22 (71%) | 19 (66%) |
| Above expectations | 5[a] (36%) | 6 (14%) | 2 (22%) | 7 (23%) | 6 (21%) |
| Feeling competent[c] | | | | | |
| Already before the conclusion | 1 (6%) | 6 (15%) | 0 (0%) | 7 (24%) | 5 (17%) |
| Upon the conclusion | 10 (56%) | 26 (67%) | 6 (75%) | 18 (62%) | 22 (73%) |
| Not yet | 7 (39%) | 7 (18%) | 2 (25%) | 4 (14%) | 3 (10%) |

*Note*. Table cells contain the frequencies (with percentages in parentheses).

[a]The questions were answered by different numbers of participants. Only 14 respondents who participated in induction training and had mentors answered the questions regarding the mentor's availability and satisfaction with him/her; others did not have mentors. [b]Individual questions were not answered

by all participants. The number of obtained responses is evident from the sum of frequencies in different categories. The presented percentages are shares between those who responded to the question. [c]Several participants could not state when they had felt competent: two from the induction training, six from the traineeship with the mentor, one from the traineeship with supervisor, two from the supervised practice, and two from the longer training. The shares given are those from the respondents who were able to express their feelings of competence.

## Feeling of Being Competent

The respondents answered whether they felt competent after the training had been concluded to perform the work they had been trained for. Those respondents who had not yet concluded their training at the time of the survey stated whether they thought they would feel competent after the conclusion of the training. Among those participants who participated in the induction training in the workplace there were more who expressed the feeling of not being competent (see Table 27) when compared with other groups; however, the differences among groups were not statistically significant (Fisher's exact test: $\chi^2 = 9.02$, $p = .311$).

The participants estimated how long it took them to feel competent, and if they did not feel competent at the time of the survey they predicted how long it would take them to feel so. They provided very diverse answers, but the median values in individual groups were equal to the median values of actual length of individual training programmes (see Table 26). This points to the fact that the participants perceived the actual duration of the training to be correct. It is interesting to note that the highest value for the duration of the training provided by the beginners participating in the supervised practice was 12 months, whereas the highest response in the beginners who participated in the induction training about the right length of the training was 24 months, while the trainees with the mentor felt that 80 months was correct, and those with the supervisor felt that 48 months was needed for them to feel competent. It can be concluded that the project participants felt competent enough to practice psychology independently upon the conclusion of the project, while the participants of other groups needed more time and wished their training could have been longer.

## Assessments of Mentors'/Supervisors' Competences and the Contribution of Mentoring/Supervision

Using a seven-point scale the participants assessed their mentors'/supervisors' competences, the development of their own competences, satisfaction of their needs in the mentoring/supervisory relationship, and the perceived contribution of the training. The values of the assessments were very high, and the distributions of responses were negatively asymmetric. Tables 28–31 show the median values for different groups of participants. The Kruskal-Wallis *H* test with Bonferroni correction for multiple testing (the corrected alpha error rate was .003) showed statistically

significant differences between the groups' evaluations of the training's contribution to the personal development of mentees/supervisees, $H(4) = 21.51$, $p < .001$, the groups' evaluations of the training's contribution to the mentee/supervisee attitudes towards clients, $H(4) = 16.87$, $p = .002$, and to the success of mentees'/supervisees' work with clients, $H(4) = 24.86$, $p < .001$. The groups' evaluations of the contribution of the training to the professional development did not reach the level of statistical significance (due to strict Bonferroni correction), $H(4) = 15.04$, $p = .005$. The Mann-Whitney *U* tests of paired comparisons showed statistically significant differences between the groups of participants who were included in the induction training, traineeship with the mentor and the supervised practice, and those who were included in longer training. This is a reasonable finding, as the two clusters differed in the duration and specialization of training. In this analysis, the assessments of the supervised practice did not differ in any statistically significant manner from the assessments of other groups.

Table 28. *Comparison of median assessments of the mentor/supervisor in five groups of participants*

| Mentor's/Supervisor's competence | Induction training (*n* = 14) | Traineeship with the mentor (*n* = 44) | Traineeship with the supervisor (*n* = 9) | The supervised practice (*n* = 31) | Longer training (*n* = 31) |
|---|---|---|---|---|---|
| Professionalism at work | 6.4 | 6.3 | 6.7 | 6.3 | 6.6 |
| Psychological knowledge and skills | 6.0 | 6.0 | 5.8 | 6.4 | 6.5 |
| Educating | 5.6 | 5.9 | 6.3 | 6.3 | 6.4 |
| Communication skills | 6.2 | 6.0 | 6.0 | 6.6 | 6.6 |
| Interpersonal skills | 6.2 | 6.2 | 6.6 | 6.7 | 6.5 |

Table 29. *Comparison of median assessments of mentor's/supervisor's encouragement of participant's competences in five groups of participants*

| Participant's competence | Induction training (*n* = 14) | Traineeship with the mentor (*n* = 42) | Traineeship with the supervisor (*n* = 9) | The supervised practice (*n* = 31) | Longer training (*n* = 28) |
|---|---|---|---|---|---|
| Professionalism at work | 6.3 | 6.0 | 6.4 | 6.1 | 6.5 |
| Psychological knowledge and skills | 5.8 | 5.8 | 5.4 | 6.1 | 6.2 |
| Educating | 5.3 | 5.4 | 5.8 | 6.0 | 6.2 |
| Communication skills | 6.2 | 5.6 | 6.3 | 5.9 | 6.4 |
| Interpersonal skills | 6.3 | 5.8 | 6.4 | 6.1 | 6.5 |

Table 30. *Comparison of median values of participants' satisfaction with mentor's/supervisor's encouragement of development of competences in five groups of participants*

| Participant's needs for: | Induction training (*n* = 14) | Traineeship with the mentor (*n* = 42) | Traineeship with the supervisor (*n* = 9) | The supervised practice (*n* = 31) | Longer training (*n* = 29) |
|---|---|---|---|---|---|
| Psychological knowledge and skills | 5.8 | 5.4 | 5.0 | 6.0 | 6.3 |
| Being mentored/supervised, guided | 6.0 | 5.1 | 6.0 | 6.1 | 6.2 |
| Availability and accessibility of the mentor | 5.4 | 5.2 | 6.1 | 6.2 | 5.7 |

Table 31. *Comparison of median assessments of the training's contribution in five groups of participants*

| Contribution to the participant's: | Induction training (*n* = 17) | Traineeship with the mentor (*n* = 40) | Traineeship with the supervisor (*n* = 9) | The supervised practice (*n* = 31) | Longer training (*n* = 27) |
|---|---|---|---|---|---|
| Personal development | 5.2 | 5.4 | 6.1 | 5.8 | 6.5 |
| Professional development | 5.6 | 5.9 | 6.4 | 6.0 | 6.6 |
| Attitude towards clients | 5.5 | 5.7 | 6.3 | 5.7 | 6.6 |
| Success in work with clients | 5.5 | 5.5 | 6.3 | 5.7 | 6.5 |

The participants completed the scale of competences in the final section of the survey, where they assessed the development of their fundamental and functional competences (according to the American Cube model of competences). Levels of competence development were converted (extended) to a seven-level assessment scale (level 0 presented in Figure 7 was converted to 1; level 3 was converted to 7). For individual groups of participants, the median values of competences were assessed within the individual large groups of competences. With BCa bootstrapping on 10,000 samples, the 95% confidence intervals for the medians were also calculated.

The results are shown in Figure 9. Advances in foundational and functional competences during the training were evident in all groups. Individual groups progressed by one or two levels, meaning that the participants partially or entirely reached a higher developmental level. It can be observed that the participants in the supervised practice reported a slightly higher developmental level of competences before the training than those in other groups did. This is not surprising, as in this group a larger percentage of participants had the experience of performing psychological services. Being more experienced was thus positively correlated with higher scores on

the assessment scale (for scores in foundational competences, $r_{pb}$ = .37, $p$ < .001, $n$ = 93; for scores in functional competences, $r_{pb}$ = 0.45, $p$ < .001, $n$ = 79). Due to a higher level of competences before the training, the participants in the supervised practice showed relatively low progress during the training. In all the groups, except for the one which participated in the induction training, the median level of the development of foundational competences upon the conclusion of the training was at a point of partial development towards the level where it is possible to enter independent psychological practice, while the development of functional competences was slightly lower. The development of functional competences was similarly developed in the groups of participants who had participated in supervision by qualified supervisors. The development of competences in participants who had participated in the induction training and the traineeship with the (non-qualified) mentor was lower. As in SRQ, the supervisees in the SUPER PSIHOLOG project assessed the development of their competences with similar values as those supervisees who had participated in supervision during their traineeship or longer training. The values were higher than those provided by the beginners who in their training had not received support by a qualified supervisor. However, even though the beginners participating in the supervised practice achieved a high level of development of their competences upon the conclusion of the project, this cannot be assigned exactly or solely to the impact caused by the supervised practice, as the participants had reported the higher development of their competences even before the training, when compared to the other groups.

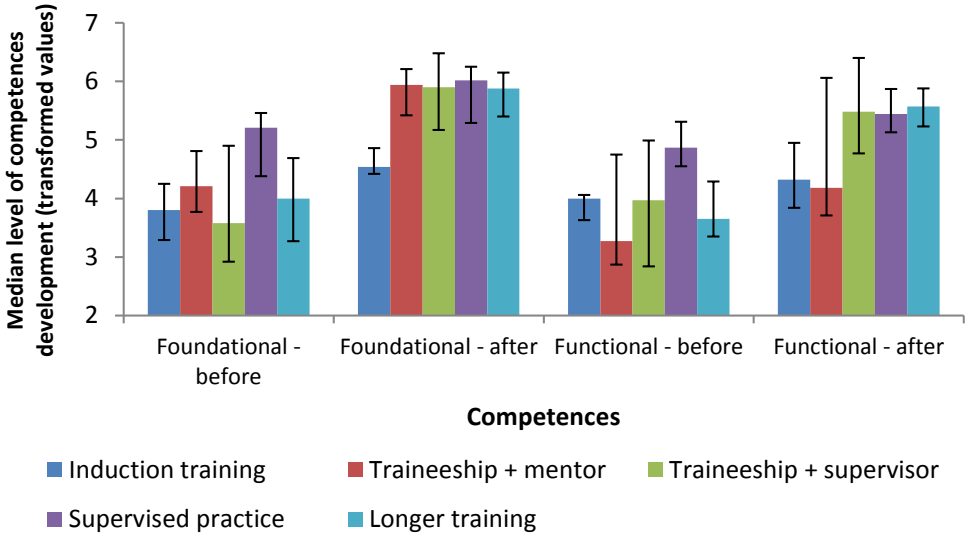


*Figure 9.* Comparison of the development of fundamental and functional competences in different groups of participants before and after the training. The column heights represent the median values of development, and whiskers represent their bootstrapped 95% confidence intervals.

## Conclusions

The study has several weaknesses, as follows. First, the number of participants in different groups was very low. The survey was long and demanding, therefore several individuals terminated their participation too early, and this limits the generalization of differences between the groups. Despite the low number of participants, we wanted to treat the groups separately since the training they had attended had very different requirements. After the participants were grouped, we encountered another difficulty because within two groups there were participants who had attended very different trainings (those who had participated in the induction training, and those who had attended longer training). Second, it is a fact that psychologists participate in various training projects, and therefore the training described in the survey was not the only training they had attended. However, the clear contributions of different forms of training are very difficult to study in non-experimental research, such as ours. Third, we could not obtain information regarding the qualifications of mentors of trainees, i.e. whether they were qualified for mentoring, as the respondents did not have access to such information. It is possible that some of the mentors had been trained to apply the competence model in implementing traineeship, i.e. that he/she had participated in our previous trainings of mentors (or in some other training for this). Fourth, the group of participants who participated in the supervised practice of the SUPER PSIHOLOG project encompassed a large percentage of those who had acquired prior experiences in practicing psychology, and thus their assessments of the developmental level of their competences were higher at the beginning of the training than those provided by other participants. As such, this research encompassed unequal groups, and therefore it is difficult to compare the efficacy of the supervised practice with the efficacy of other forms of training. Still, this was difficult to avoid due to the very unfavourable situation with regard to the employment of psychologists in Slovenia at the time the survey was conducted. There were very few one-year traineeships available at this time, young psychologists were mostly employed for brief periods rather than on long-term contracts, and the project required that the participants were full-time employees, with such individuals already having experienced work in the field of psychology (albeit mostly on a short-term basis). Fifth, the respondents answered the questions referring to their training retrospectively, and the values given may thus have been influenced by various memory factors, and this will have limited the validity of the collected data.

Despite the shortcomings of the study, it can nevertheless be concluded with great assurance that the training of mentors of the supervised practice implemented in the SUPER PSIHOLOG project was as efficient as the training in supervision implemented by psychotherapeutic schools or other models of supervision. This is very encouraging on the point of quality assurance. The results of the research revealed that the outcomes of the induction training and the traineeship with mentors who

most often were not qualified for mentoring were less favourable than the results of the training carried out under the guidance of qualified mentors/supervisors. The participants in the first two forms of training were less satisfied, wanted the training to be longer, and upon conclusion of the training the development of their functional competences was lower, that is, the competences specifically connected to implementing psychological services were less developed. To summarize, the differences between the outcomes of the training guided by qualified supervisors and non-qualified professionals point to the importance of supporting supervisors to be trained for mentoring and supervision. Based on the results of our study, we recommend that supervisors who train novice psychologists should be given opportunities to obtain specific knowledge and skills of supervision in order to achieve good results.

Supervisors, however, need more than competences. As one of the supervisors participating in the SUPER PSIHOLOG project stated: "Now I better understand my work and my competences. Today I know that my actions, which I took for granted in the past, are supported by my skills which I have mastered, upgraded and become aware of. Thus I can present concrete skills and knowledge to young people and help them become aware of their skills and their development […] I believe that in the future it will be necessary to devote more time to the values, attitudes, and beliefs which help us, as psychologists, be successful, be recognized as successful, be needed and effective. In my opinion this is a key part of psychologists' competences, which although somehow in the background, help us to have key positions in society."

Finally, we should also point out that a rather high percentage of the psychologists participating in our study worked in the same organization as their mentors/supervisors during the period of training (see Table 26). It can be predicted that a lot of supervisory relationships will be established within work organizations, and supervisees will not have to search for external supervisors. A supervisor employed in the same work organization as his/her supervisee will have a much better insight into the work of the supervisee, while the schedule and location of supervision will also be easier to plan.

A supervisor can face a dilemma when assessing the supervisee, as the assessments of competences upon the conclusion of the supervised practice not only expresses the supervisee's qualifications, but also the supervisor's effectiveness, in terms of his/her efficacy in leading and guiding the supervised practice, which can then influence his/her position in the work organization. Further consideration is thus needed regarding the prevention of potential difficulties in this respect, and whether it would be more sensible to encourage supervision under the guidance of a supervisor from outside of the supervisee's workplace.