



**CONNECTICUT  
WORKFORCE  
COLLABORATIVE  
ON BEHAVIORAL HEALTH**

**Enhancing Supervisor Competencies of the  
Behavioral Health Workforce:  
Final Evaluation Report for Phase 1 of the  
Connecticut Supervisor Competency Development Initiative**

**Connecticut Workforce Collaborative on Behavioral Health**

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## EXECUTIVE SUMMARY

This final report summarizes results from the Supervisor Competency Development Initiative (SCDI) implemented through the Connecticut Workforce Collaborative on Behavioral Health. SCDI is funded under contract to the State of Connecticut with support from the federal Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration under a Mental Health Transformation – State Incentive Grant.

This initiative involved a statewide effort to enhance the supervisor competencies of Connecticut's behavioral health workforce. SCDI targeted three primary competencies: (1) managing supervisory relationships; (2) managing job performance; and (3) promoting professional development. The initiative also assessed satisfaction with supervision for both supervisors and supervisees (direct care staff) and how satisfaction is associated with various work-related factors, such as job stress and mutual trust between the supervisor and supervisee.

Supervisors and supervisees employed in one state-operated facility and three private non-profit agencies in Connecticut participated in this initiative and received training in supervision across several days. Training was conducted by Dr. Lawrence Shulman, a widely-published author and national expert in supervision, during Spring and Fall 2008 (for supervisors and supervisees), and in December 2008 (for supervisors only).

Training was conducted separately for supervisors and supervisees. Supervisor training emphasized the three primary supervisory competencies above. Training for supervisees complemented this training by focusing on the similarity between relationship building and problem solving skills in supervision and how these skills assist in working effectively with clients. The parallel trainings for supervisors and supervisees were intended to promote the sustainability of supervisory competencies within each organization.

Supervisors and supervisees who received training completed surveys developed specifically for this initiative. Surveys were completed immediately before the training began in September (baseline) and then again after the second phase of training (post-test). A final survey was administered to supervisors only after the last round of training sessions was completed in December (follow-up). A total of 123 supervisors and 186 supervisees completed surveys on at least one occasion. Thirty four supervisors completed the survey on all three supervisor administrations, and 68 supervisees completed the surveys on the two times it was administered.

### Results

- The majority of the 123 supervisors who participated in the trainings were licensed in their discipline and held a Master's degree; supervisors averaged 17 years of direct service experience and 8 years of supervisory experience. Supervisors also reported providing an average of 6 hours of weekly supervision, 70% on an individual basis. Most of the 186 supervisees were not licensed; 44% held a Bachelor's degree and 37% a Master's degree.
- Supervisors' ratings indicated moderate to high satisfaction with the trainings provided, with scores ranging from fair to outstanding. Just over two-thirds (70.5%) of supervisors rated the

trainers' *teaching ability* as excellent or outstanding, and about half (49%) of supervisors rated the *overall training* as excellent or outstanding.

- Participation in the training was associated with increases in supervisors' perception of their competencies, as well as their satisfaction with supervisory role. Supervisors who attended the trainings reported increases in management of supervisory relationships (i.e., developing supervisory contracts and sessional agendas), management of job performance (i.e., conveying clear expectations, conducting effective evaluations, and achieving compliance with requirements and adherence to standards), and promotion of professional development (i.e., supporting staff development plans).
- Although supervisees did report increases in supervisor competencies and satisfaction with supervision after participating in the training, these increases were not statistically significant. This was probably the result of not requiring the supervisors of all participating direct care staff to receive the training so that any changes in supervision initiated by the supervisee could be reciprocated and sustained by the supervisor as well. This requirement has been implemented in subsequent phases of this project.
- Analyses of factors that predict supervisory competencies and satisfaction were similar for both supervisors and supervisees. These analyses indicated that: 1) supervisors' perceptions of their competency levels and their satisfaction with supervising are highly related to one another, and that supervision training that is focused on all three competencies is likely to yield effects across each of the other competencies and satisfaction; and, 2) supervision training that is focused on establishing trusting relationships between supervisors and supervisees is likely to promote supervisees' satisfaction with supervision.
- Supervisors indicated that their increased competencies in managing supervisory relationships and managing job performance were significantly related to increased satisfaction with their work as a supervisor. Furthermore, for supervisors, increased feelings of trust with their supervisees predicted their increased satisfaction with supervision, as well as their ability to manage stress with their supervisory role. These results suggest that having a trusting relationship with supervisees is critical to being satisfied with one's work as a supervisor and one's feelings of being able to manage the stress of supervision. Further, developing supervisor competencies (managing supervisory relationships and managing job performance) are also critical to being satisfied with one's work as a supervisor, but may not be critical to managing the stress of supervision.
- Overall, the evaluation results indicate that systematic supervision training of supervisors and supervisees over at least two occasions, holds promise for improving the supervision experience for supervisors and supervisees in public sector behavioral health agencies. Future evaluations of this initiative should strengthen the rigor of the evaluation design by: 1) matching supervisors and supervisees who attend trainings; 2) employing case vignettes to assess supervision decision-making; and, 3) utilizing a control or comparison group to assess the relative impact of the training on supervisor competencies and satisfaction.

## INTRODUCTION

This final report summarizes results from the Supervisor Competency Development Initiative (SCDI) implemented through the Connecticut Workforce Collaborative on Behavioral Health. The project was implemented under contract to the State of Connecticut with support from the federal Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration under a Mental Health Transformation – State Incentive Grant.

This initiative is part of a statewide effort to enhance the supervisor competencies of Connecticut’s behavioral health workforce. The purpose of the initiative is to increase the competencies of supervisors in three primary areas: (1) managing supervisory relationships; (2) managing job performance; and (3) promoting professional development. The initiative also seeks to increase satisfaction with supervision for both supervisors and supervisees (direct care staff), and to determine how supervisor competencies and satisfaction are related to such work-related factors as job stress and mutual trust between the supervisor and supervisee.

## METHOD

### Participants

A total of 123 supervisors and 186 supervisees employed in one state-operated facility and three private non-profit agencies in Connecticut participated in the training and completed surveys on at least one occasion. Supervisors completed two days of training in May 2008, a third day of training in June 2008, a fourth day of training in September 2008, and a final day of training in December 2008. Supervisees participated in one day of training in June 2008 and another day of training in September 2008.

Surveys to assess training outcomes were conducted immediately before the training began in May (baseline) and then again after the second phase of training in September (post-test) for both supervisors and supervisees. Surveys were not administered during the training for supervisors in June since only one month had passed since the first two days of training. A final survey was administered to supervisors only after the final round of training sessions were completed in December (follow-up). Therefore, supervisors received up to 5 days of training and completed the survey on three occasions (May, September, and December 2008). Supervisees received up to 2 days of training and completed surveys on both of these occasions (June and September 2008). See Table 1 for the number of surveys administered at each assessment to supervisors and supervisees.

*Table 1. Number of surveys administered at each assessment to supervisors (N =123) and supervisees (N =186)*

Training Dates	Supervisors	Supervisees
	N	N
May 2008 (2 days of training)	81	--
June 2008 (1 day of training)	--	140
September 2008 (1 day of training)	79	116
December 2008 (1 day of training)	61	--

For supervisors, 123 completed the survey on at least one occasion (e.g., Time 1, 2, or 3), and 34 of these supervisors completed surveys on all three occasions. For supervisees, 186 completed surveys at either Time 1 or 2, and of these supervisees a total of 68 supervisees completed surveys on both occasions.

### **Supervision Training**

Training was provided separately to supervisors and supervisees by Lawrence Shulman, Ed.D, MSW, a widely-published author and national expert in supervision. For supervisors and supervisees, the focus of the training was on the “method” of supervision -- that is, what the supervisor does in interaction with supervisees. This model of training promoted understanding of supervision at each level of the organization while helping to advance the long-term sustainability of the project. Training content included a focus on: (a) the four phases of work (preliminary/tuning in, beginning, middle, and ending/transitions), (b) the contracting process; and (c) professional impact (skills used by staff in interacting with staff within and outside the agency).

### **Survey Measures**

Participants in the trainings completed surveys developed specifically by the authors of the Yale Group on Workforce Development to evaluate the impact of this initiative. To ensure anonymity, respondents created a unique 5-digit code that could be matched from one survey administration to another. The survey asked respondents’ to indicate their gender, professional degree, years of supervisory/direct care experience, and the type and amount of supervision provided/received. In addition, surveys included items to assess self-perceived supervisor competencies, satisfaction with supervision, job stress, and supervisor-supervisee mutual trust.

Table 2 provides a summary of items used to assess supervisor competencies and other work-related factors relevant to supervision. As shown in the table, supervisor competencies assessed in the survey were: (a) managing supervisory relationships; (b) managing job performance; and (c) promoting professional development. For each item, the survey asked respondents to indicate their level of agreement on a scale from 1 (Strongly Disagree) to 7 (Strongly Agree). Separate surveys were developed for supervisors and supervisees; the supervisor survey consisted of 31 items and the supervisee survey 36 items, with all items balanced for positive and negative response choices. Finally, after the last training in December, supervisors were asked to indicate their satisfaction with the training offered on a scale from 1 (Unsatisfactory) to 5 (Outstanding).

*Table 2. Sample Items for Supervisor Competencies and Other Potential Work-Related Factors*

<b>Competency</b>	<b>Supervisor Example Items</b>	<b>Direct-Care Staff Example Items</b>
<b>Managing Supervisory Relationships</b>		
Develop supervisory contract	I generally do not have a contract for supervision with my supervisees that guides our work.	My supervisor and I generally do not have a contract for supervision that guides our work together.
Develop session agenda	My supervisees and I rarely have an agenda when we begin our supervision sessions.	My supervisor and I rarely have an agenda when we begin our supervision sessions.
<b>Managing Job Performance</b>		
Convey clear expectations	I routinely convey performance expectations to my supervisees.	My supervisor routinely conveys performance expectations.
Conduct effective evaluations	I complete detailed performance evaluations with my supervisees.	Formal detailed evaluations of direct care staff are rarely performed at my agency.
Achieve compliance with requirements	Supervisees' adherence to paperwork and administrative requirements is not very important.	Adherence to paperwork and administrative requirements is not very important.
Achieve adherence to standards	I try to make sure that my supervisees and I review whether they are adhering to practice models/standards.	My supervisor and I regularly review whether I am adhering to practice models and standards.
<b>Promoting Professional Development</b>		
Support staff development plans	I encourage supervisees to identify their own goals for professional development.	My supervisor encourages me to identify my own goals for professional development.
<b>Supervision-Related Work Factors</b>		
Satisfaction	I am satisfied with my work as a supervisor.	Overall, I am satisfied with my supervisor.
Trust	In general, most if not all of my supervisees and I have a relationship based on mutual trust.	In general, I have a relationship with my supervisor that is based on mutual trust.
Job Stress	Being a supervisor causes me a great deal of stress.	My job in providing direct care services is stressful most of the time.

## RESULTS

### Characteristics of Participating Supervisors and Supervisees

#### *Supervisors*

Of the 123 supervisors who completed the survey on at least one occasion, the majority were female (76%) and currently licensed in their discipline (59%). Most supervisors had a graduate degree (over two-thirds (70%) having a Master's degree). They reported supervising approximately 8 supervisees per week for a total of 6 hours. Supervisors also indicated that they spent more than two-thirds (70%) of their supervision time providing individual supervision and the rest providing group supervision. In addition, they indicated having about 17 years of direct service experience

and about 8 years of supervisory experience. Table 3 compares the characteristics of supervisors who completed surveys on two or three occasions. When compared with the initial group of supervisors who began any of the trainings (N = 123), supervisors were more likely to attend all trainings if they were female, held a Master's degree, and were licensed in their discipline.

*Table 3. Characteristics of Supervisors*

	Total N=123	<u>Supervisors</u>	
		2 Surveys N=30	3 Surveys N=34
Gender (Female)*	76	60	82
<b>Highest Degree Obtained*</b>			
< BA	3	10	3
BA or BS	20	27	6
Masters*	70	57	88
PhD or MD	7	7	3
Licensed (Yes)*	59	53	85
<b>Direct Service (years)</b> (Mean, standard deviation)	16.84 (8.2)	17.1 (9.4)	16.1 (6.9)
<b>Supervisory Exp. (years)</b> (Mean, standard deviation)	8.24 (6.7)	9.0 (7.4)	7.0 (5.7)

\* p < .05

### *Supervisees*

A total of 186 supervisees who provide direct-care completed the survey at Time 1 or Time 2. The vast majority of supervisees were female (83%) and were not currently licensed in their discipline (75%). As shown in Table 4, almost half (44%) held a BA/BS and over one-third (37%) a Master's degree. Supervisees indicated having about 13 years of direct service experience, including graduate training. They reported having about two supervisors and receiving slightly less than three hours (2.8) of supervision per week. This suggests that supervisees receive about 1.5 hours of supervision per week per supervisor. Supervisees also reported spending about one-half (51%) of their supervision time in individual supervision and almost half (44%) in group supervision. Supervisor and supervisee estimates may not agree because supervisors have multiple supervisees and supervisees have multiple supervisors, all of whom are not fully accounted for in this survey.

*Table 4. Characteristics of Supervisees*

	Total N=186	<u>Supervisees</u>	
		Time 1 N=140	Time 1 & 2 N=68
Gender (Female)	83	82	76
<b>Highest Degree Obtained</b>			
< BA	18	17	16
BA or BS	44	42	31
Masters	37	40	52
PhD or MD	1	2	2
Licensed (Yes)	25	24	31
<b>Direct Service (years)</b> (Mean, standard deviation)	12.8 (8.3)	12.5 (8.1)	12.5 (8.2)

## Supervisors' Satisfaction with the Trainings Provided

Supervisors (N = 61) who attended the final day of training in December rated their satisfaction with the trainings in four areas: (1) content; (2) readings, materials, visual aids; (3) teaching ability of the trainer; and (4) overall rating. Each item was rated on a scale from 1 (Unsatisfactory) to 5 (Outstanding). Overall, supervisors' ratings indicated moderate to high satisfaction with the training, with scores ranging from fair to outstanding (see Table 5 for mean scores and standard deviations). Over two-thirds (71%) of supervisors rated the trainers' *teaching ability* as excellent or outstanding, and about half (49%) rated the overall *training* as excellent or outstanding.

*Table 5. Satisfaction with Training among Supervisors (N=61)*

Components	Mean (SD)
Content of the training was thorough, useful, appropriate	3.46 (.79)
Readings, materials, visual aids were clear, useful, helpful, relevant	3.13 (.72)
Overall teaching ability	3.97 (.80)
Overall rating of training	3.56 (.85)

## Impact of the Training on Supervisor Competencies, Satisfaction, and Other Factors Related to Supervision

A series of data analyses using a linear mixed effects model were conducted to assess the impact of the training on supervisor competencies, satisfaction, and various other factors related to supervision. A linear mixed effects model for data analyses permits estimation of effects from supervisors who only have two scores -- such as Time 1 and 2, Time 2 and 3, or Time 1 and 3 -- and adjusts for incomplete data, correlated data, and highly variable responses.

Table 6 shows the results of the analyses for supervisors who completed surveys in May, September, and December, and indicates increases in all competencies: managing supervisory relationships, managing job performance, and promoting professional development. *Statistically significant increases were observed for managing supervisory relationships ( $p < .001$ ), managing job performance ( $p < .05$ ), and promoting professional development ( $p < .01$ ) from the initial assessment in May to the final assessment in December.*

Examination of the means and standard deviations over time revealed substantial changes in effect sizes in supervisory competencies. The effect size represents a value between 0 and 1 that indicates the average change in scores from one assessment to another. A large effect size has a value of .80, a moderate effect size .50, and a small effect size .2. As shown in the table, the effect size from Time 1 to Time 3 for managing supervisory relationships was large (.78), and the effect sizes for managing job performance (.47) and promoting professional development (.53) for the same period were moderate. The table also shows minimal to small effect sizes from Time 2 to Time 3 that were not statistically significant, but that moderate and statistically significant changes were observed for managing supervisory relationships (.62) and managing job performance (.43) from Time 1 to Time

2. In combination, these analyses suggest that supervisors who completed at least three trainings demonstrated moderate to large positive changes in competencies. One explanation that the Time 1 to Time 3 effects were generally stronger than the Time 1 to Time 2 effects was that supervisors' competencies may have increased as they had more opportunity to apply what they learned in the trainings in their work setting.

Table 6. Effects of Supervision Training on Supervisors Who Completed at Least Three Trainings (N = 34)

<u>Components</u>	<u>Time 1:</u> <u>May 2008</u> <u>Mean (SD)</u>	<u>Time 2:</u> <u>Sept. 2008</u> <u>Mean (SD)</u>	<u>Time 3:</u> <u>Dec. 2008</u> <u>Mean (SD)</u>	<u>Effect Size</u> <u>Time 1-</u> <u>Time2</u>	<u>Effect Size</u> <u>Time 2-</u> <u>Time 3</u>	<u>Effect Size</u> <u>Time 1-</u> <u>Time 3</u>
Managing Supervisory Relationships	4.40 (1.09)	5.04 (0.95)	5.22 (0.99)	.62***	.19	.78***
Managing Job Performance	5.50 (0.77)	5.80 (0.58)	5.84 (0.64)	.43*	.07	.47*
Promoting Professional Development	5.01 (0.99)	5.24 (1.27)	5.51 (0.91)	.19	.25	.53**
Trust	5.44 (1.01)	5.64 (0.90)	5.65 (0.92)	.20	.01	.21
Satisfaction	4.53 (1.15)	4.90 (1.11)	5.00 (0.85)	.32 <sup>†</sup>	.11	.46*
Stress Management	3.72 (1.31)	4.08 (1.33)	4.44 (1.19)	.27 <sup>t</sup>	.29*	.58***

<sup>†</sup> p < .10, \* p < .05; \*\* p < .01; \*\*\* p < .001

Table 6 also shows a statistically significant increase in supervisors' ability to manage supervisory stress from Time 2 to Time 3 ( $p < .05$ ) and from Time 1 to Time 3 ( $p < .001$ ), with the latter indicating a moderate effect size. A marginally significant, or trend level, effect was observed for managing supervisory stress from Time 1 to Time 2 (effect size = .27). Furthermore, supervisors' satisfaction with supervision from Time 1 to Time 3 increased significantly, showing a moderate effect size (.46). Finally, supervisors did not report a significant increase in a mutually trusting relationship with supervisees following the training, although baseline scores started relatively high and did increase slightly from May to December.

In contrast to supervisors, supervisees did not report statistically significant changes in supervisor competencies or satisfaction over time (findings not shown in the table). This finding is not surprising given that supervisors of all participating direct care staff were not required to receive the training. Despite this limitation, small positive changes in supervisor competencies were reported by supervisees (effect sizes ranged from .12 to .15, a small effect), suggesting that supervisees may have used the training to get more out of supervision even if their supervisor did not receive the training. Perhaps if supervisor-supervisee pairs had both been involved in the training the effects could have been stronger.

*Analysis of the Effects of Training for Supervisors Who Completed at Least Two Trainings*

Additional analyses were completed to determine whether attending supervision training on at least two occasions differentially influenced the size of the effects observed. Table 7 displays results from these analyses, and shows the effects of the training from supervisors who only have two scores -- such as Time 1 and 2, Time 2 and 3, or Time 1 and 3. A total of 64 supervisors attended at least two trainings, almost twice the number (n = 34) that attended three trainings.

As shown in the table, *the results are similar to those reported for the 34 supervisors who completed at least three trainings*, but show: (a) slightly larger effect sizes, and (b) more statistically significant effects from Time 1 to Time 2. *One implication of these analyses is that attending only two trainings may be sufficient to produce the desired positive effects.*

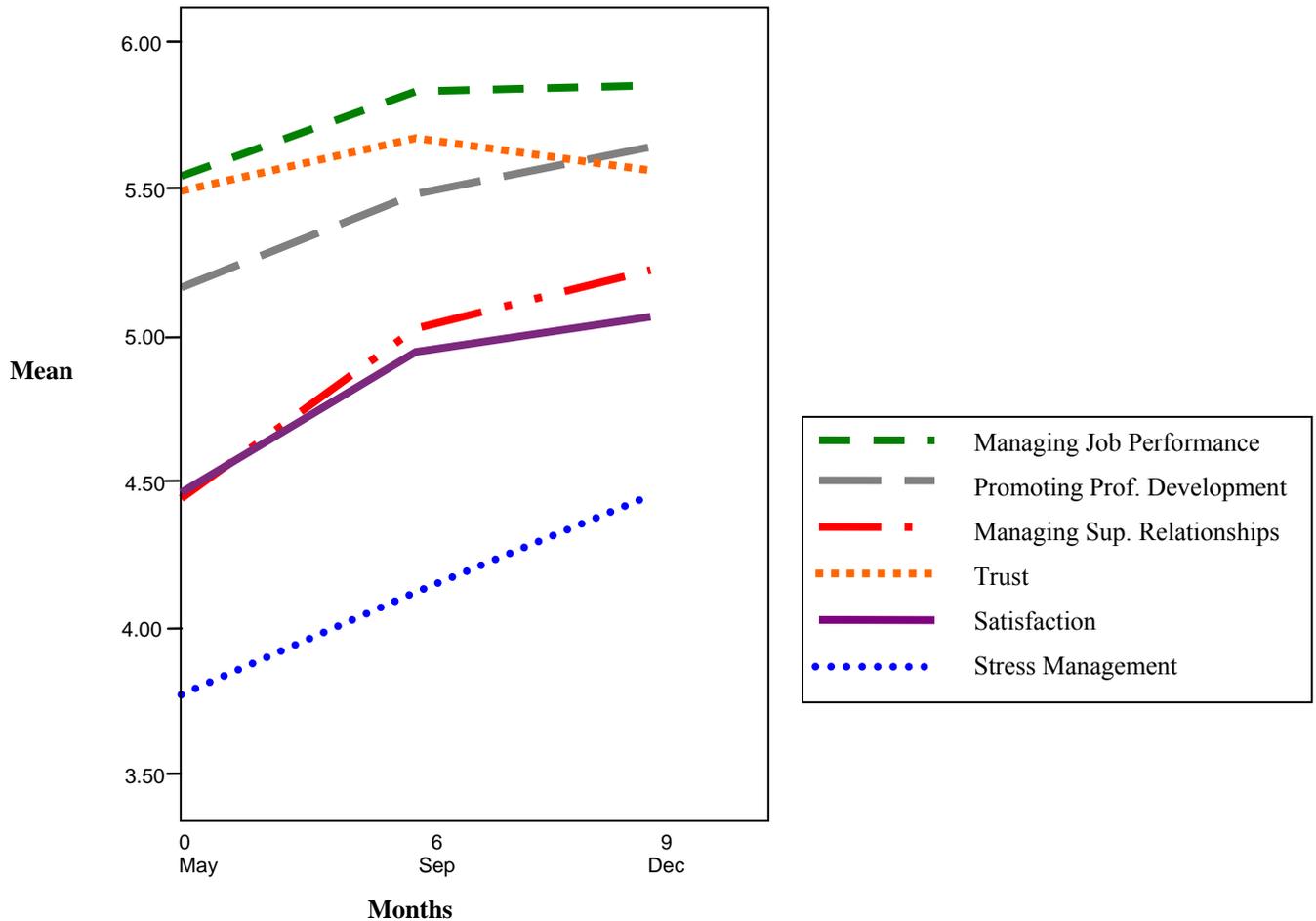
*Table 7. Effects of Supervision Training for Supervisors Who Completed at Least Two Trainings (N = 64)*

<b><u>Components</u></b>	<b><u>Time 1:</u> <u>May 2008</u> <u>Mean (SD)</u></b>	<b><u>Time 2:</u> <u>Sept. 2008</u> <u>Mean (SD)</u></b>	<b><u>Time 3:</u> <u>Dec. 2008</u> <u>Mean (SD)</u></b>	<b>Effect Size Time 1- Time2</b>	<b>Effect Size Time 2- Time 3</b>	<b>Effect Size Time 1- Time 3</b>
Managing Supervisory Relationships	4.44 (1.06)	5.02 (0.92)	5.22 (1.00)	.59***	.21 <sup>t</sup>	.76***
Managing Job Performance	5.54 (0.69)	5.83 (0.61)	5.85 (0.64)	.45**	.03	.47**
Promoting Professional Development	5.16 (1.03)	5.48 (1.17)	5.64 (0.95)	.29	.15	.49**
Trust	5.49 (0.96)	5.67 (0.85)	5.56 (0.95)	.20 <sup>t</sup>	.12	.07
Satisfaction	4.46 (1.06)	4.94 (1.04)	5.06 (0.90)	.46**	.12	.61***
Stress Management	3.77 (1.34)	4.12 (1.30)	4.45 (1.21)	.27*	.26*	.53***

<sup>t</sup>p < .10, \* p < .05; \*\* p < .01; \*\*\* p < .001

The results from Table 7 can also be depicted graphically as in Figure 1 as shown on the following page. This shows the change in mean average scores across the 9-month period of intervention and assessment -- May to September to December 2008 -- for the three supervisor competencies, satisfaction with supervision, supervisors' management of job stress, and supervisor ratings of mutual trust between themselves and supervisees. *As is also evident in the figure, there were significant increases in all measures over time except for supervisor-supervisee trust.*

Figure 1. Graphic Depiction of the Effects of Supervision Training for Supervisors who Completed at Least Two Trainings (N=64)



### Factors that Predict Supervisory Competencies and Satisfaction

Given the positive impact of the training, a final set of analyses examined the factors that predict supervisor competencies and satisfaction. These analyses were conducted in order to identify the *relative* influence of each of the factors assessed on supervisor competencies and satisfaction. Thus, for each competency and for supervisor satisfaction, variables assessed at Time 1 such as supervisor gender, years of professional experience, a mutually trusting relationship between supervisor and supervisee, ratings of supervisory stress, and other supervisory competencies and satisfaction, were entered into a linear multiple regression model to predict supervisor competencies and satisfaction also at Time 1. Linear multiple regression allows for the examination of several competing factors in order to determine the relative influence of each on a particular outcome, such as competency or satisfaction. Table 8 displays the results of separate regression analyses using data from the supervisors and supervisees who participated in the initial (baseline) trainings. Data from the 74 supervisors and 128 supervisees who completed the initial survey are included in these analyses.

Table 8. Regression Analysis with Standardized Regression Coefficients for Various Factors Predicting Supervisor Competencies and Satisfaction at Time 1

Variable	Supervisors	Supervisees
	N=74	N=128
	$\beta$ (standardized beta)	$\beta$ (standardized beta)
<b>Managing Supervisory Relationships</b>		
Gender (1=Female; 2=Male)	-.14	.06
Years Experience	.00	.07
Trust	.10	.21*
Job Stress	.13	.10
Satisfaction	.28*	.24*
Managing Job Performance	.39***	.30***
Promoting Professional Development	.04	.11
Overall Model $R^2$	.46***	.53***
<b>Managing Job Performance</b>		
Gender	.05	-.07
Years Experience	-.04	-.21***
Trust	.00	.11
Job Stress	-.10	-.04
Satisfaction	.20	.20*
Managing Supervisory Relationships	.39***	.29***
Promoting Professional Development	.30**	.19*
Overall Model $R^2$	.45***	.55***
<b>Promoting Professional Development</b>		
Gender	-.06	-.08
Years Experience	-.10	.01
Trust	-.08	.14
Job Stress	-.02	.04
Satisfaction	.04	.18
Managing Supervisory Relationships	.06	.14
Managing Job Performance	.41**	.26*
Overall Model $R^2$	.24**	.39***
<b>Satisfaction</b>		
Gender	.15	.02
Years Experience	.02	-.04
Trust	.13	.46***
Job Stress	.15	.01
Managing Supervisory Relationships	.33*	.18*
Managing Job Performance	.23	.17*
Promoting Professional Development	.04	.11
Overall Model $R^2$	.37***	.63***

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$

As is shown in the table, the overall regression model for supervisors and supervisees was significant for each set of analyses. This means that *for supervisors, the combination of variables significantly predicted each of the three supervisor competencies assessed, as well as satisfaction.*

Specifically, for supervisors:

- management of supervisory relationships is predicted by satisfaction with supervision and managing job performance;
- management of job performance is predicted by managing supervisory relationships and promoting professional development;
- promotion of professional development is predicted by managing job performance; and,
- satisfaction with supervision is predicted by managing supervisory relationships.

*In addition, factors such as supervisor gender, years of professional experience, a mutually trusting relationship between supervisor and supervisee, and ratings of supervisory stress are not significantly related to supervisor competencies or satisfaction.*

The right column in Table 8 shows the regression analyses for supervisees. *Overall, the factors reported by supervisees predicted supervisor competencies and satisfaction more strongly than was the case for supervisors.* For example, comparing how well these variables predict managing supervisory relationships shows that supervisee scores do a better job of predicting this competency (i.e., beta coefficient = .53 vs. .46). A similar pattern is shown for the other two supervisory competencies and satisfaction. The table also shows that the results for supervisees and supervisors are generally comparable, but that supervisees' ratings of: (a) the management of supervisory relationships is predicted not only by satisfaction with supervision and managing job performance but also by trust in one's supervisor; (b) that management of job performance is predicted not only by managing supervisory relationships and promoting professional development, but also by supervisees' increased satisfaction with one's supervisor and by supervisees with less experience; (c) that promoting professional development is predicted by managing job performance; and, (d) that satisfaction with one's supervisory relationship is predicted not only by managing supervisory relationships and managing job performance, but also by a mutually trusting relationship with one's supervisor.

*In combination, these findings suggest that: (1) supervisors' perceptions of their competency levels and their satisfaction with the supervising are highly related to one another, and that supervision training that is focused on all three competencies is likely to influence each of the other competencies and satisfaction; and, (2) supervision training focused on establishing a trusting relationship between supervisors and supervisees is likely to be related to supervisees' satisfaction with the supervisory relationship and to supervisees' rating of supervisor competence.*

### **Limitations of the Evaluation Study**

This evaluation study has three notable limitations. First, the evaluation did not include a comparison group, and so one cannot know whether similar responses by supervisors and supervisees would have been obtained if no such training was received. The overall magnitude of the effect sizes, however, suggests that it is unlikely that supervisors and supervisees would have changed so much in the expected direction simply by chance. Second, the initiative did not require that all supervisees who participated in training also have a supervisor who did so as well. Training of supervisor-supervisee pairs, even if done separately, would make it more likely that any gains made by either party would be reinforced and sustained in supervision. And third, the survey measure did not include samples of supervisor-supervisee behavior, such as work-related vignettes

of situations encountered in supervision, to provide a real-life sample to assess skills that may have been acquired in the trainings. Due to time constraints, vignettes were eliminated in this initial evaluation of the training. Future evaluations of the training should include such survey items in order to provide more direct data on the likely impact of the training on actual supervision issues, and direct care.

## CONCLUSIONS

- The purpose of this initiative was to increase competencies among supervisors in one state operated facility and three private non-profit agencies in Connecticut. Specifically, the initiative sought to strengthen and sustain three supervisory competencies: (1) managing supervisory relationships (i.e., developing supervisory contracts and sessional agendas); (2) managing job performance (i.e., conveying clear expectations, conducting effective evaluations, and achieving compliance with requirements and adherence to standards); and (3) promoting professional development (i.e., supporting staff development plans).
- The majority of the 123 supervisors who participated in the trainings were licensed in their discipline and held a Master's degree; supervisors averaged 17 years of direct service experience and 8 years of supervisory experience. Supervisors also reported providing an average of 6 hours of weekly supervision, 70% on an individual basis. Most of the 186 supervisees were not licensed; 44% held a Bachelor's degree and 37% a Master's degree.
- Supervisors' ratings indicated moderate to high satisfaction with the trainings provided, with scores ranging from fair to outstanding. Just over two-thirds (70.5%) of supervisors rated the trainers' *teaching ability* as excellent or outstanding, and about half (49%) of supervisors rated the *overall training* as excellent or outstanding.
- Participation in the training was associated with increases in supervisors' perception of their competencies, as well as their satisfaction with supervisory role. Supervisors who attended the trainings reported increases in management of supervisory relationships (i.e., developing supervisory contracts and sessional agendas), management of job performance (i.e., conveying clear expectations, conducting effective evaluations, and achieving compliance with requirements and adherence to standards), and promotion of professional development (i.e., supporting staff development plans).
- Although supervisees did report increases in supervisor competencies and satisfaction with supervision after participating in the training, these increases were not statistically significant. This was probably the result of not requiring the supervisors of all participating direct care staff to receive the training so that any changes in supervision initiated by the supervisee could be reciprocated and sustained by the supervisor as well. This requirement has been implemented in subsequent phases of this project.
- Analyses of factors that predict supervisory competencies and satisfaction were similar for both supervisors and supervisees. These analyses indicated that: 1) supervisors' perceptions of their competency levels and their satisfaction with supervising are highly related to one another, and that supervision training that is focused on all three competencies is likely to yield effects across

each of the other competencies and satisfaction; and, 2) supervision training that is focused on establishing trusting relationships between supervisors and supervisees is likely to promote supervisees' satisfaction with supervision.

- Supervisors indicated that their increased competencies in managing supervisory relationships and managing job performance were significantly related to increased satisfaction with their work as a supervisor. Furthermore, for supervisors, increased feelings of trust with their supervisees predicted their increased satisfaction with supervision, as well as their ability to manage stress with their supervisory role. These results suggest that having a trusting relationship with supervisees is critical to being satisfied with one's work as a supervisor and one's feelings of being able to manage the stress of supervision. Further, developing supervisor competencies (managing supervisory relationships and managing job performance) are also critical to being satisfied with one's work as a supervisor, but may not be critical to managing the stress of supervision.
- Overall, the evaluation results indicate that systematic supervision training of supervisors and supervisees over at least two occasions, holds promise for improving the supervision experience for supervisors and supervisees in public sector behavioral health agencies. Future evaluations of this initiative should strengthen the rigor of the evaluation design by: 1) matching supervisors and supervisees who attend trainings; 2) employing case vignettes to assess supervision decision-making; and, 3) utilizing a control or comparison group to assess the relative impact of the training on supervisor competencies and satisfaction.