

# SHORT MANUAL FOR SAGE: SUPERVISION: ADHERENCE & GUIDANCE EVALUATION

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**Background:** This instrument provides an empirically-based approach that allows an observer to rate the competence of supervision. SAGE has evolved from two instruments: Teacher's PETS (Milne, James, Keegan & Dudley, 2002) and CBT STARS (James, Blackburn, Milne, Freeston & Armstrong, 2002).

**Rationale:** We assume that learning entails a combination of action, reflection, conceptualisation, experimenting and experiencing (Kolb, 1984). In order to achieve this facilitating effect on the learner, we also believe that the effective supervisor will use a range of appropriate methods, such as listening and observing, supporting and questioning.

**Evidence:** The research evidence indicates that the application of such methods results in predictable effects on the supervisee. For example, the supervisor's use of educational role-play tends to be associated with the supervisee's 'experimenting' or 'experiencing'. Within the framework of SAGE, these effects are construed in terms of mini-learning outcomes, following the psychotherapy process literature (see, for example, McCullough, et. al., 1991).

## **ADMINISTRATION**

SAGE is an observational instrument which outlines 22 categories of supervisor and supervisee behaviours, grouped into the following major areas:

1. The Common Factors (Non-specific factors underlying effective supervision and psychotherapy.)
2. The Supervision Cycle (Specific supervisors' behaviours which are believed to facilitate optimal learning.)
3. The Supervisee's Learning (Specific areas of initial supervisee learning).

## SAGE MANUAL (SHORT VERSION)

### SCORING

A detailed explanation of each scored item is provided below. Each item is rated on a Likert scale, ranging from 0-6 where 5-6 indicates an expert level of competence, 2-4 a competent level, and 0-1 a level below competence (i.e. competence 'not demonstrated'). Competence is a minimum score of 3 on each item.

Rate the observed supervision session between 0-6 for each of the 22 categories to indicate the degree to which you think the supervisor has satisfied the scoring criteria set forth below. The descriptive terms on the right of this example are designed to guide your judgement.

| Competence level         |   | Examples  |
|--------------------------|---|---|
| <i>Incompetent</i>       | 0 | Absence of feature, or highly inappropriate performance               |
| <i>Novice</i>            | 1 | Inappropriate performance, with major problems evident                |
| <i>Advanced beginner</i> | 2 | Evidence of competence, but numerous problems and lack of consistency |
| <i>Competent</i>         | 3 | Competent, but some problems and/or inconsistencies                   |
| <i>Proficient</i>        | 4 | Good features, but minor problems and/or inconsistencies              |
| <i>Expert</i>            | 5 | very good features, minimal problems and/or inconsistencies           |
| <i>Expert+</i>           | 6 | excellent performance, or very good even in the face of difficulties  |

Please note that the top ratings of 5 & 6 (i.e. near the 'expert' end of the continuum) are reserved for those supervisors demonstrating highly effective skills, particularly in the face of difficulties (i.e. avoidant supervisees; high levels of emotional discharge from the supervisees; various problematic situational factors, like a noisy room or faulty equipment).

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### DEFINITION OF KEY ELEMENTS TO BE SCORED

#### I. THE COMMON FACTORS

##### 1. Relating

The supervisor ensures that the 'core conditions' (i.e. warmth, genuineness, empathy and understanding) are present. The supervisor ensures that any emotions arising in either supervision or the supervisee's therapy/work are recognised and managed appropriately. Two aspects are relevant, (a) fostering desirable emotions- concerning self-awareness, perplexity, confidence and motivation (etc.); and (b) dealing with undesirable emotions – anger, lethargy or hostility, etc. Effective supervisors are expected to be attentive to therapists' personal issues (countertransference) when these interfere with the effective delivery of therapy.

##### 2. Collaborating

The supervisor encourages the supervisee to be an active partner in the supervisory experience (i.e. having shared goals). There is clear evidence of productive teamwork with the supervisor encouraging the supervisee to participate fully. This ensures that the supervisee takes the appropriate level of responsibility and control, with respect to his/her learning experience.

##### 3. Managing

The supervisor engages in structuring and pacing activity which establishes order to the supervision session (e.g. introducing a topic or creating a task, structural, "signpost" statements); setting up learning situations (e.g. creating or arranging teaching materials); assuming responsibility ('in charge'). The supervisor makes sure that session pacing is appropriate and that the sessions flow smoothly.

##### 4. Facilitating

The supervisor fosters desirable emotions and a level of perplexity that facilitates learning. A gentle, quizzical style of open-ended questioning, combined with appropriate non-verbal forms of communication is used to help the supervisee re-conceptualise and change his/her approach.

#### II. THE SUPERVISION CYCLE

##### 5. Agenda-setting

The supervisor sets explicit learning goals for the session in a collaborative fashion and manages the session agenda while also preparing for the session by reviewing the supervisee's needs (based on previous sessions). The supervisor ensures that topics are agreed to in an appropriate way, are defined (i.e. '**SMARTER**' *specific, measurable, achievable, realistic, time-phased, energising, and recorded/observable* objectives for the session), and are addressed adequately.

##### 6. Demonstrating

The supervisor actively attempts to develop competence by demonstrating/ modelling the correct performance of a skill (e.g. behavioural, visual, acting, watching videos or modelling). These activities can also help the supervisee identify potential obstacles and think through the change mechanisms underpinning tasks he/she is using with patients.

##### 7. Discussing

The supervisor discusses issues to skilfully and constructively de-stabilise or shift supervisee's understanding/grasp/constructs. Typically occurs as a reaction to the supervisee's opinion or grasp of facts. Discussing often entails the use of Socratic questioning designed to be open-ended and to raise the supervisee's awareness of key issues or concerns without imposing an authoritative closed-ended framework.

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### 8. Evaluating

The supervisor explicitly monitors, checks or evaluates the supervisee's work/competence (e.g. eliciting his/her knowledge base or proficiency i.e. behavioural skill); encouraging work-related data collection or analysis (e.g. applying clinical outcome measures); and, uses capsule summaries to review what has been learned.

### 9. Feeding back (giving)

The supervisor provides a general summary of the positives and negatives in the supervisee's performance; supporting the supervisee – using praise/reinforce; contingent and constructive. The feedback style should be both supportive and constructive, and not given in a critical manner.

### 10. Feeding back (receiving)

The supervisor asks the supervisee to summarise aspects of the supervision session, the manner in which the information is elicited should be open, thus encouraging the supervisee to be honest and forthcoming about his/her opinions and impressions- of both supervision and the learning process in general. The supervisor actively elicits feedback not only about helpful aspects of the supervision session, but about any difficulties or conflicts that may have been experienced. The supervisor demonstrates openness to receiving and processing feedback in an authentic, self-reflective and genuine manner.

### 11. Formulating

The supervisor works actively to help the supervisee develop an individualized case formulation. Supervisors can help supervisees develop case formulation through a number of approaches including specifically questioning the supervisee. An 'interpreting' mode should be established, in which connections between seemingly isolated statements or events are formulated. The supervisee should be able to define problems and make sense of them and explore/ offer an understanding.

### 12. Listening

The supervisor actively listens and pays close attention to the supervisee's speech and behaviour. The supervisor listens in a confident and genuine/authentic manner before reacting. The supervisor is focused, and not distracted by trying to 'multi-task' or accomplish other tasks during supervision.

### 13. Observing

Supervisor observes supervisee activity and behaviour in therapy sessions, either live or through video/audio tapes.

### 14. Prompting

The supervisor reminds the supervisee about relevant material by prompting them (e.g. 'sounds like your earlier point'). This can include repeating or rephrasing that contains a reference to stated or implied feelings.

### 15. Questioning

The supervisor helps the supervisee develop hypotheses regarding therapeutic/work problems and to generate potential solutions. The supervisee is assisted in developing a range of perspectives regarding the therapeutic process and the usefulness of different therapeutic techniques.

### 16. Teaching

The supervisor provides information about theories, facts, figures, ideas, methods, articles ('information transmission') and video/audio tapes to the supervisee in a didactic, directive fashion (e.g. traditional teaching). Symbolic (i.e. verbal) learning is emphasised.

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### 17. Training/experimenting

The supervisor helps the supervisee learn by engaging him/her in an appropriate experiential activity. The method needs to be appropriate to the learning needs of the supervisee and his/her stage of development and also should build on strengths. The supervisor engages in relevant 'action' methods including: modelling, demonstrating, watching videos, simulation, behavioural rehearsal, & role play.

### III. THE SUPERVISEE'S LEARNING CYCLE

### 18. Experiencing

The supervisee is able to develop a fuller understanding or awareness of his/her thoughts and feelings in the session and in relation to the material provided in supervision (e.g. recounting incidents in therapy). Supervisee indicates being aware of current sensations; recognises/identifies/labels own feelings; may include enhanced understanding and self-awareness.

### 19. Reflecting

The supervisee draws on personal understanding and history to make sense of recent experience, as well as other learning modes (i.e. items 18, 20-22) to recount own perceptions. Supervisee shows signs of integrating material; assimilating things into a reasoned understanding; grounding 'experiencing' in their own understanding.

### 20. Conceptualizing

The supervisee develops a richer understanding of relevant material, as opposed to merely experiencing it; using language and public knowledge to comprehend; seeking insight. Supervisee indicates signs of assimilating information; reasoning something through; integrating material to make sense.

### 21. Planning

Supervisee shows ability to draw on own understanding to plan relevant action, including problem-solving and decision-making possibly jointly with supervisor.

### 22. Experimenting

Supervisee engages in action to verify/falsify/test out an understanding; it involves problem-solving efforts to develop knowledge through 'trial and error' activities. Supervisee engages in observable actions designed to try things out; to act on external world so as to address a puzzle/concern/worry/goal/etc.; to rehearse a new skill (e.g. in order to see what happens, gain competence, or to get feedback).