

## ORIGINAL ARTICLE

# Goal-setting, Feedback, and Assessment Practices Reported by Australian Clinical Supervisors

Craig J Gonsalvez,<sup>1</sup> Talia Wahnon,<sup>2</sup> and Frank P Deane<sup>2</sup>

<sup>1</sup>School of Psychology, University of Western Sydney, and <sup>2</sup>School of Psychology, University of Wollongong

**Objective:** The objective of the current study was to compare current supervisory practices in Australia against those derived from pedagogic principles and/or practice guidelines recommended by experts in the field. Three core supervisor competencies, namely goal-setting, providing formative feedback, and conducting summative assessments, were chosen for scrutiny.

**Methods:** One hundred thirteen accredited psychology supervisors in Australia completed an online questionnaire that had supervisors report details about their goal-setting, feedback, and summative assessment practices in supervision.

**Results:** Several aspects pertaining to summative assessment require improvement. Specifically, the limited use of observational techniques was inconsistent with principles of competency-based pedagogies and with recommendations by experts. A significant percentage of supervisors believed that summative ratings of trainee competence conducted by themselves (58%) and by their peers (66%) were compromised by leniency effects. Further, half the supervisors surveyed reported that summative assessments were made difficult by little or no guidance from training institutions about the benchmarks trainees were expected to meet at the end of placements.

**Conclusions:** Supervisory practices concerning goal-setting were generally consistent with best-practice guidelines derived from the literature. However, improvements are warranted in key supervisory practices, including more frequent use of observational techniques to inform formative feedback, more effective strategies to counter leniency in summative assessment, and better communication between training institutions and supervisors.

**Key words:** clinical supervision; formative feedback; placement evaluation; practitioner training; summative assessment; supervisor training.

### What is already known on this topic

- 1 The need to better understand current supervision practices is paramount particularly given the requirements for supervisor training and registration requirements in Australia and internationally.
- 2 Accurate feedback and evaluation are considered critical to effective supervision, yet supervisor evaluations are often positively biased.
- 3 There are a range of barriers supervisors experience when providing feedback and evaluation, and these may contribute to biased evaluations.

### What this paper adds

- 1 Provides a valuable comparison of goal-setting, feedback, and assessment practices conducted by clinical supervisors against best-practice guidelines for these supervisory tasks.
- 2 Highlights the need to promote the use of observational techniques (*in vivo* and video) and to support their implementation in day-to-day supervisory practice.
- 3 Highlights the need for measures to address supervisor leniency in summative assessments.

Clinical supervision is considered the cornerstone of psychology training (Falender & Shafranske, 2004) by both directors of clinical programmes and postgraduate students (Scott, Pachana, & Sofronoff, 2011). Recently, emphasis on competency-based models for practitioner training in psychology and other health disciplines has greatly increased the demands on the clinical supervisor to demonstrate, in an

objective and transparent manner, that all supervisor responsibilities are discharged in accordance with evidence-based practice, pedagogic principles, and/or best-practice guidelines (Falender & Shafranske, 2014; Gonsalvez & Calvert, 2014; Kaslow et al., 2007; Milne, 2010).

In effect, although the roles of the clinical supervisor have not substantively changed, supervisor training and supervisory practices have been recently subjected to close pedagogic scrutiny (Falender, Shafranske, & Ofek, 2014; Gonsalvez & Milne, 2010; Watkins & Milne, 2014). For instance, in the past, a few years of practitioner experience was deemed sufficient to become eligible to provide clinical supervision. The assumption that underpinned supervisor credentialing practices of the past, namely that “practitioner experience begets supervisory

**Correspondence:** Craig J Gonsalvez, School of Psychology, PG-87 Kingswood Campus, University of Western Sydney. Fax: 02 47360151; email: c.gonsalvez@uws.edu.au

Accepted for publication 6 August 2015

doi:10.1111/ap.12175

expertise," has been largely rejected (see Gonsalvez & Milne, 2010). In the UK, clinical supervision has been identified as an essential competency for psychologists (Gonsalvez & Milne, 2010); in Australia, supervisor accreditation has been made mandatory, and supervisor training programmes have been required to meet established guidelines to attain Board-approved provider status (Psychology Board of Australia, 2013).

The focus on competencies has highlighted the need to develop competency frameworks, articulate them into practice-based principles and implications, and evaluate outcomes for both the supervisee and the supervisor. Within this paradigm, supervisors themselves have to acquire a range of competencies in knowledge, skills, attitude value, and relationship domains, and to follow best-practice guidelines in planning and delivering supervision (Falender & Shafranske, 2004, 2014; Gonsalvez, 2014; Roth & Pilling, 2008). Thus, within a context of rapid change, a focus on core supervisory activities appears both timely and relevant for the Australian psychologist. The current study will focus on three activities—goal-setting, feedback, and assessment—that have been identified as important supervisor competencies (e.g., Psychology Board of Australia, 2013; Roth & Pilling, 2008).

### Goal-setting

Effective goal-setting requires the planning and articulation of goals the supervisee should attain by the end of a placement. Although the importance of setting goals has been emphasised within supervision for a long time, recent developments have provided goal-setting with a theoretical framework and guiding principles to inform their implementation in supervisory practice (Gonsalvez & Calvert, 2014). Competency-based approaches recommend that supervision goals are best formulated as end-placement competencies (e.g., Falender & Shafranske, 2004) or as learning outcomes that are specific, measurable, appropriate from a developmental context, relevant, and time-wise—in other words, *SMART* (see Gonsalvez, 2014). There is broad agreement that supervision goals should take into consideration not only learning outcomes desired by supervisee and supervisor (Bernard & Goodyear, 2014; Milne, 2009; O'Donovan, Halford, & Walters, 2011), but also recommendations by training institutions, placement agencies, and professional and regulatory bodies such as the Australian Psychological Society and the Psychology Registration Board (Gonsalvez, 2014; Gonsalvez & Calvert, 2014). There is also broad consensus that the process of goal development should be planned and deliberate, should commence early in the supervision process, and be collaborative—with levels of supervisee engagement and autonomy being determined by the developmental/professional status of the supervisee (Falender & Shafranske, 2004; Gonsalvez, 2014; O'Donovan et al., 2011). Further, it is recommended that final goals should be comprehensive to ensure coverage of all important domains of competence and be documented in a supervisory contract (Bernard & Goodyear, 2014) or in a competency-based supervision plan (Gonsalvez, 2014).

### Formative Feedback and Summative Assessment

Regular feedback informed by best-practice guidelines is a core supervisor competency and central to promoting students'

learning (Bernard & Goodyear, 2014; Cantillon & Sargeant, 2008; Robertson, Rosenthal, & Dawson, 1997). In the context of supervision, supervisor feedback can be defined as information provided to the trainee about their professional interactions and conduct to facilitate and support desirable progress and development (Archer, 2010).

Two different but complementary types of feedback and evaluation have been described: formative and summative (Bernard & Goodyear, 2014; Kealey, 2010). For the purposes of this report, we use the term "feedback" for formative comments, and "assessment" for summative aspects of evaluation. The term "evaluation" is used by some authors (e.g., Robiner, Saltzman, Hoberman, Semrud-Clikerman, & Schirvar, 1997) to refer to summative aspects, so this term is preserved in our measures derived from these authors and is used when citing their results or commentary. Formative feedback is idiographic in that it is supervisee-centred and is usually delivered through frequent qualitative comments during the entire course of a placement. Summative assessment is typically quantitative (e.g., scores on a Likert scale), occurs infrequently (e.g., at mid- and end-placement), and is based on predetermined criteria (Bernard & Goodyear, 2014; Kealey, 2010). The purpose of formative feedback is to foster the attainment of competence by regular and ongoing monitoring of performance, and by providing relevant information to develop or enhance competencies across domains (e.g., assessment and intervention) and competency types (e.g., knowledge and skills). Summative assessment serves a gate-keeping purpose for the profession by ensuring that predetermined standards are met before a trainee's competence can be certified and the individual granted a licence to practice (Gonsalvez & McLeod, 2008; Milne, 2009). For placements, the "pass" standard for summative assessments can be normative (the supervisee's performance is compared with peer-based norms) or criterion-based (the supervisee's performance is compared with a predetermined standard of competence set by a regulatory authority or other stakeholder; Falender & Shafranske, 2004; Gonsalvez & Calvert, 2014; Tweed, Graber, & Wang, 2010). Because the outcome of feedback or assessment can be either negative (e.g., decreased performance) or positive (e.g., improved learning efficiency; Hattie & Timperley, 2007; Hoffman, Hill, Holmes, & Freitas, 2005; Kluger & DeNisi, 1996), a better understanding of factors that enhance feedback effectiveness will contribute to improved supervision outcomes.

Although our review of the literature did not yield empirical reports of effective versus ineffective feedback, the literature offers preliminary guidelines for the provision of feedback (e.g., Bernard & Goodyear, 2014; Milne, 2009) and for end-of-placement assessments (e.g., Gonsalvez & Crowe, 2014; Kaslow et al., 2007). For instance, Bernard and Goodyear (2014) have compiled a list of suggestions for the provision of feedback from a range of authors. Feedback should be "direct and clear, but never biased, hurtful, threatening, or humiliating," must be "owned by the supervisor as professional perception, not fact or truth," and "should address learning goals (competencies) that the supervisee can achieve (Bernard & Goodyear, 2014). Feedback should be balanced between supportive and challenging information. Subjective feedback should be labelled as such and based on professional judgement rather than personal bias. Finally, feedback should be objective, behaviourally driven, and

as often as possible based on observation or representative samples of the trainees' behaviour (Bernard & Goodyear, 2014; Newman, 2010). Feedback should elaborate on the potential strategies by which the student might improve performance (Corbett & Anderson, 2001; Shute, 2008). It should shift a supervisee's attention to the task or to motivational processes (e.g., give specific examples to illustrate observations) rather than to the self (e.g., personal praise, discouraging feedback, feedback concerning student's personality; Hattie & Timperley, 2007; Kluger & DeNisi, 1996).

Under circumstances when performance is poor, some researchers suggest that feedback should be discussed in self-referenced terms, as it improves expectations regarding future performance as well as increases a student's belief that poor performance was due to effort and application (Kluger & DeNisi, 1996; McColskey & Leary, 1985).

### Barriers to Feedback and Assessment

Although there is expert consensus that observational methods are central to informed and effective supervisor feedback (Bernard & Goodyear, 2014; Gonsalvez & McLeod, 2008; Reiser, 2014), survey results suggest that supervisory practices do not adhere to these recommendations. For instance, early results from clinical psychology supervisors and supervisees indicate that supervisors largely rely on students' self-reports rather than *in vivo*/video observation of therapy sessions to monitor trainee performance (Gonsalvez, Oades, & Freestone, 2002). Data from cognitive behaviour therapists in the UK (Townend, Iannetta, & Freestone, 2002) and recent surveys with larger samples within Australia (Scott et al., 2011) largely confirm these findings. Without the benefit of *in vivo* or recorded observation of students' clinical work, supervisors are understandably challenged when attempting to provide accurate feedback and assessments.

It has been argued that in order to provide feedback and evaluate students' performance, supervisors should have an established knowledge of the standards of clinical competence (Ende, 1983; Gonsalvez & McLeod, 2008). Because many supervisors supervise only one or two students a year, their normative referents may lack clarity and precision, a problem that may be worse for less experienced supervisors; O'Donovan et al., 2011). Moreover, it is unclear whether university personnel who may have access to such normative information regularly communicate this to supervisors. Other barriers that may hinder the provision of reliable feedback and assessment include a weak supervisory relationship, the supervisee's lack of openness to feedback (Hoffman et al., 2005), supervisor concerns that feedback may damage the student's self-esteem (Farnill, Gordon, & Sansom, 1997), and the supervisor's discomfort providing corrective feedback and dealing with potential negative supervisee reactions (Ende, 1983; Hoffman et al., 2005).

It is noteworthy that these concerns not only hinder supervisors from providing accurate and effective feedback but also contribute to biased evaluation (Gonsalvez & Freestone, 2007). In a study of supervisor bias in evaluation, 59% of supervisors admitted that their own ratings of students had been biased in terms of central tendency or leniency bias (Robiner et al., 1997). Two definition and measurement issues, namely the lack of objective measures of competence/incompetence and awareness

of inherent subjectivity in assessment, were rated as primary factors influencing supervisors' biases. Interpersonal and personal issues, particularly "difficulty providing negative assessments" and "guilt or fear about damaging a supervisee's career or feeling responsible for lengthening or terminating their graduate education," also contributed to leniency (Robiner et al., 1997). While trainees may respond to feedback and assessment with apprehension, delivery of effective feedback and assessment predicts a stronger supervisory relationship and greater trainee satisfaction with supervision (Lehrman-Waterman & Ladany, 2001).

Although the literature provides guidelines for effective feedback, there is a dearth of systematic, empirical research on the topic. The aim of the current study is to provide a description of supervisors' current goal-setting, feedback and assessment practices, and the barriers associated with performing these tasks effectively.

Several hypotheses are posed: (1) Supervisee self-reports will be used more frequently than direct observation as a source to inform supervisor feedback. (2) Supervisors who receive relevant information from the universities regarding clinical standards will report less difficulty with making final judgements about a trainee's competence. (3) Supervisors will rate leniency as the most prevalent bias in their own and other supervisors' assessment of trainees. (4) Definition and measurement issues will be rated significantly higher than interpersonal and supervisor personal issues as factors that contribute to lenient assessments.

## Methods

### Participants

Participants were supervisors of postgraduate psychology trainees in Australia. Initial contact was made using email addresses from the Psychology Board of Australia's website (740 addresses). One hundred eight (14.6%) were returned with "invalid address" messages, leaving a participant pool of 632 individuals. All interested participants received a self-guided learning resource on supervision practices regardless of whether they decided to participate. Participants who consented to participate completed (15–30 min) the questionnaire anonymously online, and were given the opportunity to go in the draw to win a \$400 gift voucher. Fully completed questionnaires were obtained from 113 participants, resulting in a response rate of 18%.

Participants' mean age was 48 years (standard deviation [*SD*] = 11.23) and 68.1% were women. The sample of supervisors had considerable experience as psychologists ( $M = 18.81$  years;  $SD = 9.55$ ) and as supervisors ( $M = 11.35$  years;  $SD = 8.29$ ). Almost all (92%) had provided supervision within the last 12 months. Supervisors ranged widely with regard to how many students they supervise a year (range = 1–20,  $M = 4.43$ ,  $SD = 4.66$ ). All supervisors were registered psychologists, holding a master's or higher degree. The majority (97.3%) indicated they were psychology Board-approved supervisors and had completed an approved supervisor training programme (85%).

## Measures

The online questionnaire was assembled for the purpose of this study and comprised a combination of items from prior research ( $n = 23$ ) and new items ( $n = 53$ ) designed for this study. Nine questions covered information about demographics and supervision (e.g., years of experience as psychologist and supervisor).

### Performance expectations and goal-setting

Sixteen items covered the areas of expectations, goal-setting, and the supervision contract (e.g., Have you ever received any written or verbal guide from the universities concerning the expected level of clinical and professional competencies trainees should reach by the end of the placement?). The goal-setting and supervision contract questions were derived from previous research and the supervision literature (Bernard & Goodyear, 2014; O'Donovan et al., 2011; Osborn & Davis, 1996). Examples are the following: "Do you establish a clear and specific supervision contract or agreement that both you and your trainee sign?" (see Table 1).

### Feedback

Twenty-nine items asked about feedback practices and were derived from the literature concerning (a) the different sources of information supervisors use to inform feedback (seven items, see Table 3)—the items were derived from Scott et al. (2011; e.g., How often do you use the following sources of information to inform the feedback you provide?); (b) the importance (nine items) and frequency (nine items) of the supervisor's preferred feedback styles (see Table 4) with content derived from several authors (Bernard & Goodyear, 2014; Kluger & DeNisi, 1996; McColskey & Leary, 1985; Shute, 2008); and (c) supervisor concerns regarding feedback provision (four items) with item content derived from Farnill et al. (1997) and Hoffman et al. (2005).

### Assessment

Eighteen items covered the area of summative assessment and were largely derived from Robiner et al. (1997) to examine supervisor beliefs about their own and peer biases affecting

assessment, the types of biases they believed affected ratings (leniency, central tendency, and strictness), and the factors contributing to supervisor biases (see Table 5).

## Analyses and Results

### Performance Expectations and Goal-setting

In response to the question "In terms of performance expectations you have of your supervisees, where do you source this information?" 83% of supervisors endorsed "psychology professions expectations," 69% endorsed "experience with prior supervision of students," and 59% endorsed "university expectations." Approximately half (52%) of the supervisors indicated receiving verbal and written guidance from the university programmes, 27% indicated they received either verbal or written guidance, and 20% received no guidance. Half (50%) of the supervisors indicated that the universities provided little or no information regarding their expectations of supervision.

Table 1 provides the data for various factors that influence goal planning. Supervisors reported that establishing goals and supervision contracts were common practices. Goals were based significantly more on the developmental stage and learning needs of the supervisee than the objectives of the placement provider or those of the training institution. Participants were also asked to rate on a 0- to 10-point scale (0 = *all trainee* and 10 = *all supervisor*) whether the supervisee or supervisor determined goal development, for the first and last external placements. The results showed that trainees were significantly less involved than their supervisors in driving goal development on their first external placement ( $M = 5.68$ ,  $SD = 1.66$ ) compared with when they were on their final placement ( $M = 3.55$ ,  $SD = 1.69$ ),  $t(112) = 12.46$ ,  $p < .001$ ,  $d = 2.12$ .

Participants were asked to rate the frequency with which they engaged in seven goal-setting, feedback, and assessment practices (see Table 2). Not only are goals and supervision contracts routinely developed, but providing feedback and completing assessments are both frequently practised. Explaining the process of evaluation was completed "all the time" by only 57% of supervisors. Less than 10% of supervisors "often" or "always" received feedback regarding a student's performance from previous placements.

### Feedback

It was hypothesised that self-reports would be more frequently used than direct observation (Hypothesis 1). The results (Table 3) revealed that supervisee self-reports informed supervisor feedback significantly more frequently ( $M = 3.86$ ,  $SD = .74$ ) than did direct observation of supervisee's clinical work ( $M = 3.48$ ,  $SD = 1.22$ ),  $t(112) = 2.63$ ,  $p < .01$ ,  $d = 0.38$ .

Supervisors' ratings of the frequency and the perceived importance of nine different feedback strategies were generally consistent. The feedback strategies rated as important also tended to be provided more frequently, such that the rank order of importance and frequency for these different components were very similar (see Table 4).

Providing self-referenced feedback (i.e., comparing a supervisee's performance with their own prior performance), as

**Table 1** Means and Frequencies of Factors Influencing Supervision Goal Planning

|                                    | <i>M</i> | <i>SD</i> | Mean rank         | Endorsed (%) <sup>†</sup> |
|------------------------------------|----------|-----------|-------------------|---------------------------|
| Developmental stage of trainee     | 4.22     | 0.86      | 4.14 <sup>a</sup> | 96.4                      |
| Specific learning needs of trainee | 4.20     | 0.75      | 4.31 <sup>a</sup> | 100.0                     |
| APS/PBA competencies               | 3.91     | 1.01      | 3.78 <sup>b</sup> | 91.1                      |
| Trainee's expressed wishes         | 3.76     | 0.78      | 3.33 <sup>b</sup> | 96.5                      |
| Clinical needs of the service      | 3.37     | 1.14      | 2.87 <sup>c</sup> | 79.6                      |
| University programme objectives    | 3.25     | 1.07      | 2.57 <sup>c</sup> | 74.3                      |

Notes. APS, Australian Psychological Society; PBA, Psychology Board of Australia. 1 = Not at all; 2 = a little; 3 = quite a bit; 4 = a lot; 5 = very much so. <sup>a,b,c</sup>Mean ranks that do not share a letter differ from each other at  $p < .01$ . <sup>†</sup>Percentages were based on scores greater than 3 ("quite a bit").

**Table 2** Supervisors (%) Who Endorsed the Following Goal-Setting, Feedback, and Assessment Practices

| Item descriptions  | Never-sometimes | Often | All the time |
|--|-----------------|-------|--------------|
| Set goals  | 4.4             | 18.6  | 77.0         |
| Supervision contracts developed  | 12.4            | 12.4  | 75.2         |
| Provide feedback regarding performance                                   | 3.5             | 57.5  | 38.9         |
| Explain the process of evaluation  | 21.3            | 22.1  | 56.6         |
| Trainee allowed time to self-reflect before feedback is provided         | 14.2            | 48.7  | 37.2         |
| Face-to-face discussion of trainee's evaluation                          | 3.6             | 19.5  | 77.0         |
| Evaluation regarding prior performance received from previous placements | 90.3            | 8.8   | 0.9          |

Notes. 1 = Never; 2 = rarely; 3 = sometimes; 4 = often; 5 = all the time.

**Table 3** Reported Frequency and Percentages With Which Supervisors Endorsed Using Different Sources of Information to Inform Their Feedback

| Item descriptions  | Mean | SD   | Mean rank          | Never | Rarely | Sometimes | Often | All the time |
|--|------|------|--------------------|-------|--------|-----------|-------|--------------|
| Supervisee self-report of their behaviours               | 3.86 | 0.74 | 4.86 <sup>a</sup>  | 0.0   | 3.5    | 24.8      | 54.0  | 17.7         |
| Supervisee self-report of client outcomes                | 3.75 | 0.86 | 4.67 <sup>ab</sup> | 0.9   | 7.1    | 25.7      | 48.7  | 17.7         |
| Direct observation of the supervisee in session          | 3.48 | 1.22 | 4.32 <sup>bc</sup> | 8.0   | 14.2   | 23.0      | 31.9  | 23.0         |
| Systematic assessment of client outcomes                 | 3.32 | 1.01 | 3.98 <sup>cd</sup> | 2.7   | 18.6   | 36.3      | 29.2  | 13.3         |
| Supervisor and supervisee co-therapy                     | 3.12 | 1.19 | 3.68 <sup>de</sup> | 14.2  | 12.4   | 30.1      | 33.6  | 9.7          |
| Report by others (e.g., co-therapy)                      | 3.02 | 0.86 | 3.32 <sup>e</sup>  | 4.4   | 21.2   | 43.4      | 30.1  | 0.9          |
| Review of audio-taped or videotaped recording of session | 2.80 | 1.47 | 3.16 <sup>e</sup>  | 29.2  | 16.8   | 14.2      | 24.8  | 15.0         |

Notes. 1 = Never; 2 = rarely; 3 = sometimes; 4 = often; 5 = all the time. <sup>a,b,c,d,e</sup>Mean ranks that do not share a letter differ from each other at  $p < .01$ .

**Table 4** Importance and Frequency of Use of Different Types of Feedback

| Item descriptions   | Frequency <sup>a</sup> |      | Importance <sup>b</sup> |      |
|---|------------------------|------|-------------------------|------|
|   | M                      | SD   | M                       | SD   |
| Providing balanced feedback   | 4.20                   | 0.64 | 4.58                    | 0.65 |
| Providing feedback that is specific and directive                                 | 4.19                   | 0.61 | 4.60                    | 0.61 |
| Providing feedback in a timely fashion  | 4.18                   | 0.64 | 4.49                    | 0.66 |
| Providing objective feedback that is based on direct observation                  | 4.02                   | 0.78 | 4.47                    | 0.58 |
| Providing task-oriented feedback  | 4.02                   | 0.65 | 4.29                    | 0.61 |
| Providing goal-oriented feedback  | 3.66                   | 0.73 | 4.12                    | 0.71 |
| Providing general praise or criticism for personal characteristics of the student | 3.59                   | 0.79 | 3.92                    | 0.81 |
| Labelling subjective feedback as personal opinion                                 | 3.51                   | 1.04 | 3.76                    | 0.98 |
| Providing self-referenced feedback  | 3.51                   | 1.01 | 3.96                    | 1.00 |

<sup>a</sup>1 = Never; 2 = rarely; 3 = sometimes; 4 = often; 5 = all the time. <sup>b</sup>1 = Extremely unimportant; 2 = unimportant; 3 = neither important or unimportant; 4 = important; 5 = extremely important.

well as labelling subjective feedback as personal opinion, was rated by supervisors as the least frequently used and less important feedback types and styles.

Issues identified as concerns by supervisors included "students' lack of openness to feedback" (66%), "effects of feedback on the student's self-esteem" (47%), and the "lack of direct observation" (46%). Less frequently endorsed concerns were "weak supervisory relationships" (17%) and "personal difficulty providing feedback" (10%).

### Summative Assessment

Consistent with Hypothesis 2, supervisors who received relevant information from universities regarding clinical standards

(*mean rank* = 54.21,  $n = 90$ ) reported significantly less difficulty with making final competence assessments than those who did not receive guidance (*mean rank* = 67.93,  $n = 23$ ),  $U = 783.5$ ,  $z = -1.92$ ,  $p < .05$ , one-tailed. Supervisors responded "Yes," "No," or "Unsure" to two questions: "I believe supervisors are biased in their evaluations of trainees in some way" and "I believe I have been biased in my own evaluations of trainees" (Robiner et al., 1997). A significant proportion of supervisors (42%) believed their ratings to be biased, and a slightly larger proportion (50%) believed that their peers' ratings were biased. Additionally, one in three supervisors (33%) indicated that while they "are not" or "are unsure" about being biased, they believed other supervisors were biased in their assessments.

**Table 5** Extent to Which Definition and Measurement Issues As Well As Interpersonal and Supervisors' Personal Issues Contribute to Biases in Evaluating Supervisees

| Item descriptions   | <i>M</i> | <i>SD</i> | Supervisors ( ) endorsing items <sup>a</sup> |      |      |      |      |
|---|----------|-----------|--|------|------|------|------|
|   |          |           | 1  | 2    | 3    | 4    | 5    |
| Definition and measurement issues   |          |           |  |      |      |      |      |
| 1. Lack of objective measures for competence and incompetence   | 3.40     | 1.01      | 2.7  | 18.6 | 26.5 | 40.7 | 11.5 |
| 2. Awareness of subjectivity inherent in evaluation   | 3.23     | 0.84      | 2.7  | 12.4 | 49.6 | 30.1 | 5.3  |
| 3. Lack of clear criteria for competence and incompetence   | 3.20     | 1.14      | 5.3  | 26.5 | 24.8 | 29.2 | 14.2 |
| 4. Lack of objective measures for impairment/distress   | 3.09     | 1.05      | 8.0  | 17.7 | 40.7 | 24.8 | 8.8  |
| 5. Lack of clear criteria for impairment/distress   | 3.05     | 1.07      | 8.8  | 19.5 | 37.2 | 26.5 | 8.0  |
| Interpersonal and personal issues   |          |           |  |      |      |      |      |
| 6. Guilt or fear about damaging a supervisee's career or feeling responsible for lengthening or terminating their graduate education/internship                             | 3.04     | 1.03      | 7.1  | 23.9 | 33.6 | 29.2 | 6.2  |
| 7. Presumption of quality in training institution or trainees, or reliance on selection and screening procedures, which may minimise vigilance regarding potential problems | 2.98     | 1.05      | 8.8  | 21.2 | 40.7 | 21.2 | 8.0  |
| 8. Lack of awareness of base rates of distress, impairment, incompetence, or unsuitability in supervisees   | 2.77     | 1.02      | 10.6   | 30.1 | 34.5 | 21.2 | 3.5  |
| 9. Fear of diminishing rapport or provoking hostile reactions from supervisees  | 2.73     | 1.04      | 10.6   | 33.6 | 33.6 | 16.8 | 5.3  |
| 10. Difficulty imparting negative evaluations   | 2.73     | 0.94      | 11.5   | 23.0 | 50.4 | 11.5 | 3.5  |
| 11. Lack of supervisory experience, especially with impaired or incompetent trainees  | 2.65     | 1.13      | 16.8   | 30.1 | 30.1 | 16.8 | 6.2  |

<sup>a</sup>1 = Not at all; 2 = very slightly; 3 = somewhat; 4 = strongly; 5 = very strongly.

In terms of the type of rating bias, more supervisors believed their ratings were affected by the leniency bias (58%) compared with the central tendency (26%), or with the strictness bias (16%),  $\chi^2(2, n = 113) = 33.56, p < .001, w = 0.54$  (supporting Hypothesis 3). A similar pattern was observed for perceptions about peers' ratings, with the leniency bias being judged the most prevalent (66%) compared with central tendency (31%) and strictness (4%),  $\chi^2(2, n = 113) = 65.33, p < .001, w = 0.58$ .

Supervisors were also asked to rate the extent to which they believed a list of 11 factors (five definition and measurement factors and six interpersonal and personal factors) contributed to supervisor biases. The results are summarised in Table 5.

As predicted, definition and measurement issues were rated significantly higher ( $M = 3.19, SD = .77$ ) than interpersonal and supervisor personal issues ( $M = 2.82, SD = .72$ ) as factors that contributed to the bias in summative assessments  $t(112) = 4.97, p < .001, d = 0.50$ . A large percentage of supervisors indicated that "lack of objective measures for competence and incompetence" (52%) and "lack of clear criteria for competence and incompetence" (43%) contributed strongly or very strongly to biases in assessments.

## Discussion

The current study aimed to describe the current goal-setting, feedback, and evaluation practices of supervisors of trainees undertaking postgraduate professional qualifications in Australia, as well as to identify potential concerns and barriers associated with providing effective feedback and evaluation.

### Goal-setting

We found that most supervisors reported goal-setting practices that were largely consistent with recommended practice. For

instance, the vast majority of supervisors established placement goals and formally documented them in a supervision contract (Table 1). Moreover, supervisors assumed greater responsibility for developing goals when students were on their first external placement. However, as students progressed through external placements and became more experienced and self-aware, they assumed more control over defining their learning goals. These findings aligned with recommendations in the literature advocating that goal-setting be customised to contextual and specific learning needs and be calibrated to fit the trainee's developmental stage (e.g., Bernard & Goodyear, 2014; O'Donovan et al., 2011). The extent to which goal-setting complied with newer recommendations informed by competency-based approaches (e.g., Gonsalvez, 2014) was not investigated.

### Feedback

In general, the results indicated that supervisors usually follow best-practice guidelines concerning providing formative feedback. This included providing regular and on-time formative feedback, and allowing students time to reflect upon their performance before providing such feedback. Providing trainees with the opportunity for reflection fosters self-awareness and enhances accuracy of self-evaluations (especially when self and supervisor evaluations can occur in close temporal proximity), and might contribute to the development of meta-competencies, such as the reflective practitioner mindset (Gonsalvez & Crowe, 2014). Lastly, most supervisors report they usually discuss summative assessments with students in face-to-face contexts as recommended (Hewson & Little, 1998).

An issue of concern is the relative neglect of observation techniques in supervision. As we predicted and consistent with previous research, direct observation is used significantly less than supervisee self-reports (Table 3). Notably, a sizable

proportion of supervisors (46%) recognise the limited use of observation as a concern. Also of significant concern is that a significant proportion of supervisors (29%) report they “never use audio/video recordings in their supervision.” Limited use of observational techniques in general, but especially of recorded sessions (e.g., DVDs), is not consistent with pedagogic principles (Gonsalvez & McLeod, 2008; Haggerty & Hilsenroth, 2011; Milne & Reiser, 2011), best-practice supervisory guidelines (Gonsalvez, 2014; Reiser, 2014), or indeed trainee preferences (Gonsalvez *et al.*, 2002). Specifically, recorded therapist–client interactions enable delayed, and repeated review, and comparative feedback from a range of evaluators (self, peer, and supervisors), aspects central to the acquisition, shaping, consolidation and generalisation of skills, and for the nurturing of reflective practitioner competencies (e.g., Gonsalvez, 2014; Gonsalvez & Crowe, 2014).

Guidelines in the literature emphasised the importance of particular styles and types of feedback. Supervisors’ reports of the importance of feedback and actual frequency of use were relatively consistent. However, there were some areas of divergence. For example, it has been suggested that subjective feedback should be labelled as such (Bernard & Goodyear, 2014). While 74% of supervisors agreed that labelling subjective feedback explicitly was important, only 52% indicate that they regularly and clearly expressed subjective feedback as personal opinion. Similarly, 78% of supervisors believed that providing self-referenced feedback was important, but only 58% reported adherence to this guideline. This discrepancy is of relevance given the recommendation that when appropriate, corrective feedback on poor performance is best discussed in self-referenced terms (i.e., comparing their performance to their own prior performance) in order to increase a student’s expectation for future performance and to promote their belief that increased effort will improve performance (McColskey & Leary, 1985).

## Assessment

Leniency was widely believed to be the most prevalent bias in supervisor assessments. This applied to supervisor beliefs of their own and of peer assessments. These results are consistent with recent evidence in psychology (Gonsalvez *et al.*, 2013; Gonsalvez & Freestone, 2007) and other health disciplines (e.g., Bogo, Regehr, Hughes, Power, & Globerman, 2002), but is somewhat different from earlier observations (Robiner *et al.*, 1997) when the central tendency bias (43%) was judged to occur slightly more frequently than leniency (39%). The presence of any form of bias merits attention, but the high incidence of leniency is of particular concern because supervisors’ assessments are among the most important gate-keeping, quality assurance tools of the profession (Gonsalvez & Freestone, 2007; O’Donovan *et al.*, 2011). Lenient assessments run the risk of licensing trainees to commence independent practice, before satisfactorily meeting competence thresholds. Consequently, leniency is likely to be viewed as a serious concern by regulatory and professional bodies entrusted with the responsibility to “protect the public” by ensuring adherence to rigorous standards of professional competence. Furthermore, lenient feedback is also damaging to trainees because it promotes an inflated view of their competence, masks areas of need, and fails to highlight

opportunities for professional development. Thus, understanding the underlying causes for biases in assessments and ways in which bias can be reduced is of considerable importance.

Our findings, like those of Robiner *et al.* (1997), indicated that definition and measurement issues were rated to contribute more to supervisor bias than personal and interpersonal issues. It has also been suggested that conflicts between the normative (i.e., conducting summative assessments) and formative-restorative roles (i.e., supporting, guiding and promoting growth) that supervisors are required to perform may compromise the objectivity of supervisor assessments and be responsible for biases such as leniency (Gonsalvez & Crowe, 2014; Gonsalvez & Freestone, 2007; Robiner *et al.*, 1997). These findings highlight the urgent need to develop and validate objective measures to assess competence and to outline reliable criteria with relevant behavioural anchors to identify performance that falls below competence thresholds, a view articulated by others (e.g., Gonsalvez & McLeod, 2008; Kaslow *et al.*, 2004, 2007). These research initiatives may have to include the development of new and innovative instruments less sensitive than Likert-type scales are to common rating biases (Gonsalvez *et al.*, 2013).

Delivering accurate assessments is difficult without established competency standards, operationalised benchmarks, and clear normative reference points (Gonsalvez & McLeod, 2008; Kaslow *et al.*, 2004, 2007; O’Donovan *et al.*, 2011). Yet one fifth of supervisors report that they are not receiving any form of guidance from university programmes regarding clinical and professional competencies students should be attaining at the conclusion of a placement. Supervisors who indicated they do not receive guidance also rate assessment to be more difficult. These findings underline the value of clear communication between training institutions and supervisors, but also the need for the profession as a whole to be more explicit about expected competencies.

## Limitations and Future Research

Several limitations associated with the current study deserve mention. First, the response rate (18%), although typical of survey research, raises questions regarding sampling bias and generalisability. It is possible that our sample comprised participants who were more interested in supervision and more motivated to become effective supervisors, thereby positively biasing the results. Also, because our sample comprised exclusively of supervisors of trainees in accredited postgraduate professional degrees, generalising these findings to supervisors of other training models (e.g., 4 + 2 pathway) has to be made with caution. Finally, the survey relied on self-report a data source that is vulnerable to memory and/or other distortion. For instance, subjective estimations of the frequency of supervisory techniques, such as live and recorded observation, could be affected by biases that inflate scores in the direction considered “socially desirable.” Research initiatives that monitor supervision practices in “real time” would certainly be of value. Finally, it is worth noting that even best-practice guidelines derived from expert consensus deserve to be empirically validated. It will be important for future research to determine whether adherence to recommendations of effective feedback and assessment practices actually results in more positive outcomes for the

supervisee (e.g., enhanced self-awareness), their clinical work (e.g., better engagement with clients and improved clinical skills), and the supervisory relationship.

### Implications for Practice

The primary purpose of the current study was to compare current clinical supervisory practices in Australia against those derived from pedagogic principles and/or practice guidelines recommended by experts in the field. While the supervisors sampled in the present study generally followed recommended supervision practices in some domains, several gaps were identified in others, suggesting the potential for further improvement.

In terms of goals, although regular attention is paid to goal-setting, supervisors keen to adopt competency-based approaches should note that goals should be defined in terms of competencies, that competencies should be aligned with established frameworks, and that targeted competencies should inform all supervision activities, including supervisory techniques, feedback, and assessment (Gonsalvez, 2014).

This study adds to the growing literature that highlights definition and measurement issues as a significant contributor to biased evaluations in supervision. One possible method of reducing leniency biases associated with role conflict effects (supportive-facilitative vs assessment-judgemental roles) is to use independent supervisors for the two roles. Specifically, within agencies that have multiple supervisors, one supervisor could provide weekly feedback, and another or both could complete the final assessment. It has also been suggested that negative outcomes deriving from such conflicts can be addressed by including independent external experts into the assessment process. This can be achieved in several ways, such as by replicating the peer review processes followed by scientific journals or adopting doctoral thesis examination procedures. In either instance, the principal supervisor who played a major formative role in the trainee's development is not saddled with the responsibility to also provide the summative assessment at the end of placement (see Gonsalvez & Crowe, 2014; Gonsalvez & Freestone, 2007; O'Donovan et al., 2011).

The neglect of observational techniques in supervision is of concern because it is inconsistent with supervision pedagogies and best-practice recommendations. Several factors, including self-doubt and performance anxiety on the part of trainees, and over-critical standards from trainee and supervisor, may fuel reluctance to use low frequencies of audiovisual recordings and other forms of observation in supervision (Gonsalvez, 2014; Gonsalvez & Crowe, 2014). In any case, the study highlights the need to strongly promote the use of observational techniques (*in vivo* or video) and to support their implementation in supervision. Training programmes may need to orient and socialise supervisors and supervisees to the process of using observation as part of supervision. This socialisation process should include better education about the benefits of observational methods, supervisor training to counter trainee anxiety concerning performance recording and review, and enhanced supervisory skills in the planning, choice, and implementation of the range of observational techniques currently available.

There is justification for clearer communication between training institutions and supervisors, but also the need for the profession as a whole to be more explicit about expected competencies. The recent publication of competency frameworks spanning the various domains of competence and identifying benchmarks for specific competencies (e.g., see Fouad et al., 2009; Hatcher et al., 2013; Rodolfa et al., 2013) makes this task easier to implement today than in the past. Specifically, training programmes should work on establishing a list of competencies and designing benchmarks to evaluate their attainment for specific levels of training (i.e., first, second, final external placement) based on clearly defined anchors. Training programmes could foster an environment of ongoing learning and progress by providing new supervisors with previous placement assessments to encourage developmentally appropriate sequencing of goal development, feedback, and evaluation across placements.

Finally, the Psychology Board of Australia's (2013) recent guidelines require supervisor training programmes to satisfy a set of guidelines to gain Board-approved provider status. These recent changes are consistent with demands for more rigorous standards for supervisor training and accreditation in other countries (Falender & Shafranske, 2004; Fleming, 2004; British Psychological Society, 2007). Our survey highlights some aspects of supervisory practice that fall short of faithful adherence to best-practice recommendations or that raise potential concerns (e.g., issues relating to the subjectivity and leniency of summative assessments, the decreased usage of observational techniques). Providers of supervisor training are likely to find the outcomes of the current study valuable in planning for or revising their training programmes.

### References

- Archer, J. C. (2010). State of the science in health professional education: Effective feedback. *Medical Education*, 44, 101–108. doi:10.1111/j.1365-2923.2009.03546
- Bernard, J. M., & Goodyear, R. (2014). *Fundamentals of clinical supervision* (5th ed.). Upper Saddle River, NJ: Pearson Education Inc.
- Bogo, M., Regehr, C., Hughes, J., Power, R., & Globberman, J. (2002). Evaluating a measure of student field performance in direct service: Testing reliability and validity of explicit criteria. *Journal of Social Work Education*, 38(3), 385–401.
- British Psychological Society. (2007). *Criteria for the accreditation of postgraduate training courses in clinical psychology*. Leicester: British Psychological Society.
- Cantillon, P., & Sargeant, J. (2008). Giving feedback in clinical settings. *British Medical Journal*, 337, 1292–1294. doi:10.1136/bmj.a1961
- Corbett, A. T., & Anderson, J. R. (2001). Locus of feedback control in computer-based tutoring: Impact on learning rate, achievement and attitudes. In J. Jacko, A. Sears, M. Beaudouin-Lafon, & R. Jacob (Eds.), *Proceedings of ACM CHI'2001 conference on human factors in computing systems* (pp. 245–252). New York: ACM Press. doi:10.1145/365024.365111
- Ende, J. (1983). Feedback in clinical medical education. *Medical Education*, 250, 777–781. doi:10.1001/jama.1983.03340060055026
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington DC: American Psychological Association. doi:10.1037/10806-000
- Falender, C. A., & Shafranske, E. P. (2014). Clinical supervision in the era of competence. In W. B. Johnson & N. Kaslow (Eds.), *Oxford handbook of education and training in professional psychology* (pp. 291–313). New York: Oxford University Press.

- Falender, C. A., Shafranske, E. P., & Ofek, A. (2014). Competent clinical supervision: Emerging effective practices. *Counselling Psychology Quarterly*, 27(4), 393–408. doi:10.1080/09515070.2014.934785
- Farnill, D., Gordon, J., & Sansom, D. (1997). The role of effective feedback in clinical supervision. *Australian Journal of Clinical and Experimental Hypnosis*, 25, 155–161.
- Fleming, I. (2004). Training clinical psychologists as supervisors. In I. Fleming & L. Steen (Eds.), *Supervision and clinical psychology: Theory practice and perspectives* (pp. 72–92). Hove: Brunner-Routledge.
- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M., . . . Crossman, R. E. (2009). Competency benchmarks: A model for the understanding and measuring of competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3(Suppl.), S5–S26. doi:10.1037/a0015832
- Gonsalvez, C. J. (2014). Establishing supervision goals and formalising a supervision agreement: A competency-based approach. In C. L. Watkins & D. L. Milne (Eds.), *Wiley Blackwell international handbook of clinical supervision* (1st ed., Chapter 12, pp. 282–307). Chichester: Wiley.
- Gonsalvez, C. J., Bushnell, J., Blackman, R., Deane, F. P., Bliokas, V., Nicholson-Perry, K., & Knight, R. (2013). Assessment of psychology competencies in field placements: Standardized vignettes reduce rater bias. *Training and Education in Professional Psychology*, 7, 99–111. doi:10.1037/a0031617
- Gonsalvez, C. J., & Calvert, F. L. (2014). Competency-based models of supervision: Principles and applications, promises and challenges. *Australian Psychologist*, 49, 200–208. doi:10.1111/ap.12055
- Gonsalvez, C. J., & Crowe, T. (2014). Evaluation of psychology practitioner competence in clinical supervision. *American Journal of Psychotherapy*, 68, 177–193.
- Gonsalvez, C. J., & Freestone, J. (2007). Field supervisors' assessments of trainee performance: Are they reliable and valid? *Australian Psychologist*, 42, 23–32. doi:10.1080/00050060600827615
- Gonsalvez, C. J., & McLeod, H. J. (2008). Toward the science-informed practice of clinical supervision: The Australian context. *Australian Psychologist*, 43, 79–87. doi:10.1080/00050060802054869
- Gonsalvez, C. J., & Milne, D. L. (2010). Clinical supervisor training in Australia: A review of current problems and possible solutions. *Australian Psychologist*, 45, 233–242. doi:10.1080/00050067.2010.512612
- Gonsalvez, C. J., Oades, L., & Freestone, J. (2002). The objectives approach to clinical supervision: Towards integration and empirical evaluation. *Australian Psychologist*, 37(1), 68–77. doi:10.1080/00050060210001706706
- Haggerty, G., & Hilsenroth, M. J. (2011). The use of video in psychotherapy supervision. *British Journal of Psychotherapy*, 27(2), 193–210. doi:10.1111/j.1752-0118.2011.01232.x
- Hatcher, R. L., Fouad, N., Grus, C., McCutcheon, S., Campbell, L., & Leahy, K. (2013). Competency benchmarks: Practical steps toward a culture of competence. *Training and Education in Professional Psychology*, 7, 84–91. doi:10.1037/a0029401
- Hattie, J., & Timperley, H. (2007). The power of feedback. *Review of Educational Research*, 77, 81–112. doi:10.3102/003465430298487
- Hewson, M. G., & Little, M. L. (1998). Giving feedback in medical education: Verification of recommended techniques. *Journal of General Internal Medicine*, 13, 111–116. doi:10.1046/j.1525-1497.1998.00027.x
- Hoffman, M. A., Hill, C. E., Holmes, S. E., & Freitas, G. F. (2005). Supervisor perspective on the process and outcomes of giving easy, difficult, or no feedback to supervisees. *Journal of Counselling Psychology*, 52, 3–13. doi:10.1037/0022-0167.52.1.3
- Kaslow, N. J., Borden, K. A., Collins, F. L., Forrest, L., Illfelder-Kaye, J., Nelson, P. D., . . . Willmuth, M. E. (2004). Competencies conference: Future directions in education and credentialing in professional psychology. *Journal of Clinical Psychology*, 60, 699–712. doi:10.1002/jclp.20016
- Kaslow, N. J., Rubin, N., Bebeau, M., Leigh, I., Lichtenberg, J., Nelson, P., . . . Smith, L. (2007). Guiding principles and recommendations for the assessment of competence. *Professional Psychology: Research & Practice*, 38, 441–451. doi:10.1037/0735-7028.38.5.441
- Kealey, E. (2010). Assessment and evaluation in social work education: Formative and summative approaches. *Journal of Teaching in Social Work*, 30, 64–74. doi:10.1080/08841230903479557
- Kluger, A. N., & DeNisi, A. (1996). The effects of feedback interventions on performance: A historical review, a meta-analysis, and a preliminary feedback intervention theory. *Psychological Bulletin*, 119, 254–284. doi:10.1037/0021-9010.119.3.1.87
- Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counselling Psychology*, 48, 168–177. doi:10.1037/0022-0167.48.2.168
- McColskey, W., & Leary, M. R. (1985). Differential effects of norm-referenced and self-referenced feedback on performance expectancies, attribution, and motivation. *Contemporary Educational Psychology*, 10, 275–284. doi:10.1016/0361-476X(85)90024-4
- Milne, D. L. (2009). *Evidence-based clinical supervision: Principles and practice*. Chichester: BPS Blackwell.
- Milne, D. L. (2010). Can we enhance the training of clinical supervisors? A national pilot study of an evidence-based approach. *Clinical Psychology and Psychotherapy*, 17, 321–328. doi:10.1002/cpp.657
- Milne, D. L., & Reiser, R. (2011). Observing competence in CBT supervision: A systematic review of the available instruments. *The Cognitive Behaviour Therapist*, 4, 89–100. doi:10.1017/S1754470X11000067
- Newman, C. F. (2010). Competency in conducting cognitive-behavioural therapy: Foundational, functional and supervisory aspects. *Psychotherapy Theory, Research, Practice, Training*, 47, 12–19. doi:10.1037/a0018849
- O'Donovan, A., Halford, K. W., & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees. *Australian Psychologist*, 46, 101–112. doi:10.1111/j.1742-9544.2011.00033.x
- Osborn, C. J., & Davis, T. E. (1996). The supervision contract: Making it perfectly clear. *The Clinical Supervisor*, 14, 121–134. doi:10.1300/J001v14n02\_10
- Psychology Board of Australia. (2013). *Guidelines for supervisors and supervisor training providers*. Retrieved May 15, 2015, from <http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>
- Reiser, R. P. (2014). Supervising cognitive and behavioural therapies. In C. L. Watkins & D. L. Milne (Eds.), *Wiley Blackwell international handbook of clinical supervision* (1st ed., Chapter 24, pp. 493–517). Chichester: Wiley.
- Robertson, S., Rosenthal, J., & Dawson, V. (1997). Using assessment to promote student learning. In L. McAllister, M. Lincoln, S. McLeod, & D. Maloney (Eds.), *Facilitating learning in clinical settings* (pp. 154–184). Cheltenham: Stanley Thornes Ltd.
- Robiner, W. N., Saltzman, S. R., Hoberman, H. M., Semrud-Clikerman, M., & Schirvar, J. A. (1997). Psychology supervisors' bias in evaluations and letters of recommendation. *The Clinical Supervisor*, 16, 49–72. doi:10.1300/J001v16n02\_04
- Rodolfa, E., Greenberg, S., Hunsley, J., Smith-Zoeller, M., Cox, D., Sammons, M., . . . Spivak, H. (2013). A competency model for the practice of psychology. *Training and Education in Professional Psychology*, 7, 71–83. doi:10.1037/a0032415
- Roth, A. D., & Pilling, S. (2008). *A competence framework for the supervision of psychological therapies*. Retrieved from <http://www.ucl.ac.uk/clinical-psychology/competency-maps/supervision.html>

- Scott, T. L., Pachana, N. A., & Sofronoff, K. (2011). Survey of current curriculum practices within postgraduate clinical training programmes: Students' and programme directors' perspectives. *Australian Psychologist*, *46*, 77–89. doi:10.1111/j.1742-9544.2011.00030.x
- Shute, V. J. (2008). Focus on formative feedback. *Review of Educational Research*, *78*, 153–189. doi:10.3102/0034654307313795
- Townend, M., Iannetta, L., & Freeston, M. H. (2002). Clinical supervision in practice: A survey of UK cognitive behavioural psychotherapists accredited by the BABCP. *Behavioural and Cognitive Psychotherapy*, *30*, 485–500. doi:10.1017/S1352465802004095
- Tweed, A., Graber, R., & Wang, M. (2010). Assessing trainee clinical psychologists' clinical competence. *Psychology Learning and Teaching*, *9*, 50–60. doi:10.2304/plat.2010.9.2.50
- Watkins, C. E., & Milne, D. L. (2014). Clinical supervision at the international crossroads: Current status and future directions. In C. E. Watkins & D. L. Milne (Eds.), *Wiley-Blackwell international handbook of clinical supervision* (1st ed., pp. 673–696). Chichester: Wiley.