Supervision and the Clinical Social Worker

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Course Summary

This course will provide mental health professionals with the understanding that the central focus of supervision is the quality of the practice offered by the supervisee to clients. It will explain the three aspects of supervision: administrative (normative); education (formative) and support (restorative). The course will identify three aspects of a competency-based approach to supervision. It will show that a supervisors’ authority is derived from their positions in agencies and/or the appropriate community of practice. It will show that in some forms of supervision direct observation of practice can be an obstacle to the exploration of practice or an aid. Legal and ethical issues pertinent to the supervisor will also be addressed during this course.

Course Objectives

Upon completing this course students will:

1. Be able to identify and define the central focus of supervision

2. Define and explain three aspects of supervision: administrative, education and supportive

3. Be able to define three aspects of a competency-based approach to supervision

4. Be able to distinguish supervision from therapy, consultation and mentoring

5. Understand the basics of a supervision contract

6. Will understand the content of supervision, the liability of the supervisor, how to document supervision, the qualifications of a supervisor and when supervision should be scheduled

7. Be familiar with the legal and ethical standards of a supervisor
Definitions of Supervision

There are many definitions of supervision. Some of the critical components are protection of the client, gatekeeper for the profession, evaluator of the supervisee, provider of knowledge and skills, and transmitter of values.

In a definition, described by Bernard and Goodyear (1998) by Acker, the supervisory relationship is described as one between unequal’s, with the objective of equalization. Although this is an inherent contradiction, this is the challenge of supervision.

Falender and Shafranske (2004) defined clinical supervision as “a distinct professional activity in which education and training aimed at developing science-informed practice is facilitated through a collaborative interpersonal process (mindful of the power differential). Supervision involves observation, evaluation, self-assessment and feedback; the acquisition of knowledge and skills by instruction, modeling and mutual problem solving; encourages self-efficacy building upon the recognition of the strengths and talents of the supervisee. Supervision insures that clinical consultation is conducted in a competent manner in which ethical standards, legal prescriptions, and professional practices are employed to promote and protect the welfare of the client, the profession and society at large” (p.3).

Particularly important in this definition are the concepts of collaboration – that the supervisee learns from the supervisor while the supervisor learns from the supervisee – which is a step away from the usual hierarchical supervision model in which the supervisor is seen as superior. There is however a power differential since
it is the supervisor who will sign off on the successful completion of the training and may be asked to write the letters of recommendation.

Bernard and Goodyear (2004) defined supervision as “an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to client that he/she or they see serving as a gatekeeper to those who are to enter the particular profession” (p.8).

ASPPB defined supervision as “the relationship focused on the development, enhancement and evaluation of the supervisee’s skills, knowledge and behavior in the practice of psychology” (ASPPB, 2003, p.2).

Each definition has a different focus. Falender and Shafranske place significant emphasis not simply on relationship but also on self-assessment, processes of supervision and the legal, ethical and general context in which supervision occurs. They emphasize collaboration between supervisor and supervisee with a respectful interchange, remaining mindful of the power differential. Through collaboration and relationship the supervisee grows. Bernard and Goodyear emphasize transmission of knowledge from a senior member to another in the context of evaluation with regard for legal and ethical considerations.

Each supervisor needs to come to his/her own balance between a positive supervisory relationship that encompasses empathy, positive regard, support,
and the evaluative function that comes with the role. The greater the emphasis on informed consent, informing the supervisee of the evaluative realities of the relationship, the greater the success of the supervisory relationship.

In competency based supervision there are several major components. It is necessary for the supervisor to understand the competencies at entry of the supervisee. The supervisor must also have an idea of what competencies the supervisee must have upon completion of a time frame or training sequence. The supervisor must possess the competencies required of the supervisee. Components of the competency based supervision include the supervisory relationship, understanding of the level and competencies of the supervisee, being a competent supervisor, discussion and evaluation of the power differential, and providing ongoing feedback whether positive or negative. (Falender, 2007)

There have been references to social work supervision dating back to the early 1900’s. Recognizing the importance of individual supervision within a program, the Charity Organization Department of the Russell Sage Foundation offered the first course in social work supervision in 1911 (Kadushin, 1992). Early on, three major components of supervision were identified and continue to be recognized today: administrative, educational, and supportive.

Administrative supervision is oriented towards an agency or organizations’ policy and public accountability (Barker, 1990). It is here that objectives are translated into tasks to be performed by social workers. The major responsibility of the administrative supervisor is to ensure that the work is performed.
Educational supervision is also called clinical supervision. This type of supervision establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self-awareness at the same time. It is also concerned with teaching the knowledge, skills and attitudes important to clinical tasks. The supervisor teaches the social worker what he/she needs to know in order to provide specific services to specific clients.

Supportive supervision is concerned with increasing job performance by decreasing job related stress that interferes with work performance. The supervisor is tasked with increasing the social workers motivation and develops a work environment that enhances work performance.


Purpose of Supervision

The purpose of supervision is to enhance the clinical social workers professional skills, knowledge and attitudes in order to achieve competency in providing quality client care. It is aimed at guiding professional growth and development and improving clinical outcomes.
Supervision also fulfills requirements in several areas:

1. Insurance carriers require clinical social workers to receive formal supervision as one of the conditions for third party reimbursement.

2. Professional organizations that enlist social workers require a minimum number of hours of supervision for certificates.

3. Many state boards of social work require a minimum number of hours for clinical supervision in order to obtain a clinical social work license.

4. There may be internal administrative requirements or external accreditation requirements for supervisions.

Beginning the Supervisory Process

Social workers who are transitioning from clinical work to supervision are assuming a new role that carries its own set of specifications and expectations. There is a shift from providing therapeutic treatment to acting as an administrator and teacher with greater responsibilities. Therefore, training is imperative for the competency of a new supervisor with different responsibilities.

The NASW has published guidelines for Clinical Social Work Supervision, which lists the qualifications of a supervisor (National Council on the Practice of Clinical Social Work, 1994). According to this list, the clinical social worker should:

- Possess a MSW or doctorate from an accredited social work program by Council on Social Work Education

- Have a license at the clinical level in the state of practice (in the absence
of a state license, a certification at the clinical level is acceptable)

- Have at least three years of post-master’s direct clinical social work experience in an organized clinical setting
- Have no active sanction by a disciplinary proceeding
- Have formalized training in supervision and ongoing participation in the professional development of supervision
- Have experience and expertise in the supervisee’s work setting and the patient population served
- Be familiar with the administrative and organization policies of the workplace setting of the supervisee
- Be familiar with the community resources available to the supervisee for appropriate referrals of clients

A critical first step in the supervisory process is establishing the supervisory alliance. A cardinal rule of supervision is to balance the power differential of the supervisor and the evaluative process (Bording, 1983). The clearer the expectations are for the supervisory relationship the better. To establish a supervisory alliance, supervisor and supervisee must establish a relationship of trust. Through continued interaction the supervisor and supervisee develop a set of goals that are relevant to the developmental level of the supervisee and which are specific to the setting and context in which the supervision occurs. Once this is established, specific tasks to achieve these goals are formulated. The emotional bond is created and strengthened through this process in which supervisor and supervisee are focused on the specifics of the supervision process (Falender, 2007).
Supervision vs. Therapy

It is important to distinguish supervision from therapy and also consultation. Studies show that supervisors who cross the boundary and become therapists to their supervisees inflict substantial harm. A line needs to be drawn and maintained to keep the focus on the supervisee’s process and behavior with the client. The supervisor should only explore and clarify problems of supervisees that are creating impasses in their clinical work. It is not the role of the supervisor to move beyond that exploration. Supervision should keep the focus on the client and on the supervisory process. When the supervisor slides into exploration of the supervisee’s psyche, early childhood, a boundary has been crossed (Falender, 2007).

Supervision vs. Consultation

Consultation is sometimes confused with supervision. There is however a distinction between the two. Consultation may involve some of the same functions of supervision but it does not carry the same administrative responsibility or accountability.

In supervision, information is passed from a licensed person, who holds legal responsibility, to an unlicensed person. The unlicensed person is required to follow the directives of the licensed individual who is his/her supervisor. In Consultation, both parties are licensed and insured, and the recipient of the consultation is not required to follow the directives or advice of the consultant. In supervision, clients need to be informed that they are being seen by a supervisee who is licensed and who is functioning under the licensure of a supervisor who is named and who will have access to their clinical records. In consultation, clients are informed that their
therapist will be consulting with an individual regarding their case and that individual will be given information regarding the client (Falender, 2007).

**Supervision vs. Mentoring**

Supervision involves the evaluative component. In mentoring, the mentee usually picks the mentor, the mentor does not evaluate the mentee and the mentor assists the mentee in acquiring professional role development, contacts with relevant colleagues, research and a multitude of professional activities including conferences and meetings. Some supervisors do actually mentor (Falender, 2007).

**Schedule**

Formality and structure are very important for effective supervision. The individual meeting should be:

- A regularly scheduled meeting at a mutually agreed time.
- Should be conducted in a comfortable private place with minimal interruptions.

Frequent supervision is important for new social workers pursuing a clinical license. The most recent version of NASW Standards for the Practice of Clinical Social Work (1991) recommends at least 15 hours of face-to-face contact with a client during the first two years of professional experience. After the first two years, the ratio may be reduced to a minimum of one hour of supervision for every 30 hours of face-to-face contact with clients. Clinical social workers with five or more years of experience are recommended to seek supervision as needed or to establish a consultative relationship with a qualified consultant when assistance is required with practice concerns.
Supervision generally has two major objectives. The first is case management which includes understanding of the patient in his or her situation and planning strategies for intervention. The second objective is to develop the knowledge and skills of the worker.

These objectives may be obtained through a teaching learning process which focuses primarily on the clinical work of the supervisee. However, it is not unusual for the administrative, clinical and supportive supervision to occur in the same supervisory session.

The content of supervision should focus on the work performance of the supervisee. Both the supervisor and supervisee should prepare for the supervisory session through the use of the following tools:

- Case records
- Written narratives
- Audio/visual records
- Role playing of practice issues

The supervisor and supervisee should develop a learning plan that describes the goals and objectives of supervision. The plan should reflect the theory of practice that is performed in accordance with the NASW Code of Ethics as well as legal and administrative regulations. In addition the supervisor should:

- Have the supervisee bring a prepared case for discussion and use it to determine what needs to be learned and to enhance the knowledge and skills
of the supervisee

- Engage the supervisee in an analysis of the work already performed and what the next steps should be
- Provide clear, objective, non-ambivalent feedback and resources that would help to improve work performance
- Reassess the initial educational assessment and modify as needed

Documentation

Documentation is important in supervision as it verifies that the service actually occurred. It is not unusual for licensure boards, insurance carriers, and professional entities, among others, to request verification of supervision. Therefore it is helpful for both the supervisor and supervisee to document the following:

- Dates and duration of each face-to-face supervision session
- An outline of each session, including questions and concerns, progress towards learning goals, recommendations, and resources
- A follow-up plan with rationale
- Cancellations of sessions
- Dates of all telephone and electronic contacts and the nature of each contact

The supervisor and supervisee should also sign a written contract which may include the following:

- Explanation of supervisory relationship
• Responsibilities and rights of each party
• Clarification of the authority of the supervisor
• Parameters of confidentiality
• If appropriate, specification of who is responsible for payment and the terms of payment
• Time frame for which the agreement is made
• Process for termination of supervision

Liability

Although supervisors do not offer direct services to patients, they do indirectly affect the level of service offered through their impact on the supervisee. They share the responsibility for services provided to the client and can be held liable for negligent or inadequate supervision related to negligent conducted by the supervisee. Direct liability may be charged against the supervisor when inappropriate recommendations carried out by the supervisee bring harm to the client. Direct liability can be charged when a supervisor assigns a task to a supervisee who is inadequately prepared to perform it.

Supervisors should take supervision seriously and ensure that the services provided by the supervisee meet the NASW’s Code of Ethics and standards of the social work profession. This can be achieved by monitoring the professional functioning of the supervisee. Any practice of the supervisee that poses a threat or danger to the health and welfare of a client should be identified and appropriate remedial measures should be taken immediately.

In order to protect objectivity and guard against conflict of interest, supervisors
should not supervise anyone with whom they have a romantic, domestic or familial relationship.

**Competency-based Supervision**

Competency based supervision refers to the knowledge, skills, values or the attitudes of each area of supervised practice, initial assessment, ongoing assessment and feedback and final evaluation. Individual supervisors should consider the existing documents on competencies and the particular site requirements to determine which competencies are relevant for supervisees in each particular setting. Supervisors who function in specialized settings should seek out supervision literature specific to the models they are using. Whatever the context, there should be a direct relationship between the competencies document and assessment of the supervisees and the training agreement so that the expectations of the setting are clear cut (Falender, 2007).

**Contract or Training Agreement**

The contract or supervisory agreement is a means of articulating the roles, responsibilities, expectations and requirements of the training period. Components of the contract include:

- Scope of practice
- Length and time under supervision
• Adherence to agency/practice requirements, rules, regulations and laws

• Role of supervisor

  1. Frequency, time, length of supervision
  2. Cancellation policy for supervision by either party
  3. Procedures for crisis and emergency situations
     • Reporting laws in particular state
     • Procedures to call supervisor, on-call therapist
     • Steps to take
  4. Coverage (vacations, etc.)
  5. Confidentiality
  6. Potential role conflicts
  7. Confidentiality or lack of such in supervisory communications
  8. Theoretical models of supervision and therapy to be used
  9. Supervision experience, training of supervisor
 10. Areas of competence of supervisor
 11. Methodology of supervisor
     • Particular techniques used
     • Expectations
     • Use of video/audio, live supervision
 12. Mutual Role
     • Goals for training/supervisory experience mutually determined
 13. Roles of Supervisee
     • Responsibilities
• Productivity/attendance
• Documentation/record keeping
• Clinical caseload
  Variety
  Number of hours
  Diversity variables
  Required parameters
• Seminars
• Theoretical orientation
• Diagnostic formulations including multicultural/diversity conceptualizations
  expected
• On-call responsibilities and supervision arrangement
• Specific performance expectations
  Competence
  Relationship/interpersonal skills
  Teamwork
  Emotional Awareness
  Autonomy
  Diversity competency
  Technical skills

The contract or agreement is a critical part of the supervisory relationship. It is a set of expectations that is translated into an evaluation prototype. Each setting will have its own criteria and competencies, although there may be some overlap.
Each setting should tailor its competencies, agreement and, evaluation to meet its individual needs (Falender, 2007).

**Legal and Ethical Issues**

There is no separate supervision code of ethics that has been adopted by the NASW. There is however a code of ethics for supervision through the Association for Counselor Education and Supervision, the founding division of the American Counseling Association (ACA). It is the responsibility of the supervisor to know and keep updated regulations, laws, ethics, codes and all developments that impact client care and supervision.

In the contract or supervisory agreement, the supervisee should agree to abide by the ethics of his/her profession and the laws and regulations. An important part of supervision is to provide the supervisee with the specifics of legal decisions relevant to the geographical location. For example, in California, the supervisee needs to be introduced to Tarasoff and its extensions. If the supervisee was trained in another state, the duty to warn provisions may not have been in effect or it may have been illegal warn. Many regulations and practices are state specific as well.

For example, in California:

- The primary supervisor is required to review with the supervisee, Professional Therapy Never Includes Sex
- The supervisor and supervisee must complete a supervisory agreement prior to beginning supervision
- The primary supervisor ensures that there is a plan in place to protect the
client in event of a crisis or emergency

- The primary supervisor ensures that the client is informed that:
  1. The supervisee is unlicensed and under supervision of the primary supervisor
  2. The primary supervisor has full access to treatment records
  3. Fees must be paid directly to the primary supervisor or employer

(Falender, 2007)

The practice of supervision is the highest calling in the social work profession. It is the dissemination of learning, professionalism, and ethical practice from one generation to the next and in the process, it provides the supervisor with the opportunity to learn and develop from the experience.

As the field moves to increasingly evidence-based assessment and treatment, supervision is moving in the direction of competency-based practice. Through this, accountability and standards of practice are maintained.

It is important to maintain the personal factors of sense of humor, self-assessment, perspective and ongoing self-care to ensure that each individual supervisor functions at his/her best in an increasingly stressful and demanding environment. Through supervision and levels of supervisory support, guidance and assistance is provided to each other, thereby empowering supervisors

(Falender, 2007).
Resources


