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Skills Training and Self-Esteem:
Educational and Clinical Perspectives on Giving Feedback to Clinical Trainees

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Abstract

Some education scholars view student self-esteem as very important to the learning process. However, in relation to clinical supervision, it has also been noted that supervisor overconcern about student self-esteem can lead to avoidance of negative feedback or giving feedback that is too vague to be useful. This article examines the role of self-esteem in relation to assessment and feedback practices in clinical training. A review of educational and clinical literature on self-esteem was undertaken, and suggested that differentiation between self-esteem and self-efficacy provides a more useful framework for supervisors than focus on self-esteem alone. Feedback about specific skills, and developing better coherence between supervisor and student assessment of the student's skills, are important components of clinical training. Suggestions are provided for guiding innovation in supervision and clinical training.

Skills Training and Self-Esteem: Educational and Clinical Perspectives on Giving Feedback to Clinical Trainees

The potential effect of students' perceptions of themselves on their learning is a topic of interest to many educators. In some education literature (as noted by Chetcuti & Griffiths, 2002; Kohn, 1994) there are implicit assumptions that it is important to maximise student self-esteem when giving feedback and that higher self-esteem is always better (e.g., see Nicol & Macfarlane-Dick, 2006). However, receiving feedback about areas for improvement is an important part of the learning process. If attempts to maintain students' self-esteem result in negative feedback being avoided or given in an unclear way, learning may be compromised (Farnill, Gordon, & Sansom, 1997; Ladany, 2004). This article examines the use of feedback in clinical training, in relation to the role of self-esteem in learning. The specific focus is on postgraduate clinical psychology education in Australia, but the material is also relevant to clinical educators and supervisors in different disciplines and regulatory contexts.

Postgraduate Education in Clinical Psychology

In Australia, students undertake training in clinical psychology in their fifth and sixth years of study, after graduating from a four-year degree in psychology. The minimum requirement for general registration as a psychologist is the completion of a Masters degree or an approved alternative two-year program of training and supervised practice. During postgraduate study, students must hold either general registration or provisional registration as a psychologist with the Psychology Board of Australia. Program entry is highly competitive and is usually based on grade point average in previous psychology studies, an interview, and referee reports.

Students in clinical psychology postgraduate programs undertake coursework integrated with clinical practice as well as a research project. Clinical practice usually commences with an internship program at a university clinic. The students (provisional psychologists) assess and treat clients under the supervision of a registered psychologist. Students work directly with their clients, providing clients with assessment and therapy sessions that may be recorded for supervisor review. Some clinical supervisors may be academic staff who also teach courses on the various elements of clinical practice.

Assessment and Self-Esteem

Assessment of students' clinical skills occurs in both coursework and internship components of the programs described above. In this article, "formative assessment" is defined as appraisal or judgement of students' work that is intended to generate feedback on performance to guide learning (Nicol & Macfarlane-Dick, 2006). "Summative assessment" is defined as appraisal or judgement of students' work that contributes to the final course grade (Sadler, 2009). Summative assessment items for internship placements conventionally include items such as a written portfolio of work (including logs of placement activities and reports regarding clinical work) and an Assessment of Competencies completed by the clinical supervisor and/or other assessors. In addition to these summative sources of feedback, students receive ongoing feedback during the practicum through supervision. Clients, peers, and other coursework also provide relevant feedback.

Supervisors' and teachers' judgements about clinical skills are very important in this context, because these individuals are "gatekeepers" to the profession of clinical psychology. If students are unable to attain required skill levels, as appraised by gatekeepers, they will not be able to progress in the program, graduate, or enter the profession to which they aspire. At the same time, the skills required of a therapist are complex, multidimensional, and are both

personal and interpersonal in nature (Safran & Muran, 2001). In these circumstances, students are understandably often anxious about how they are perceived by clinical staff (Hess, 1987; Pistole & Watkins, 1995; Safran & Muran, 2001). Clinical staff are aware of the high stakes perceived by students, and reviewers such as Ladany (2004) have noted that a variety of studies have shown that supervisors have difficulty in assessing students and providing feedback. In particular, if supervisors are concerned that negative feedback may damage students' self-esteem, their feedback may become too vague to be useful (Farnill et al., 1997). The issue is especially highlighted in working with students whose skills are not meeting the required standard. Instances in which clinical staff delay or avoid giving negative feedback because of concerns about how this will be received by the student are likely to reflect staff concerns about effects on students' self-esteem.

For example, program staff and directors may experience issues such as failure of students in placements late in the program, or the need to carefully select an external placement due to a perception that a student has only just passed an internal placement; such problems could have potentially been addressed more effectively earlier in training. While there are clearly issues other than self-esteem involved in such decisions and processes (including procedural fairness, maintenance of academic standards, protection of current and future clients, and reputation of a program), concern about effects on student self-esteem and wellbeing is likely to be part of the chain of events in these situations. Consideration of evidence regarding self-esteem and learning has the potential to improve assessment and feedback practices in ways that could benefit training programs in general, and help staff to deal better with situations where students are persistently performing below the required standard.

The overall aim of this article, then, is to examine the relevance of self-esteem to feedback practices in clinical psychology education. Definitions and theories of self-esteem and related concepts will be discussed, and relevant literature from educational and clinical training perspectives will be reviewed. Ideas for responding to this issue in evidence-based ways will then be further described.

A literature search was undertaken using two search engines that incorporate multiple sources and produce a relevancy-ranked list of outcomes (Google Scholar and a proprietary university library search program, “Summon”). Two sets of search terms were used: “training, supervision, clinical psychology, and self-esteem” and “assessment, higher education, and self-esteem”. Article reference lists were also used to identify relevant peer-reviewed literature.

Self-Esteem and Related Concepts in Education

Self-esteem can be defined as the evaluative component of self, or “how one feels about one’s self” (Street & Isaacs, 1998, p. 47). It is most often conceptualised as a unitary, global construct (that is, a single quality that may be higher or lower for specific individuals; Baumeister, Campbell, Krueger, & Vohs, 2003; Decker, 1999; Haboush, 2003; Sharif & Armitage, 2004). More specific aspects of self-esteem can also be described, such as “collective self-esteem”, defined as the extent to which an individual positively perceives their social group (Butler & Constantine, 2006). Sometimes the term “global self-esteem” is used to indicate that it is an overall, unitary perspective that is being referred to (Trautwein, Ludtke, Koller, & Baumert, 2006; Trautwein, Ludtke, Roberts, Schnyder, & Niggli, 2009).

A related, more specific concept is the term “self efficacy” (Bandura, 1997). Self efficacy, a concept introduced as part of Bandura’s Social Learning Theory (1977), refers to an individual’s belief in their ability to perform a specific task. For example, studies have

examined students' "research methods self-efficacy" (Cassidy & Eachus, 2000; Love, Bahner, Jones, & Nilsson, 2007) or "mathematics self-efficacy" (Trautwein et al., 2009). In educational literature, the term "academic self-concept" is sometimes used in a way that parallels the term "self-efficacy" (Trautwein et al., 2006). Thus, the terms "research methods self-concept" and "research methods self-efficacy" would both refer to the confidence an individual has in their ability to perform research methods tasks.

A helpful summary of different theoretical perspectives on the relationships between self-esteem and academic achievement was provided by Trautwein et al. (2006). These authors noted a three-level hierarchy, with global self-esteem as the highest level, domain-specific academic self-concept (or self-efficacy) as the middle level, and domain-specific academic achievement as the bottom level. This hierarchy is graphically represented in Figure 1. As described by these authors, and based on a range of theoretical models, effects of self-esteem on either academic self-concept or academic achievement would be considered to be "top-down" effects (as shown by arrows pointing downwards). Effects of academic achievement on academic self-concept or global self-esteem would be termed "bottom-up" effects.

INSERT FIGURE 1 ABOUT HERE

In support of this hierarchy, research has consistently found that measures of academic self-concept are more highly related to both academic achievement and global self-esteem than academic achievement and self-esteem are related to each other (Trautwein et al., 2006). In addition, these authors' large longitudinal study of Grade 7 students found reciprocal relationships between academic self-concept and achievement, and bottom-up effects, but very little evidence of top-down effects whereby self-esteem affected achievement (Trautwein et al., 2006).

Other findings also support the idea that academic achievement is more closely related to academic self-concepts than to self-esteem. Data from meta-analyses and large national samples, comprising over 100,000 participants in total, have shown that self-esteem is highly stable, with similar consistency over time to that of personality characteristics (Trzesniewski, Donnellan, & Robins, 2003). Interestingly, lifespan research has shown that the rank-order stability of self-esteem is highest during adolescence and young adulthood, with more flexibility during childhood and from middle adulthood onwards (Trzesniewski et al., 2003). Given that many students, including a majority of those in clinical psychology programs, attend university when they are young adults, self-esteem would be expected to remain relatively consistent during university studies rather than to show large fluctuations. In contrast to self-esteem, academic self-concepts are more amenable to fluctuation over time. For example, a diary study showed that academic effort in specific courses changed in line with the student's current state of domain-specific academic self-efficacy (Trautwein et al., 2009). Furthermore, academic effort was shown to mediate the relationship between academic self-concept and achievement (measured as final grade, Trautwein et al.).

Debate about the place of self-esteem in education has been particularly strong in relation to primary and high school education (Chetcuti & Griffiths, 2002; Kohn, 1994; Street & Isaacs, 1998). Kohn (1994) provided a robust critique of extreme positions on both sides of the debate, noting that simplistic suggestions based on a correlation between high self-esteem and academic achievement do not take into account the strong relationships of both these concepts with variables such as social class and academic ability, which account for a high proportion of the shared variance between self-esteem and academic achievement. However, those who criticise attempts to build self-esteem in students, according to Kohn, often place this in opposition to a strictly "academic" orientation which fails to take into account the

interplay among personal, social and academic development. Concerns about the role of social class have also been highlighted by Chetcuti and Griffiths (2002), who suggested that self-esteem based on a “zero sum game” of competition for higher grades both perpetuates existing social disadvantage and provides a less “authentic” self-esteem than that provided by a sense of belonging to a group. Street and Isaacs (1998) reviewed the theoretical bases and educational applications of self-esteem, noting that development of specific skills in school education provides a stronger basis for self-esteem than “amorphous self-esteem building” (p. 50).

A number of studies have shown that educational interventions can improve self-efficacy in specific academic domains (Al-Darmaki, 2004; Cassidy & Eachus, 2000; Love et al., 2007; Urbani et al., 2002) and some have also demonstrated an association between higher self-efficacy and higher course grades (Cassidy & Eachus, 2000). Academic self-efficacy has also been associated with higher motivation and more use of cognitive and meta-cognitive strategies that benefit learning (Butler & Constantine, 2006; Sharif & Armitage, 2004). Studies aimed at improving university students’ self-esteem as part of academic courses have also reported success in increasing self-esteem, including on well-regarded standardised measures such as the Coopersmith Self-Esteem Inventory (Butler & Constantine, 2006; Sharif & Armitage, 2004), but the latter interventions were much more resource-intensive than the self-efficacy interventions. In summary, the education and higher education literature suggests that targeting more specific levels of self-concept and skills (e.g. mathematics self-concept and specific skills) is likely to be more productive for both academic achievement and self-esteem than attempting to “protect” or target self-esteem directly. The next section examines these issues in relation to clinical training and education.

Self-Esteem and Related Concepts in Clinical Training

Students of helping professions such as clinical psychology and counselling need to be able to interact with clients in ways that are helpful for the client's best interests. This is challenging, highly skilled work which can be affected by students' personal characteristics such as emotional stability and personality traits (O'Donovan & Dyck, 2005). Thus, it may be seen as a legitimate goal for clinical supervisors to help maintain or restore students' self-esteem (Haboush, 2003; Hahn, 2001; Hess, 1987; Lawson, Hem, & Stuart, 2009). However, an overly positive self-concept (in relation to either global self-esteem or clinical self-efficacy) may be detrimental to students' motivation and clinical performance (Baumeister et al., 2003; Kohn, 1994; Overholser, 2010). Applying the hierarchical model discussed earlier to clinical training, the highest level would be global self-esteem, the middle level clinical skill self-efficacy, and the lowest level clinical skill performance. Ultimately it is clinical skill performance that teachers and supervisors wish to help students improve, and the question then becomes how clinical skills and feedback about these skills may affect or be affected by global self-esteem and clinical skill self-efficacy.

A New Zealand study of postgraduate students studying cognitive-behavioural therapy (including psychologists and other mental health professionals) found that an overinflated idea of one's clinical skills was a common schema (unhelpful set of beliefs) among clinical trainees (Haarhoff, 2006). Similarly, based on over 20 years as a clinical psychology educator, Overholser (2010) noted that the best trainees often have low confidence in their therapeutic skills, while some of the weakest trainees report high confidence. Urbani and colleagues (Urbani et al., 2002) found that counselling trainees overestimated their counselling skills before commencing skills training, in comparison with scores assigned by trained judges who were more advanced trainees. Similarly, the association between

psychologists' confidence in their judgements and externally validated skills is stronger for more experienced than for less experienced psychologists (Garb, 1989).

Suggestions in the clinical supervision literature regarding trainee self-esteem show a similar trend to broader educational literature in recommending a focus on specific skills rather than global self-esteem. For example, Hess (1987) recommended that supervisors should help restore trainees' self-esteem by giving positive feedback about very small units of trainee behaviour during therapy. Provision of a "secure base" in supervision, that will help the trainee to explore and improve, is also recommended (Pistole & Watkins, 1995, p. 469; Safran & Muran, 2001). More specifically, Safran and Muran (2001) recommended that part of the initial contract agreed between supervisor and trainee should include the trainee taking responsibility for telling the supervisor when the trainee is having difficulty accepting feedback. The rationale given for this was that, if this issue is not explicitly discussed, trainees may try to appear non-defensive in relation to feedback when they actually experience it as threatening to their self-esteem (Safran & Muran, 2001).

Empirical efforts to incorporate a focus on clinical skills self-efficacy in clinical training have shown some promising results. These studies have tended to use Bandura's model of self-efficacy (1997), using some or all of the elements that contribute to self-efficacy in this model: performance experiences, vicarious experiences, verbal persuasion, and emotional arousal. For example, Urbani and colleagues (2002) compared postgraduate students in practical and theoretical counselling courses. At the beginning of the semester, each student rated their counselling skills and counselling self-efficacy, and trained judges (more advanced postgraduate students) rated the students' counselling skills on the same sample of performance used for the student self-ratings (a 6-minute video of the student counselling a standardised "client"). Students were given feedback on the judge's rating as

well as the class mean and range of scores. At pre-test, both groups of students rated their clinical skills more highly than the judges rated them. At the end of semester post-test, the students in practical training demonstrated improved counselling self-efficacy and counselling skills. Further, the students who completed the theory course continued to overestimate their skills, whereas the skill ratings of students who completed practical training were consistent with the judges' scores at post-test (Urbani et al., 2002).

Trainees' perceptions of supervision can also be useful. A measure of assessment in supervision has been developed to elicit the trainee's report of how effectively the supervisor uses goal-setting and feedback in supervision (Lehrman-Waterman & Ladany, 2001). This "Evaluation Process in Supervision Inventory" has been shown to correlate with the degree to which the student believes the supervisor has helped them develop clinical self-efficacy in relation to specific skills, as well as with higher student satisfaction with supervision (Lehrman-Waterman & Ladany, 2001). Both formative and summative feedback can be evaluated with this instrument (Ladany, 2004; Lehrman-Waterman & Ladany, 2001).

Innovative Approaches

Viewing innovation in higher education as improvements in teaching (effective and successful change, Lueddeke, 1999), the literature discussed above suggests several promising directions for the questions posed in this article. Professional development for clinical staff (teachers and supervisors) could explicitly address the issue of students' clinical skills self-efficacy and distinguish this from self-esteem. Discussing feedback and assessment in the context of the hierarchical model presented above would be a useful topic for peer consultation among clinical staff. Solutions generated by a teaching team in a consultative process are more likely to be implemented than are ideas initiated by an external process (Lueddeke, 1999).

Measurement of assessment and feedback practices may also be valuable. The Evaluation Process Within Supervision Index (Lehrman-Waterman & Ladany, 2001) has been designed for completion by supervisees. The subscale on the supervisor's use of feedback is particularly relevant. The scale also has the potential to be completed by staff as a means of reflection on clinical skills teaching and supervision. Staff would review their personally-relevant results and set goals in relation to their use of feedback if issues are identified. If staff decided to adopt a broader program approach, the index could be used in conjunction with measurement of students' clinical skills and client outcomes, to see whether feedback practices are associated with these training goals. Measures of students' clinical skills self-efficacy could also be incorporated (Lehrman-Waterman & Ladany, 2001).

Using more standardised measures for formative assessment, with student self-ratings and supervisor ratings of the same behaviour sample, also has the potential to improve the match between students' and staff ratings of the students' skills (Urbani et al., 2002). As video assessment for students already occurs in supervision and in many courses, an audit of a training program could be done to identify opportunities for more systematic comparisons where students and staff use the same rating scales for the same video (or other sample of student work). Peer ratings provide additional learning opportunities that are beyond of the scope of the present discussion, but also have promise in learning clinical skills (Harris & Schaubroeck, 1988; Lawson et al., 2009; Safran & Muran, 2001; Urbani et al., 2002).

Conclusions

As illustrated throughout this article, student self-esteem is a consideration that many view as relevant to learning in general and clinical skills training in particular. However, when designing and implementing feedback, self-esteem concepts are most usefully applied at more specific levels rather than focusing on global self-esteem. Feedback about specific

skills, and developing better coherence between staff and student assessment of the student's skills, are important components of clinical psychology postgraduate education. Reviewing the evidence on self-esteem has generated innovative strategies for improving feedback processes that could be implemented by individual clinical staff or at a program level.

References

- Al-Darmaki, F. R. (2004). Counselor training, anxiety, and counseling self-efficacy: implications for training psychology students from the United Arab Emirates University. *Social Behavior and Personality*, 32, 429-440.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, N.J.: Prentice Hall.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.
- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4, 1-44.
- Butler, S. K., & Constantine, M. G. (2006). Web-based peer supervision, collective self-esteem, and case conceptualization ability in school counselor trainees. *Professional School Counseling*, 10, 146.
- Cassidy, S., & Eachus, P. (2000). Learning style, academic belief systems, self-report student proficiency and academic achievement in higher education. *Educational Psychology*, 20, 307-322.
- Chetcuti, D., & Griffiths, M. (2002). The implications for student self-esteem of ordinary differences in schools: The cases of Malta and England. *British Educational Research Journal*, 28, 529-549.
- Decker, P. J. (1999). The hidden competencies of healthcare: Why self-esteem, accountability, and professionalism may affect hospital customer satisfaction scores. *Hospital Topics*, 77, 14-26.
- 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.
- Garb, H. N. (1989). Clinical judgment, clinical training, and professional experience. *Psychological Bulletin*, 105, 387-396.
- Haarhoff, B. A. (2006). The importance of identifying and understanding therapist schema in cognitive therapy training and supervision. *New Zealand Journal of Psychology*, 35, 126-131.
- Haboush, K. L. (2003). Group supervision of school psychologists in training. *School Psychology International*, 24, 232-255.
- Hahn, W. K. (2001). The experience of shame in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training*, 38, 272-282.
- Harris, M. M., & Schaubroeck, J. (1988). A meta analysis of self supervisor, self peer, and peer supervisor ratings. *Personnel Psychology*, 41, 43-62.
- Hess, A. K. (1987). Psychotherapy supervision: Stages, Buber, and a theory of relationship. *Professional Psychology: Research and Practice*, 18, 251.
- Kohn, A. (1994). The truth about self-esteem. *The Phi Delta Kappan*, 76, 272-283.
- Ladany, N. (2004). Psychotherapy supervision: What lies beneath. *Psychotherapy Research*, 14, 1-19.
- Lawson, G., Hem, S. F., & Stuart, C. L. (2009). A qualitative investigation of supervisees' experiences of triadic supervision. *Journal of Counseling & Development*, 87, 449-457.
- Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology*, 48, 168-177.
- Love, K. M., Bahner, A. D., Jones, L. N., & Nilsson, J. E. (2007). An investigation of early research experience and research self-efficacy. *Professional Psychology: Research and Practice*, 38, 314-320.

- Lueddeke, G. R. (1999). Toward a constructivist framework for guiding change and innovation in higher education. *Journal of Higher Education*, 70, 235-237.
- Nicol, D. J., & Macfarlane-Dick, D. (2006). Formative assessment and self-regulated learning: a model and seven principles of good feedback practice. *Studies in Higher Education*, 31, 199-218.
- O'Donovan, A., & Dyck, M. J. (2005). Does a clinical psychology education moderate relationships between personality or emotional adjustment and performance as a clinical psychologist? *Psychotherapy: Theory, Research, Practice, Training*, 42, 285-296.
- Overholser, J. (2010). Clinical expertise: A preliminary attempt to clarify its core elements. *Journal of Contemporary Psychotherapy*, 40, 131-139.
- Pistole, M. C., & Watkins, C. E. (1995). Attachment theory, counseling process, and supervision. *The Counseling Psychologist*, 23, 457-478.
- Sadler, D. R. (2009). Grade integrity and the representation of academic achievement. *Studies in Higher Education*, 34, 807-826.
- Safran, J. D., & Muran, J. C. (2001). A relational approach to training and supervision in cognitive psychotherapy. *Journal of Cognitive Psychotherapy*, 15, 3-15.
- Sharif, F., & Armitage, P. (2004). The effect of psychological and educational counselling in reducing anxiety in nursing students. *Journal of Psychiatric and Mental Health Nursing*, 11, 386-392.
- Street, S., & Isaacs, M. (1998). Self-esteem: Justifying its existence. *Professional School Counseling*, 1, 46-50.
- Trautwein, U., Ludtke, O., Koller, O., & Baumert, J. J. (2006). Self-esteem, academic self-concept, and achievement: How the learning environment moderates the dynamics of self-concept. *Journal of Personality & Social Psychology*, 90, 334-349.
- Trautwein, U., Ludtke, O., Roberts, B. W., Schnyder, I., & Niggli, A. (2009). Different forces, same consequence: conscientiousness and competence beliefs are independent predictors of academic effort and achievement. *Journal of Personality & Social Psychology*, 97, 1115-1128.
- Trzesniewski, K. H., Donnellan, M. B., & Robins, R. W. (2003). Stability of self-esteem across the life span. *Journal of Personality & Social Psychology*, 84, 205-220.
- Urbani, S., Smith, M. R., Maddux, C. D., Smaby, M. H., Torres-Rivera, E., & Crews, J. (2002). Skills-based training and counseling self-efficacy. *Counselor Education and Supervision*, 42, 92-106.

Figure Caption

Figure 1. Hierarchical model of relationships between self-esteem, domain-specific academic self-concept and domain-specific academic achievement (for longitudinal models, see Trautwein et al., 2006)