

SUPERVISION AND THE CLINICAL SOCIAL WORKER

Clinical supervision is more than a casual exchange of information on the telephone, over lunch or via the e-mail. It should be taken seriously and conducted face-to-face on a formal basis to meet state boards of social work requirements and the ethics of the social work profession. Despite the hard work involved, many supervisors receive great satisfaction in sharing their knowledge to help supervisees grow and develop in professional competency.

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NASW receives many telephone calls from social workers who are transitioning from clinical practice to supervisory functions or adding supervision to the list of services offered in their private practices. They are seeking guidance on how to provide social work supervision and enhance their supervisory skills. Many social workers have limited preparation for assuming a supervisory position and little supportive assistance for performing their new assignment (Kadushin, 1992). This practice update was developed to provide the clinical social work supervisor with the basic requirements necessary to provide effective supervision to the social worker desiring to become competent in clinical practice.

Definition

There are references to social work supervision dating back to the early 1900s. 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 (Kaduskin, 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 organization's 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 by analyzing the social worker's interaction with the patient. The supervisor teaches the social worker what he or she needs to know to provide specific services to specific patients.

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

Some state regulatory boards and professional credentialing bodies may have their own specific definitions of supervision. Clinical social work supervisors should familiarize themselves with these definitions in their states of practice.

Consultation is sometimes confused with supervision, but there is a distinction between the two. Although consultation may involve some of the same functions of a supervisor, it does not usually carry administrative responsibility and accountability. The consultant can make recommendations but has no power to implement sanctions against a social worker when problems arise. Consultants have expertise in a certain area and are usually retained by an experienced social worker of several years for case consultation and review.

Purpose

The purpose of supervision is to enhance the clinical social worker's professional skills, knowledge, and attitudes in order to achieve competency in providing quality patient care. It aids in professional growth and development and improves 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 clinical social workers require a minimum number of hours of supervision for certifications. For example, NASW requires a minimum of 2 years of post-master's experience in a clinical setting as one of the eligibility criteria for the Academy of Certified Social Workers (ACSW); (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; and (4) there may also be internal administrative requirements or external accreditation requirements for supervision.

Qualifications

Social workers who are transitioning from clinical social 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 essential for competency in a new supervisory role with different responsibilities.

NASW has published a list of 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 the 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 organizational policies of the workplace setting of the supervisee
- Be familiar with the community resources available to the supervisee for appropriate referrals of patients

Schedule

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

- A regularly scheduled meeting at a mutually agreed time. (Neither supervisor nor supervisee should be hurried or harried.)
- Conducted in a comfortable private place with protection from interruptions

Frequent supervision is very important for the new social worker who is pursuing a clinical license. Agencies, licensing bodies and third-party payers may have supervision requirements. State boards of social work may dictate the number of hours required for supervision for licensure purposes. Third party payers may also dictate supervision for credentialing requirements. It is important for social work supervisors to be aware of the supervision licensure requirements in their state to ensure compliance and to be knowledgeable of third party payers' requirements especially if supervisees are interested in becoming mental health providers.

In addition, the most current version of *NASW Standards for the Practice of Clinical Social Work* (1991) recommends at least one hour of supervision for every 15 hours of face-to-face contact with a patient 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 patients.

Clinical social workers with five or more years of experience should seek supervision as needed or establish a consultative relationship with a qualified consultant when assistance is required with practice concerns.

Content

Supervision generally has two major objectives. The first is case management, which includes understanding of the patient in her or his 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 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 relevant to the supervisee's practice setting

It is helpful for the supervisor to develop an educational assessment by evaluating the supervisee's current level. The assessment determines how the supervisee learns and what he or she needs to know to intervene effectively. The supervisor and the 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 a critical analysis of the work performed and the next planned steps
- 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 and 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 the 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 the 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 patient and can be held liable for negligent or inadequate supervision related to negligent conduct by the supervisee.

Direct liability may be charged against the supervisor when inappropriate recommendations carried out by the supervisee bring harm to the patient. Direct liability also 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 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 patient should be identified and appropriate remedial measures 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.

Summary

In addition to provisions of counseling and therapeutic services, clinical social workers in private practice are also providing supervision to social workers desiring to become mental health providers. Social work supervisors should familiarize themselves with the supervisory requirements of regulatory and accreditation bodies, professional entities, and third party payers who may require formal supervision for licensure, certifications and payment. Educational supervision, also known as clinical supervision, is the major type of supervision for one desiring to become a clinical social worker. It analyzes the social worker's interactions with the patient. It is important to document all activities of supervision. Both the supervisor and supervisee are responsible for the services provided to the patient and can be held liable for negligent practices.

REFERENCES

- Barker, R. (1999). *The social work dictionary*. NASW Press: Washington, DC.
- Kadushin, A. (1992). *Supervision in social work*. Columbia University Press: New York.
- NASW Delegate Assembly. (1999). *Code of ethics*. NASW Press: Washington, DC.
- NASW National Council on the Practice of Clinical Social Work. (1994). *Guidelines for clinical social work supervision*. NASW Press: Washington, DC.
- NASW National Council on the Practice of Clinical Social Work. (1991). *NASW guidelines on the private practice of clinical social work*. NASW Press. Washington, DC.

ADDITIONAL RESOURCES

- Bernstein, B. and Hartsell, T. (1998). *The portable lawyer for mental health professionals*. John Wiley & Sons: Canada.
- Houston-Vega, M., Nuehring, E., and Daguio, E. (1997). *Prudent practice: a guide for managing malpractice risks*. NASW Press: Washington, DC.
- Jacobs, D., David, P., and Meyer, D. (1995). *The supervisory encounter: A guide for teachers of psychodynamic psychotherapy and psychoanalysis*. Vail-Ballou Press: New York.
- Mead, D. Eugene. (1990). *Effective supervision: A task-oriented model for the mental health professions*. Brunner/Mazel: New York.
- Shulman, Lawrence. (1995). Supervision and consultation. *Encyclopedia of social work*. NASW Press: Washington, DC.