Manual for SAGE: Short version (2017)

Background:

SAGE stands for 'Supervision: Adherence and Guidance Evaluation'. The 'adherence' part of the instrument (the first 10 items) concerns whether the supervisor is conducting supervision as specified in SAGE (e.g. 'managing' and 'agenda-setting'). The 'guidance' part (the final 4 items in SAGE) refers to the effect of the supervision on the supervisee (i.e. the extent to which supervision guides the supervisee's learning). In this sense, SAGE measures supervision *structure* and *process* (adherence) and the initial learning *outcome* (the effect supervision has in guiding the supervisee). It focuses on 'formative' supervision, though 'normative' and especially 'restorative' supervision are also valued emphases within supervision sessions.

SAGE is based on direct observation of a live or (more usually) a recorded supervision session (video recordings are best). The instrument provides a sound scientific approach to measurement, due to the psychometric and pragmatic assessments that we have conducted. SAGE allows an observer to rate the competence of supervision, especially CBT supervision, using a widely-established competence rating scale (Dreyfus & Dreyfus, 1986). SAGE has evolved from two instruments: Teacher's PETS (Milne, James, Keegan & Dudley, 2002) and CBT STARS (James, Blackburn, Milne, Freeston & Armstrong, 2002). A 23-item version of SAGE was published in 2011 (Milne, Reiser, Cliffe & Raine, 2011). Short-SAGE is based on an exploratory factor analysis of the full, 23-item version, conducted in 2017 (Reiser, Cliffe & Milne, 2017, MS in preparation), resulting in a 14-item scale. Two factors emerged from this analysis, which we labelled 'supervision cycle' and 'supervisee cycle'. This is consistent with the wheels of the 'tandem model', our reasoned analogy for making sense of supervision (Milne & James, 2005; Milne, 2018). As we understand it, these cycles operate together, influencing one another in ways that enable experiential learning to occur for the supervisee. Full details can be found in Milne, D.L., (2018). *Evidence-Based CBT Supervision*. Chichester: Wiley; and in Milne, D.L., & Reiser, R.P. (2017). *A Manual for Evidence-Based CBT Supervision.* Chichester: Wiley-Blackwell.

Administration:

Short-SAGE is an observational instrument which outlines 14 supervisor and supervisee behaviours (competencies), grouped into two major factors:

1. The Supervision Cycle (Specific supervisor behaviours which are believed to facilitate optimal experiential learning.)
2. The Supervisee Cycle (Specific observable supervisee learning competencies).

Assessors ('raters') should observe a supervision session and then complete SAGE by rating the observed competencies, using the 7-point scale below. For training purposes, we append a simpler 3-point competence rating scale. We provide 1-day training workshops for raters, guided by the full SAGE manual For further information contact: robert.reiser@gmail.com., T.D.Cliffe@leeds.ac.uk, or derekmilne2017@outlook.com.

Attribution and use of the manual:

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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, 3-4 a competent level, and 0-2 a level below competence (i.e. competence 'not yet demonstrated'). Competence is a minimum score of 3 on each item (the 'red line').

Rate the observed supervision session between 0-6 for each of the 14 items, to indicate the degree to which you think the supervisor has satisfied the scoring criteria detailed below. The descriptive terms on the right of this example are designed to guide your judgement.

Competence level		Examples
Incompetent	0	Absence of feature, or highly inappropriate performance
Novice	1	Inappropriate performance, with major problems evident
Advanced beginner	2	Evidence of competence, but numerous problems and lack of consistency
Competent	3	Competent, but some problems and/or inconsistencies
Proficient	4	Good features, but minor problems and/or inconsistencies
Expert	5	very good features, minimal problems and/or inconsistencies
Expert+	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).

It is recognised that demonstrating all 14 items within a single session (lasting up to an hour) is challenging, and hence that some highly effective supervision sessions will omit some SAGE items (e.g. in order to prioritise a sub-set of items, for an educationally valid reason). Sessions that last more than an hour would normally only be rated for the first hour (unless there is a convention or clear expectation that sessions can last longer- e.g. group supervision). This is similar to rating conventions with the CTS & CTS(R). Similarly, rating all 14 items individually when there may only be limited available information can present a challenge to raters. However, the recommended procedure is to score all items based on the available information. The 'notes' and 'guidance' sections which appear at the end of the SAGE rating scale can be used to comment on such sessions/issues.

For training purposes, we have also adopted a simpler 'RAG'(red-amber-green) competence rating scale which is appended. This is based on the NHS performance and development rating form, and Newman-Taylor, et al (2013).

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DEFINITION OF THE 10 'SUPERVISION CYCLE' ITEMS:

1 Managing
The supervisor leads supervision, 'scaffolding' the learning experience by structuring and pacing activity to bring order (e.g. introducing a topic or creating a task; 'signposting'). Supervisor also sets up learning situations (e.g. organising teaching materials), and generally assumes responsibility ('in charge'). The supervisor makes sure that the session flows smoothly.

2.Agenda-setting
The supervisor takes the lead in defining the session objectives, agreeing to explicit learning goals for the session in a collaborative fashion (partly by preparing for the session by reviewing the supervisee's needs, based on previous sessions), then manages the session agenda to ensure that all items are covered as agreed. The supervisor ensures that goals/objectives are properly defined (i.e. that there are 'SMARTER' objectives for the session: *specific, measurable, achievable, realistic, time-phased, energising, and recorded/observable*).

3. Formulating
The supervisor encourages the supervisee to analyse, synthesise and generate an explanation for clinical presentations, working actively to help the supervisee develop an individualized case formulation (problem analysis). Supervisors employ multiple approaches, including detailed questioning. An 'interpreting' mode is used to connect seemingly isolated statements or events (synthesising). The supervisee should be able to define problems and make sense of them and explore/ offer an understanding (explaining the clinical phenomena).

4. Questioning
The supervisor gathers information (e.g. open and closed questions) and seeks to raise the supervisee's awareness (exploratory open-ended questions; Socratic questioning, etc.). Aims are to help 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.

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

6. Demonstrating
The supervisor actively attempts to develop the supervisee's competence by demonstrating/modelling/illustrating the correct performance of a skill (e.g. behavioural rehearsal; simulations; videos). Demonstration should show the supervisee how exactly to perform a skill competently, highlighting how competence gaps can be closed. These activities can also help supervisees identify possible obstacles and think through the change mechanisms underpinning the methods/tasks they use with patients. 'Iconic' learning emphasised (visual/image-based).

7. Teaching
The supervisor provides information about theories, facts, figures, ideas, methods, articles, etc. ('information transmission') to the supervisee in a didactic, directive fashion (e.g. traditional teaching). Includes discussion featuring challenge or disagreement, intended to educate supervisee. 'Symbolic' (i.e. verbal) learning emphasised.

8. Training/experimenting
The supervisor helps the supervisee learn by engaging him/her in an appropriate experiential activity, designed to facilitate experiential learning through discovery/trial-and-error experimentation. The training method needs to be appropriate to the learning needs of the supervisee and his/her stage of development, and should build on strengths. The supervisor engages in relevant 'action' methods including: learning exercises, simulations, behavioural rehearsal & educational role play. 'Enactive' learning emphasised (behavioural).

9. Evaluating
The supervisor explicitly monitors, checks, or evaluates the supervisee's work/competence (e.g. eliciting his/her knowledge base or proficiency/behavioural skill); encourages work-related data collection or analysis (e.g. applying clinical outcome measures); and uses capsule summaries to review what has been learned. Feedback specifies the gap between what is expected/required and what has been demonstrated/observed (the standard).

10. Feedback
The supervisor asks the supervisee to summarise perceptions of the session. The main focus should be on identifying any gaps between what supervisors should do and what was perceived to occur. This should naturally lead to suggested improvements, to close the gap. The manner in which the information is sought should be open and frank, encouraging the supervisee to be honest and forthcoming about his/her opinions and impressions of supervision and the learning experience in general. The supervisor actively elicits feedback not only about helpful aspects of the session, but about any difficulties or conflicts that may have been experienced (e.g. 'alliance ruptures'). The supervisor demonstrates openness to receiving and processing feedback.

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Definition of the four 'supervisee cycle' items:

11. Reflecting

Supervisees summarise relevant events and offer their personal understanding (e.g. describing what happened in therapy). They actively and explicitly draw on their personal experiences, understanding and history to make sense of these events. Supervisees reflecting effectively show signs of integrating material; assimilating things into a reasoned understanding; and of developing their own understanding.

12. Conceptualizing

The supervisee integrates public information with their personal understanding (e.g. realising how a theory or research finding pulls events together into a clearer formulation). Supervisees who are actively conceptualising work to develop a deeper/richer understanding of relevant material (e.g. asking procedural questions), as opposed to merely labelling it or describing it; using technical terms/concepts to better grasp/comprehend; seeking insight. Supervisee indicates signs of assimilating information; reasoning something through; integrating material to make sense.

13. Planning

Supervisee shows ability to draw on own understanding to plan relevant action, including problem-solving and decision-making, possibly jointly with supervisor. Barriers/obstacles/challenges to actions noted and addressed.

14. Experiencing

 Supervisee processes emotional material. Examples: indicates being aware of current sensations; recognises/identifies/labels own feelings; demonstrates intuition; is in the 'here and now' moment; is aware of emotional or sensory accompaniments to activity (whether in relation to the experience of the supervision, or to discussing their work in supervision). The function of experiencing is to aid the supervisee in grasping (understanding) their sensory/affective experiences, in supervision and in relation to the material provided in supervision (e.g. recounting incidents in therapy).

RECORD SHEET

Date of supervision session: _____ **Supervisor:** _____

Supervisee: _____**Assessor:** _____ **Date of rating:** _____

SUPERVISION CYCLE items   Please circle your rating:

	INCOMPETENT	COMPETENT	EXPERT	
1. Managing Supervisor leads, 'scaffolding' learning (structuring; pacing).	0 1 2	3 4	5 6	
2. Agenda-setting Defining session objectives.	0 1 2	3 4	5 6	
3. Formulating Analysing; synthesising; explaining (e.g. case reformulation).	0 1 2	3 4	5 6	
4. Questioning Gathering information; raising awareness.	0 1 2	3 4	5 6	
5. Prompting Reminding & cueing (e.g. rephrasing).	0 1 2	3 4	5 6	
6. Demonstrating Modelling competence (e.g. live or video illustrations).	0 1 2	3 4	5 6	
7. Teaching Informing; discussing; educating.	0 1 2	3 4	5 6	
8. Training/experimenting Facilitating experiential learning (e.g. role-play).	0 1 2	3 4	5 6	
9. Evaluating Monitoring & giving supervisee feedback.	0 1 2	3 4	5 6	
10. Feedback Seeking feedback on supervision; defining & addressing gaps.	0 1 2	3 4	5 6	

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SUPERVISEE CYCLE items

11. Reflecting Supervisee summarising & understanding subjective/private material (e.g. expressing own ideas).	0	1	2	3	4	5	6		
12. Conceptualising Integrating objective/public material (e.g. grasping relevant theory).	0	1	2	3	4	5	6		
13. Planning Problem-solving; decision-making; action planning.	0	1	2	3	4	5	6		
14. Experiencing Emotional processing (e.g. greater self-awareness).	0	1	2	3	4	5	6		
NOTES (e.g. clarify high ratings).									
FEEDBACK (suggestions to improve competence).									

(Draft on 2nd January, 2018, by Derek Milne)

SAGE, short version (2017): RAG rating (training resource)

SAGE Item	Definition	Competence Rating
'SUPERVISION CYCLE'	**SUPERVISOR:**	**Not/barely demonstrated** **Partially demonstrated** **Well/fully demonstrated**
1. Agenda-setting	Defining session objectives (e.g. prioritising topics)	🔴 🟠 🟢
2. Managing	Leading supervision (e.g. 'Scaffolding' learning)	🔴 🟠 🟢
3. Formulating	Analysing, synthesising, explaining (e.g. case reformulation)	🔴 🟠 🟢
4. Questioning	Gathering information; raising awareness (e.g. open Q's)	🔴 🟠 🟢
5. Prompting	Reminding & cueing (e.g. reminding; rephrasing)	🔴 🟠 🟢
6. Demonstrating	Modelling competence (e.g. live or video modelling)	🔴 🟠 🟢
7. Teaching	Informing/discussing/educating (e.g. 'tutoring')	🔴 🟠 🟢
8. Training	Facilitating experiential learning (e.g. role-play; simulations)	🔴 🟠 🟢
9. Evaluating	Monitoring & giving supervisee feedback (e.g. closing gaps)	🔴 🟠 🟢
10. Feedback	Seeking feedback on supervision (e.g. improvements)	🔴 🟠 🟢
'SUPERVISEE CYCLE'	**SUPERVISEE:**	
11. Reflecting	Summarising subjective material (e.g. incident)	🔴 🟠 🟢
12. Conceptualising	Integrating objective material (e.g. grasping relevant theory)	🔴 🟠 🟢
13. Planning	Problem-solving, decision-making (e.g. action planning)	🔴 🟠 🟢
14. Experiencing	Emotional processing (e.g. self-awareness)	🔴 🟠 🟢