Evaluation of a Continuing Education Program in Sex Therapy

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Abstract: This paper describes a multi-dimensional, ongoing approach to evaluation in a sex therapy training program. The Yale Sex Therapy Training program set out to train psychotherapists working in public agencies throughout Connecticut who would meet or surpass pre-determined standards for sex therapists. Because sex therapy is a new discipline, it was deemed essential that program evaluation be developed and carried out from the very beginnings of the program and throughout its course. Evaluative findings proved essential to monitoring the quality of teaching and supervisory efforts, in assessing change in knowledge and professional activity of trainees, and in measuring impact upon the communities served. Continuous feedback led to changes in program content and format through identification of needs and problems. The experience in the Yale program confirms the recommendations of others regarding the conduct of a continuing education program. These findings strongly imply that multi-dimensional, ongoing evaluation should be an integral component in any continuing education program. (*Am J Public Health* 1982; 72:839–843.)

Introduction

The need for continuing education of health professionals is now an accepted fact. The need to evaluate the effectiveness of continuing education programs is also accepted and yet evaluation often is conducted inadequately.[1] In the new field of sex therapy, virtually all training is by way of continuing education for practicing health professionals. Until recently there were no generally accepted standards for training in sex therapy and very few training programs.[2] The training that was available was fragmented—an occasional workshop or lecture. Supervision was rarely available. Now several sex therapy centers have implemented programs with the goal of providing integrated, comprehensive training in sex therapy.

In 1978, the National Institute of Mental Health funded a program in sex therapy training at Yale University. Commitment to evaluation has been an integral part of the program from the planning stage and throughout its duration. Evaluation has been multi-dimensional, aimed at assessing the quality of teaching, change in trainee knowledge and performance, and the impact of the entire program upon health agencies and the communities they serve. Before describing the purposes and content of this evaluation, a brief description of the program is given as background.

Background

The Yale Sex Therapy Training Program began in 1978. Thirty-eight trainees completed the training by June 1981. The program was developed to train therapists who work in community mental health programs as well as more general health care clinics within Connecticut. Twenty-five different agencies have participated in the program. All trainess had prior training and experience in psychotherapy (social work, psychiatric nursing, psychiatry, psychology, or counseling). They continued to work (usually full-time) within their agencies during the two years of training. The 38 trainees made up two classes, A and B. Class A began in 1978 and ended in 1980; Class B began in 1979, ending in 1981.

Training consisted of two major components: seminars and supervised casework. Seminars were held monthly, on Saturdays, for two years. At first these seminars were didactic in nature while later, didactic sessions alternated with case presentations given by trainees. Presentations always included tapes of an ongoing sex therapy case (either audio or video).

Trainees' casework was all done within their own agencies, drawn from agency clientele. The approach used was a modified Masters-Johnson co-therapy model.[3,4] Each team completed six to 10 cases, all of which were supervised weekly. Supervision included listening to the entire therapy process as conducted by the trainees. This allowed the supervisor to identify errors early in the training process before they became incorporated into the trainees' approach to therapy.

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TABLE 1.—The Use of Evaluative Methods by Evaluation "Dimension"

Method	Ongoing Program Evaluation	Ongoing Trainee Evaluation	Overall Program Evaluation
Knowledge Test	*	*	*
Post-Meeting Response Form	*		*
Interim Report Questionnaire	*		
Supervisory Assessment	*	*	
Sex Attitude Reassessment Form	*		*
Attendance Records		*	
Monthly Impact Form	*	*	*
Agency Interview		*	*
Trainee Status— Two Years Post Training			*

*The respective method applied to this dimension of evaluation.

There were six supervisors working in the program, two of whom were the program directors. In order to provide some uniformity of expectations, the program directors developed guidelines to be used in evaluating trainees' performance at various stages in sex therapy. These guidelines were shared with the trainees.

An additional component of the training program was a weekend "retreat" which used an established technique called "sexual attitude reassessment" to help trainees recognize their own attitudes, values, and biases, and how these might affect their work.

In addition to the main objective of the program—to train sex therapists to work in community agencies—the program also aimed to have an impact on trainees' agencies. It was hoped that agencies would develop sex therapy "clinics" and that other professionals in these agencies would become sensitized to sexual health issues and problems in the clients they served.

When the trainees applied to the program and came for their interviews, virtually no sexual health services were then being offered in their agencies or at other agencies in their local communities. For example, almost no applicant's agency included a question about sex in routine intakes. Most applicants felt that professionals in their agencies knew very little about diagnosis, treatment, or prevention of sexual problems. It was made clear to trainees from the inception of the program that they would be expected to take responsibility for their agencies' integration of sex therapy into agency function and for educating staff about sex and sex therapy.

Evaluation Dimensions and Purposes

The evaluation component of the Yale Sex Therapy Training Program included three dimensions. The first dimension was ongoing evaluation of the program content, direction, and teaching strategies. Its purpose was to improve the training program through continuous feedback from the trainees.

The second dimension was ongoing evaluation of trainees which served several purposes: to determine whether or not the program was producing essential cognitive learning and the development of clinical skills; to identify specific areas of strength and weakness in individual trainees; and to document which trainees were meeting standards of professional training.

The third dimension was evaluation of the overall success or failure of the program in meeting its stated objectives. The purposes were: to determine whether or not skilled, effective sex therapists had been produced by the program; and to document the impact of the program on sponsoring agencies and the community (Connecticut).

Methods of Evaluation

Evaluation in the Yale training program was conducted through various methods using a number of instruments. Some were used once; others were repeated in a set pattern, following specific events or corresponding to program stages. Most of the methods applied to more than one dimension of evaluation (see Table 1). Each method is listed and discussed in the following text.*

Knowledge Test: A 75-item examination was devised by the program directors to test knowledge of sex therapy principles and techniques and related information about human sexuality. Each trainee sat for three administrations of the test: a pre-test, an interim test (after one year), and a post-test (at the end of two years). The tests were scored by the program evaluator immediately after the trainees completed them. Results were examined categorically (i.e., sexual physiology, therapy principles, etc.) and made available to the program directors.

Post-Meeting Response: A Post-Meeting Response form (PMR) was completed by trainees at the end of each training session. The form asked trainees to state what was most and least valuable in the seminar and asked for suggestions. The staff was provided with immediate feedback as the data were condensed by the program evaluator, and used to assess the response of trainees to content, format, and presentation.

Interim Report: An interim evaluation was conducted at the end of the first year of training. Three questions were asked of trainees:

- Is the program doing an adequate job in training you as a sex therapist?
- As a result of the training program is there clear evidence of the development of new sex therapy service in your agency for client populations which have been underserved?
- Is the program doing an adequate job of training you to develop and provide continuing education programs in human sexuality?

Supervisory Assessment: Weekly meetings between the supervisor and co-therapy team were used to assess team and individual performance. Since there were six supervisors working in the program, it was necessary to provide some uniformity of expectations for trainee performance.

*Specific information about individual instruments is available on request to the authors.

TABLE 2.—Knowledge Test Results (average scores)

Test Period	Class A %	Class B %
Pre	41.5	42
Interim	67	81
Post	85	85.5

The program directors developed guidelines for evaluating trainees' performance at various stages in sex therapy. The supervisors met for two hours every month to discuss the progress of trainees, to get suggestions about handling problems, to maintain some consistency among supervisors, and to provide the program directors with continuous feedback about what was happening in the field. At the end of each year, supervisors wrote a summary of each team's sex therapy performance for review by the program directors.

In addition, after the first six months of the program, the teams took turns presenting an on-going case in the monthly seminars. They prepared written case summaries as well. Parts of a tape recording of a therapy session were played during the seminar and were analyzed using the "choice-point" technique or other forms of feedback.

Sex Attitude Reassessment (SAR) Form: A weekend retreat addressed itself to the reassessment of trainees' personal attitudes toward sex and sexuality, through discussion groups, films, and lectures. A written evaluation of the SAR was requested to examine three aspects of the experience: 1) its impact on attitudes; 2) its value in a sex therapy training program; and 3) areas of concern for future training sessions.

Attendance Records for Seminars and Supervision: Attendance was taken at every seminar and supervisory session. The program directors noted the level of participation of trainees.

Monthly Impact Form: A monthly report was collected to record trainees' involvement in course work and related professional activities and to assess the ability of the trainee to integrate sex therapy into his or her own agency setting. The form included questions about readings, attendance at human sexuality conferences, attempts to educate peers and clients, the number of referrals received, sex therapy cases in programs, hours spent with the co-therapist building the professional relationship, and time spent in supervision.

Agency Interview: The program evaluator twice interviewed a designated contact person at each agency sponsoring trainees. The initial interview assessed the level of sex therapy being performed at the agency and the potential for an integrated sex therapy program. The second interview examined the role of the trainee as sex therapist in the agency, the extent to which the trainee had worked to integrate sex therapy into the overall program, and the degree to which this was successful.

Trainee Status—Two Years Post Training: Trainees will be interviewed at two years after the completion of training. To evaluate trainees' effectiveness post-training, we will collect data on the nature of their work:

- How many are doing sex therapy?
- Are they seeing clients in their agencies and/or private practice?
- What sorts of clients are they seeing, in terms of the variables: socioeconomic status, age, race, ethnic background, marital status, handicaps, special problems (i.e., alcoholism), and sexual dysfunction(s) presented?
- How many clients have been seen in total?
- Are they doing in-service training?
- Are they doing work related to human sexuality in their communities?

When these data are collected and analyzed they will be reported in a separate paper.

Results

The Knowledge Test

The pre-program Knowledge Test results were used to determine the level at which to begin didactic teaching. Major areas were identified in which there was a total lack of knowledge, e.g., the principles of the co-therapy approach and the definitions of the major sexual dysfunctions. There were no areas covered by the test which could be omitted from the teaching. The need to correct mistaken beliefs was made apparent by the pre-test.

The interim, one-year testing defined areas inadequately covered. This led to repetition of some lecture material in the second year and a more thorough teaching of the material the first time for the incoming class.

The post-test helped determine whether the program had met its training objective in the area of didactic knowledge.

The results of the three test administrations are shown in Table 2.

For the trainees, the mere existence of testing within the program showed that certain levels of knowledge acquisition were expected. The trainees reacted positively to the presence of testing as a motivator to studying and as a tangible measure of their own progress.

Post-Meeting Response (PMR) and Interim Evaluation

PMR summaries guided the program directors' preparation for the subsequent class meetings. Material which had been presented which was not clear and specific questions raised in the PMRs were addressed either in the next class or in supervision.

Other components of the program were affected by the PMR. Trainees' comments led to a change in discussion-group composition and time structure. The inclusion of a sex-attitude-reassessment (SAR) weekend resulted partly from what was written on the PMR. In short, the PMR was one official line of communication between trainees and trainers. While other instruments sought data to monitor trainees' progress and involvement, the PMR provided an opportunity for trainees to express approval and constructive criticisms of the various aspects of sex therapy training they experienced in the classroom setting.

The total collection of PMRs provided an overview of the entire program for overall evaluation.

The interim evaluation helped the directors gain a broader and long-term view of the whole program. The results of the interim evaluation pointed out individual and group needs. This helped the directors understand to what extent goals had been achieved, and led to inclusion of certain materials in future sessions. Of equal importance, the data underscored the trainees' approval of the overall training and teaching approach, reinforcing the program's chosen methods and style.

Supervisory Assessment

The weekly supervision sessions were the single most important source of information about trainee learning and performance. Through the regular supervisors' meetings this information became available to the program directors who could then restructure aspects of the program to meet special needs. For example, a floundering team was assigned to a different supervisor. These meetings also provided feedback about how well trainees were integrating didactic material into actual therapy cases. Where several teams exhibited difficulties with a concept or therapeutic strategy, this material was re-taught during a seminar.

Case presentations by trainees in the monthly seminars gave the program directors a chance to observe all of the teams "in action" and provided another source of data about trainees' progress in sex therapy.

SAR Forms

A strategic error was made in gathering data about trainee responses to the weekend retreat "Sexual Attitude Reassessment." Trainees were asked to mail in the evaluation form rather than fill it out and turn it in at the close of the weekend. Only one-third of the forms were returned. This evaluative procedure was, therefore, valueless except that it emphasized the necessity for written feedback to be immediate and *not* voluntary.

Attendance Records

Attendance records proved useful to monitor instances of recurrent absence from supervision and/or seminars. In fact, there was no chronic trainee absenteeism.

Monthly Impact Form

With regard to ongoing program evaluation, the Monthly Impact Form provided information about the trainees' caseloads, and the trainee-supervisor relationship. Trainees indicated the amount of time spent in supervision and the appropriateness of this duration.

The Monthly Impact Form also sought to measure the individual involvement of trainees in the program and in the field of human sexuality. This contributed to the ongoing evaluation of trainees.

Finally, the totals for cases handled, and agency and community activities performed were collected via the Monthly Impact Form. These figures gave some basis for conclusions in the overall program evaluation.

Agency Interviews

Meetings with heads of trainees' agencies provided an overall picture of each individual trainee's performance within his or her own agency, from the perspective of the agency. The extent to which agencies had integrated sex therapy into their service and/or provided in-service training for their professional staffs gave us a measure of the impact of the training program on the agencies and, hence, the community.

Discussion

The role of evaluation in continuing education was advocated by Long in 1969.[5] Writing as Director of the Professional Examination Service of the American Public Health Association, she argued for evaluation to be a part of all continuing education efforts and described the various levels at which evaluation might occur. Nearly ten years after Long's article appeared, Samek presented design, methods, and rationale for including evaluation in the continuing education plan.[6] Green also described "process, impact, and outcome" as three appropriate levels of evaluation.[7] In our own recent review of the professional literature, however, few examples could be found of the presence of or results from evaluative components in continuing education programs despite the fact that such programs have gained importance and become widespread in the United States during the last decade. The principal exception we found is the nursing profession where examples of evaluation in continuing education are evident.[8–11]

Our experience with evaluation of our continuing education program confirms the recommendations of Long, Samek, and Green. We are convinced that the evaluative component of the Yale Sex Therapy Training Program added to the strength and effectiveness of the overall program. Deciding what to evaluate and designing evaluation procedures influenced program design by helping to clarify goals and keeping those goals in mind as the program progressed. Obtaining continuous feedback from trainees in a structured fashion provided us with important information, enabling us to make adjustments in the program as we proceeded and helping us to improve the course for Class B, the second group of trainees. In addition, trainees' commitment to the program was enhanced by the many opportunities to communicate their needs and their opinions. Finally, retrospective evaluation of the program being conducted this year should give us vital data about the impact of the training on trainees, their agencies and clients, and the community so that we will know if the goals of the program have been achieved.

Looking at the approach to evaluation used in our program as well as the actual procedures, we can summarize the lessons we have learned in the following guidelines:

- Program staff should include a trained evaluator who meets regularly and works closely with program directors.
- Plans for program evaluation should be made at the same time as initial program planning, consistent with over-

all goals and objectives. There should be pre-testing of evaluation procedures and instruments.

- Clarify what is to be evaluated and keep the data collecting instruments simple and to a minimum. For every data collecting device, design a data summarizing system to keep information manageable.
- Inform trainees of commitment to evaluation at the outset of the program; stress the importance of their participation in the evaluation process.
- Evaluation should be ongoing, integrated into the overall program, and multi-dimensional in focus.

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Center for Health Promotion and Education Seeks to Share Health Education Resources

The Center for Health Promotion and Education, a component of DHHS, Centers for Disease Control, maintains a bibliographic data base containing information on health education methodologies and programs to be utilized by health education providers in various health education settings. A basic purpose of this data base is to gather and disseminate information on the nature of current and past health education programs and methodology and their effectiveness in promoting health and preventing disease. This resource permits sharing of information among a wide range of agencies, thus reducing duplication of effort by health agencies and thereby contributing to efficiency of health education programs.

To ensure the comprehensiveness of this resource, the Center seeks germane literature and descriptions of programs for entry into this data base from persons and organizations. Topics of interest include: school, patient, community, and occupational health education programs; health education methodologies; professional education and training in health education; health education as it relates to basic prevention and health risk reduction; and health education research and evaluation. International health education activities are also of interest.

Program information desired includes title of the program, name of the director, sponsoring or administering organization, address of the program, the source(s) of funding, and the beginning and, where known, ending dates. In addition, information about programs should include purpose and objectives, services offered, methods employed (mass media, group discussion, classes, etc.), size and type of target audience, coordination with other programs, evaluation mechanisms, and results of evaluation (impact of program, etc.). Literature references, copies of publications, and program descriptions (including descriptive literature) should be sent to:

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