

## 7.9 Feedback and Evaluation

Scaife defines feedback as “a response or reaction providing useful information, or guidelines for further action and development” (Scaife 2001, p. 216, cited in Moloney et al. 2007). The aim of feedback is to enhance the supervisee’s capacity to provide the most effective service for the client. It is primarily concerned with reinforcing, or changing behaviour. Within the clinical supervision relationship, feedback is both informal and formal, meaning it occurs naturally within the course of dialogue in both direct and indirect ways, as well as being provided in the form of documented evaluations. More specifically, feedback is defined as both “formative” and “summative” (Bernard & Goodyear 2009).

Formative evaluation represents the bulk of the supervisor’s work and is ongoing, targeted at the supervisee’s level of ability with an eye to the next learning step. Formative evaluation does not feel like evaluation, as it stresses processes and progress, not outcome. Summative evaluation is evaluation of the supervisee against competency standards.

Evaluative tasks of the clinical supervisor include the following (1-8 from Williams 1995, cited in Moloney et al. 2007):

1. Checking attainment of goals as set out in the supervisory contract
2. Checking whether the supervisee has implemented interventions discussed in previous session(s)
3. Following up on client progress
4. Giving feedback to the supervisee on knowledge of theory, work performance and personal qualities (as relevant to the work)
5. Helping the supervisee identify strengths and weaknesses
6. Conducting regular sessions where progress is reviewed
7. Confronting/challenging the supervisee when appropriate
8. Monitoring the ethical standards of the supervisee
9. (In an organisational context, it would also include) monitoring a supervisee’s adherence to treatment and service delivery protocol

Supervisors have their own personal styles with regard to how they offer feedback which may, or may not, fit well with individual supervisee’s expectations, or own personal style. It is helpful to negotiate with the supervisee, as part of contracting, how this will be handled. Exploring the supervisee’s past experiences of helpful and unhelpful feedback and gaining his or her perspective on what works best for him or her can be highly illuminating for the supervisor, and can help to avoid unnecessary ruptures further down the track. Supervisors would do well to remember that intense anxiety, fear of being seen as incompetent and a potential for shame can be all be present for supervisees when undergoing evaluative processes.

*I tend to follow an AID model. So we'll talk about the action, talk about the impact and talk about the desired effect. And I think that can work for both positive feedback and negative feedback. It's pretty much 101 stuff really. Like if it's something positive - I'll acknowledge the work that's been done with a client, reinforce the positive impact it's had and just encourage them around where to go from there ... (Manager, CMMH Service)*

It is also useful to discuss openly what methods of evaluation will be used and to ask for the supervisee's input in making those decisions. Supervisees will differ in how they are most or least comfortable having their work judged; while this may not be completely open for negotiation, it can help to know and to prepare ahead of time (e.g., a supervisee who is unused to having his or her work with clients observed directly, or via videotape, may be extremely anxious at the thought and may benefit from a practice run).

The Center for Substance Abuse Treatment advises the following considerations when undertaking evaluative processes with a supervisee:

*It should be acknowledged that supervision is inherently an unequal relationship. In most cases, the supervisor has positional power over the counsellor. Therefore, it is important to establish clarity of purpose and a positive context for evaluation. Procedures should be spelled out in advance, and the evaluation process should be mutual, flexible, and continuous. The evaluation process inevitably brings up supervisee anxiety and defensiveness that need to be addressed openly. It is also important to note that each individual counsellor will react differently to feedback; some will be more open to the process than others.*

*There has been considerable research on supervisory evaluation, with these findings:*

*The supervisee's confidence and efficacy are correlated with the quality and quantity of feedback the supervisor gives to the supervisee (Bernard & Goodyear 2004, cited in CSAT 2009).*

*Ratings of skills are highly variable between supervisors, and often the supervisor's and supervisee's ratings differ or conflict (Eby 2007, cited in CSAT 2009).*

*Good feedback is provided frequently, clearly, and consistently and is SMART (specific, measurable, attainable, realistic, and timely) (Powell & Brodsky 2004, cited in CSAT 2009).*

(CSAT 2009, pt. 1, p. 18)

In addition to supervisors evaluating supervisees, supervisees should be able to give feedback to their supervisor about the quality of their supervision and their experiences of the supervisory relationship. Supervisors should initiate discussion about this in the contracting stage of the relationship as well as actively soliciting feedback from supervisees on a regular basis (e.g., checking in at end of sessions about what was most or least helpful to the supervisee).

Supervisees should also be able to provide feedback more formally about the quality of the supervision they receive. The processes and methods by which they do this should be made clear to them and should be backed up by organisational policy and procedures to which they can refer. On an administrative level, there should be an overall evaluation of the supervisory structure itself, for accountability purposes, to ensure the quality of the supervision, and to make changes where necessary.

*An annual experience survey takes place, through which feedback is provided by both supervisees and supervisors. From this, a list of recommendations are developed which are implemented in collaboration by Management and Clinical Supervisors. (Manager, AOD Service)*

Carol Falender, PHD consultant and clinical professor, provides examples of areas to consider and questions to ask when evaluating supervisees and supervisors. (Visit: [www.cfalender.com](http://www.cfalender.com))

References for this section: Bernard & Goodyear (2009); The Bouverie Centre (Moloney, Vivekananda & Weir 2007, 2010); Center for Substance Abuse Treatment (2009).