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Clinical Supervision for Social Workers

Section 1: Introduction

References: 1, 2, 3, 4, 5

According to the U.S. Bureau of Labor Statistics (2024), there were over 750,000 social workers in the U.S. in 2023. The profession is also expected to see above-average growth in the next 10 years when compared to other occupations in the nation. The American Board of Clinical Social Work (n.d.) states there are 250,000 clinical social workers in the U.S., which is a fraction of the total number of social workers, but they are the largest group of mental health and healthcare providers in the country.

Even though the field of social work is growing, evolving, and changing, at the heart of the profession are its embedded ethics and values of service, social justice, dignity and worth of a person, human relationships, integrity, and competency (National Association of Social Workers, 2021). In recent years, social workers in the U.S. have encountered more challenges and complex dynamics in both individuals' lives and in our society, which have brought to light the importance of having established ethics and values that social workers can rely on. There are certain trends that have formed in the field, including economic inequality, issues accessing care, a mental health crisis, an aging population, substance abuse, and trauma. There are also anticipated future trends that involve advancements in technology, interdisciplinary approaches in education and research, clinical practice with a trauma-informed lens, understanding multifaceted, interconnected social systems, and advocating for environmental and global well-being (Moleka, 2023). According to Moleka (2023), these trends have highlighted “the need for social workers to adapt, innovate, and be equipped with the necessary knowledge, skills, and competencies to effectively address these challenges and leverage emerging opportunities” (p. 9).

Considering this information, clinical supervision continues to be one of the most important professional activities that social workers can engage in (Roberts, 2022). It is an essential piece of the ongoing training and education that is required to develop and strengthen a competent, skillful workforce that serves millions of people every year. Clinical supervision also gives social workers an opportunity to obtain their advanced licensure, which can lead to practicing independently and at a higher level, with the skills and knowledge they need to work through the issues they will face in their careers.

Section 1 Reflection Question

What recent trends have you noticed in your clinical practice?

Section 2: What is Clinical Supervision?

References: 6, 7

In the best practice standards developed by the National Association of Social Workers [NASW] and Association of Social Work Boards [ASWB] (2013), clinical supervision is defined as:

> *The relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. The supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process (p.6).*

There are three primary domains that describe the activities of supervision: administrative, educational, and supportive. These domains can overlap, but a

combination of all three is essential for developing professional, ethical, and competent social workers (NASW & ASWB, 2013).

Bernard and Goodyear (2019) further define clinical supervision as:

> *An intervention provided by a more senior member of a profession to a more junior colleague who typically (but not always) are members of that same profession. The relationship is evaluative and hierarchical, 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 the clients that she, he or they sees, and serves as a gatekeeper for the particular profession the supervisee seeks to enter (p.7).*

These authors add, "Clinical supervision is the instructional strategy that most characterizes the preparation of mental health professionals" (p. 2). Clinical supervision provides protection for clients, support for practitioners, and ensures that social workers are competent and uphold their ethical and professional standards when delivering services (NASW & ASWB, 2013). All of these are especially important in mental health care.

While there are challenges to providing and receiving clinical supervision, it gives social workers opportunities for professional and personal growth. Though clinical supervision primarily develops social workers who are acclimating to the field and working towards their advanced licensure, it is also beneficial for experienced social workers who need support to work through challenging cases and issues. Learning from a supervisor and/or colleague who has experience in the field can help broaden perspectives, knowledge, and understanding of the work. Furthermore, it may give a social worker the opportunity to look inward to learn more about themselves on a personal level.

Section 2 Key Terms

Administrative supervision - This domain is focused on organizational policies, demands, and how the supervisee is performing in their job. It is the same as management and allows social workers to provide effective services to their clients.

Educational supervision - This domain helps supervisees better understand the field, improve their skills and knowledge, and increase their self-awareness. It is more focused on cases and learning how to assess, treat, intervene, identify and resolve issues, evaluate services, and terminate relationships with clients.

Supportive supervision - This domain supports supervisees as they learn to cope with work stress. This type of supervision is effective when the supervisee can trust their supervisor and feel safe with them, ultimately supporting their success and encouraging their professional growth.

Section 2 Reflection Question

How do you incorporate each domain of clinical supervision into your practice?

Section 3: Clinical Supervisor Qualifications

References: 6, 8

In a report from the ASWB (2024), it was noted that the qualifications to provide clinical supervision vary greatly by jurisdiction (state) as each board determines its own requirements. In the best practice standards published by the NASW & ASWB (2013), in general, clinical supervisors should have the following qualifications:

- Hold a current license at or above the level of the supervisee.

    - This license must also be in the state where both social workers are in practice.
- Have a Master's degree in social work from a program that is accredited by the Council on Social Work Education (CSWE).
- Pass the clinical exam that's provided by the Association of Social Work Boards.
- Complete their own hours of supervised clinical practice and continuing education in supervision.
- No violations through their state licensing board.

There may be other aspects of supervision that are required based on the supervisor's jurisdiction.

The ASWB (2024) has a law and regulations database where social workers can research clinical supervision requirements and compare them by state. Supervisors can also reference the online resources and support staff at their state board to learn more about the requirements for providing clinical supervision.

Section 3 Reflection Question

What resources have been helpful to you in learning about the requirements for clinical supervision?

Section 4: Clinical Supervision Methods

References: 3, 6, 7, 9, 10, 11, 12

While there are different, effective methods for providing clinical supervision, individual supervision is the most common one. Group supervision is another

method that is used. Supervisors and supervisees may engage in in-person and/or technology-mediated supervision. Each state social work board has their own regulations for the acceptable methods of clinical supervision, therefore, supervisors and supervisees should know them. In addition to knowing the regulations in their jurisdiction, clinical supervisors need to be informed about the laws that impact their practice and the supervisee's practice. Furthermore, clinical supervisors need to be cognizant of the ethical issues that can impact the supervision process (Corey et al., 2021).

Individual Supervision

Bernard and Goodyear (2019) state, "Individual supervision is the cornerstone of professional development" (p. 162). In this format, the supervisor and supervisee will meet one-on-one at a regular cadence. The amount of time that is required for individual supervision is determined by the state's social work board.

Common techniques that may be used in individual clinical supervision include:

- verbal self-report
- case notes
- live observation
- audio and/or video recording

(Bernard and Goodyear, 2019).

There are other techniques that may be used in supervision, such as role-playing and modeling (Substance Abuse and Mental Health Services Administration, 2014). Each technique has its own advantages and disadvantages that need to be considered throughout the supervision process.

Most often, the supervisee will use the technique of verbal self-reporting to present cases and engage in consultation with their supervisor without using other techniques. The use of verbal self-reporting alone has limitations as the supervisor may receive incomplete information or a case review that is solely based on the supervisee's vantage point, and the supervisee may avoid talking about problems they are experiencing with their clients or in particular situations. Engaging in verbal self-reporting along with direct observation methods, such as live observation or audio and/or video recording, is recommended. Both can give a supervisor a clearer understanding of their supervisee's skill level, which can promote accurate evaluation of corrective feedback and further their professional development.

Individual supervision has been found to be effective when it is done in combination with group supervision (Corey et al., 2021).

Group Supervision

Bernard and Goodyear (2019) share the following definition of group supervision:

> *The regular meeting of a group of supervisees with a designated supervisor or supervisors to monitor the quality of their work and further their understanding of themselves as clinicians, of the clients with whom they work, and of the service delivery in general. These supervisees achieve these goals with the help of their supervisor(s) and the feedback from interactions with others (p.191).*

This form of supervision is often complementary to individual supervision and has its own benefits and limitations to consider. There are different group dynamics, processes, and models to think through as well. The learning techniques used in group supervision can be dependent on the model and how the group is structured (Bernard and Goodyear, 2019).

In-person Clinical Supervision

In-person clinical supervision is a common method that is used, though technology-mediated supervision has become more common since the COVID-19 pandemic. It is still the preferred method of supervision for some social workers and provides more opportunities for a personal connection in the supervisor-supervisee relationship.

Legal and Regulatory Issues

There are various legal and regulatory issues that can arise during the clinical supervision process. One legal issue is liability. Since social work supervisors share responsibility for the services the supervisee provides to their clients, they need to be informed of their state laws and the various types of liability.

There are a few forms of liability to highlight, including direct, vicarious, and strict.

- Direct liability could be found when a supervisor's actions caused harm to someone, including not providing adequate supervision (negligence) to a supervisee or if they recommended and documented an intervention that caused harm (Corey et al., 2021; Bernard & Goodyear, 2019).
- Vicarious liability could be found when the supervisor is held responsible for the actions of the supervisee, such as negligence in their clinical practice. The actions of the supervisee would need to fall within the scope of the clinical supervision relationship.
- Strict liability means a clinical supervisor is found responsible for all the supervisee's actions. This means they could be found liable for the supervisee's misbehavior even when they've provided legal and ethical supervision (Bernard & Goodyear, 2019).

Risk management strategies for these forms of liability include:

- Screening a supervisee before agreeing to supervise them
- Building and maintaining a trusting relationship with the supervisee and meeting with them regularly
- Creating a mutually agreed upon contract that allows for informed consent and outlines goals, the plan supervision and evaluation, problem-solving methods, the endorsement process, and termination of the relationship
- Using various techniques in supervision
- Monitoring the supervisee's actions to ensure they are meeting the standard of care
- Taking action to mediate any issues
- Establishing and maintaining boundaries
- Documenting each supervision session separately from the supervisee
- Seeking consultation when needed
- Carrying liability insurance

  (Bernard & Goodyear, 2019; NASW & ASWB, 2013)

When a clinical supervisor works for the same agency as the supervisee, there is another layer of liability, which can be impacted by the level of responsibility and authority they have in their position. Supervisors can learn about their liability in the workplace by referencing agency policies, a job description, and/or a contract. It is important for a supervisor to be informed of their state laws and agency policies when considering their liability in the supervision relationship, and to have a risk management plan in place to protect all people involved, including the supervisee's clients. Furthermore, both the supervisor and supervisee should carry professional liability insurance (NASW & ASWB, 2013; Corey et al., 2021).

There are additional considerations if the supervisor does not work at the same agency as the supervisee. The supervisee should check with their state social work board for more information.

Another legal issue that can arise in clinical supervision is the duty to warn, protect, and report. While these duties can vary by state, the supervisor needs to be informed of their responsibilities, including at both the state and agency level, and be sure that the supervisee is knowledgeable about their duties as well. Both clinicians must be able to complete an assessment that helps determine the level of risk to the client and any possible victims. While it is not expected that clinicians will be able to predict future behavior, they are expected to assess the situation, use their judgment, take the appropriate steps to report danger (when they have determined the need to do so), and document all their decisions. Implementing risk management strategies, in addition to the ones listed above, is also important when it comes to these duties. These can include:

- Informing clients of confidentiality and its limits throughout the clinician/ client relationship
- Making appropriate referrals
- Documentation that includes justification of decision-making

(Corey, et al., 2021; Bernard & Goodyear, 2019).

When considering regulatory issues, each state social work board determines the qualifications for becoming a clinical supervisor and maintaining this level of licensure, requirements for advanced licensure, acceptable supervision methods, and any other supervision requirements. Therefore, clinical supervisors and supervisees should be informed of the regulations in their jurisdiction.

Ethical Considerations

There are several ethical considerations in clinical supervision, including supervisor competency and ethical behavior, teaching ethical decision-making, boundaries, and multiple relationships. It is important for supervisors to be cognizant of these considerations and know how to address an ethical issue when it arises. The NASW Code of Ethics (2021) specifically addresses ethical responsibilities in supervision and "serves as a guide to assist supervisors in working with ethical issues that arise in supervisory relationships" (NASW & ASWB, 2013, p. 21).

Corey et al., (2021) state, "Some critical ethical issues in supervision are balancing the rights of clients, the rights and responsibilities of supervisees, and the responsibilities of supervisors to both supervisees and their clients" (p. 160). Supervisors are encouraged to talk with their supervisees about the rights and responsibilities they both have in supervision and how these will be evaluated from the beginning of the relationship in the same way clinicians do when they enter into a therapeutic relationship with a client. This helps the supervisee understand expectations, make decisions, and be an active participant in the supervision process (Corey, et al., 2021).

One of the main ethical responsibilities of clinical supervisors is to provide the training and experiences the supervisee needs in order to be an ethical, effective clinician who can practice independently at a higher level. In order to meet this responsibility, supervisors need to be competent and skilled in providing clinical supervision and seek the education and training they need to take on the role and maintain it. They need to provide supervision on clinical situations and issues that fall within their scope of practice and areas of competency only. They may need to refer a supervisee to another colleague if they need training and/or consultation that falls outside of their scope.

Another ethical consideration is the supervisor's responsibility to teach a supervisee ethical decision-making. There are different approaches in this area. Supervisors should be able to discuss the approaches with the supervisee as well as model ethical decision-making processes for them (NASW & ASWB, 2013; Corey, et al., 2021).

Boundaries are an additional ethical consideration. They not only serve as an opportunity for the supervisor to model appropriate boundaries as a supervisee would do with their clients, they also decrease the chance that the supervisor will have multiple roles in the supervisee's life that could impact their relationship in negative ways. For example, supervisors should not serve as the supervisee's therapist and have a responsibility to refer them to a professional therapist. A boundary issue needs to be addressed immediately by acknowledging it, assessing how the issue has impacted supervision, and working to resolve the issue. Also, in the area of boundaries, it is recommended that supervisors not share personal information with the supervisee unless it supports the goals of supervision (NASW & ASWB, 2013; Corey, et al., 2021).

Corey et al., (2021) also acknowledge the hierarchy in the relationship between a supervisor and a supervisee. Since clinical supervisors often take on multiple roles, it would be unethical for them not to be aware of their own behavior and influence. Therefore, it is important for clinical supervisors to be ethical role models and engage in ethical practices throughout the supervision process.

Technology-mediated Clinical Supervision

The opportunities for technology in clinical supervision are growing over time. Technology can enhance the methods and processes for clinicians at any stage of their professional development. Technology also makes supervision more

accessible to those who previously had limited access to it (Bernard & Goodyear, 2019).

The NASW, ASWB, CSWE, and Clinical Social Work Association (CSWA) (2017) published technology standards to help guide social work practice. There is a standard for clinical supervision which states the following:

> *Social workers who use technology to provide supervision shall ensure that they are able to assess students' and supervisees' learning and professional competence.*

Interpretation: Some social workers use technology to provide supervision in a timely and convenient manner. When using technology to provide supervision, social workers should ensure that they are able to sufficiently assess students' and supervisees' learning and professional competence and provide appropriate feedback. Social workers should comply with guidelines concerning the provision of remote supervision adopted by the jurisdictions in which the supervisors and supervisees are regulated. Social workers who provide remote supervision should comply with relevant standards in the NASW Code of Ethics, relevant technology standards and applicable licensing laws and regulations, and organization policies and procedures (p.53).

Current technology allows for the use of internet-based tools when providing clinical supervision, including "video conferencing, webcams, iPads, virtual reality, the internet cloud, supervision software, wikis, emails, and texts (Corey et al., 2021, p. 112). While research has shown technology's effectiveness in supervision, the quality of supervision and the ability to have successful communication electronically requires competency and skill on behalf of the supervisor and supervisee, and having the required equipment (NASW & ASWB, 2013).

Technology-mediated clinical supervision can be provided primarily online or in a hybrid format that includes in-person meetings and online methods (Corey et al., 2021). The same standards and legal, regulatory, and ethical issues of in-person supervision (as outlined above) also apply in this setting, but there are additional considerations.

Legal and Regulatory Issues

Similar to in-person supervision, the clinical supervisor and supervisee need to be informed of the laws and regulations for engaging in technology-mediated supervision. According to the NASW & ASWB (2013), "all applicable federal, provincial, and state laws should be adhered to, including privacy and security rules that may address patient rights, confidentiality, allowable disclosure, and documentation and include requirements regarding data protection, encryption, firewalls, and password protection" (p. 23).

One federal law that addresses privacy is the Health Insurance Portability and Accountability Act (HIPAA). HIPAA "sets standards for the use, storage, and disclosure of patient information" (Bernard & Goodyear, 2019, p. 182). Supervisors and supervisees should be informed of HIPAA and the regulations set by their state social work board and put them into practice as this promotes compliance (Bernard & Goodyear, 2019; NASW & ASWB, 2013).

One consideration in technology-mediated clinical supervision is related to transmitting confidential client information via the Internet. Just as HIPAA-compliant platforms should be used in telehealth therapy, they should also be used for videoconferencing during supervision sessions and when completing and exchanging documentation. There also needs to be backup methods in case technology fails, procedures for backing up data and deleting confidential information, and additional software security (Bernard & Goodyear, 2019).

Ethical Considerations

Just as clinical supervisors need to be competent in providing supervision and only provide it in the areas that are within their scope of practice, they also need to be competent in using technology. This competency in technology not only applies to providing clinical supervision in this manner, but also if they need to intervene with a supervisee's client who is being seen using telehealth. Therefore, it is recommended that supervisors are competent in telehealth best practices and able to step in for the supervisee if needed. They should also be aware of the risks and benefits of using technology in social work practice and know how to implement them in the supervision process for the supervisee's learning (NASW & ASWB, 2013; Bernard & Goodyear, 2019).

Confidentiality is also an ethical issue. Supervisors need to ensure they are keeping the information shared in supervision confidential. The supervisor and supervisee should establish their methods of communication and identify the ways they are going to keep the information they exchange confidential. It can be helpful to include this in the supervision contract. When engaging in supervision via the Internet, there is no guarantee that information will be kept confidential. Therefore, all parties involved, including the supervisee's clients, need to be informed of this risk (Grames, et al., 2022).

Overall, clinical supervisors need to be mindful of the environment in which they are providing technology-mediated clinical supervision and be able to evaluate if this form of supervision is effective and meets the needs of the supervisee (Grames, et al., 2022). This will help foster legal and ethical clinical supervision practices when using technology.

Section 4 Key Terms

Verbal self-report - The supervisee recalls cases and discusses them with their supervisor.

Case notes - The supervisor and supervisee use documentation to review cases. The supervisor may also provide feedback about the supervisee's documentation.

Live observation - The supervisor observes a session in real-time and provides feedback afterwards.

Audio and/or video recording - The supervisor and supervisee either listen to or watch sessions and talk about what occurred. They may also identify things that may have otherwise gone unnoticed.

Liability - A determination that is made in court. There are different types of liability, including direct, vicarious, and strict.

Risk management - Strategies used primarily by the supervisor to limit any harm to the supervisee and their clients.

Section 4 Reflection Questions

What issues have you encountered in the supervision process? How did you handle them?

Section 5: Clinical Supervision Models

References: 3, 7, 9, 13

Clinical supervision models are the approaches or frameworks that are used to guide the supervision process and the relationship between the supervisor and supervisee, and meet the learning needs of the supervisee. Bernard and Goodyear

(2019) state models of supervision “can also attend to the organization content as well as societal and professional contexts. Models have also been developed that attend to the supervision of therapy with specific client populations.” (p. 20). It is recommended that supervisors combine aspects from different models of supervision instead of being solely focused on one, making them more personalized to themself and the supervisee (Bernard & Goodyear, 2019).

Psychotherapy-Based Models of Supervision

There are several different psychotherapy-based models, including psychodynamic, cognitive-behavioral, humanistic, and solution-focused. These models use concepts in clinical supervision that are used in psychotherapy practice. To the supervisee, clinical supervision may feel like therapy because the supervisor uses the same approaches to conduct supervision that they would use in therapy with a client. For example, a supervisor trained in cognitive-behavioral therapy may use techniques like creating a safe environment, structuring the supervision session, addressing the supervisee’s thought process, and reflecting on the impact of negative emotions, all in an effort to work on learning and change. While it is common for a clinical supervisor to use a model that relates to their therapeutic approaches, they also need to be flexible and consider the supervisee’s learning needs.

While each approach is different from the others, there are common threads between them. Some of these include:

- The models are focused on the supervisee.
- Building and maintaining a relationship with another person is modeled.
- The supervisor is the more experienced person in the relationship who is teaching or guiding the supervisee.

- Skills of assessment, intervention, evaluation, feedback, critical thinking, problem-solving, and self-reflection are taught.
- Supervision is effective when the supervisee is motivated and has the ability to grow and change throughout the supervision process.

Clinical supervision started with psychotherapy-based models, and they are still used today. There are a few strengths to using these models in supervision. One is the modeling that they provide to supervisees who are interested in using certain approaches in their own therapy practice. Another is the opportunities that supervisees have to experience these approaches, which can help them understand their clients' experiences and reactions better. Additionally, these models promote change and growth, which is beneficial for a clinical social worker in training. One limitation is that if a supervisor uses one model in particular, the supervisee may receive less clinical experience and be committed to one therapeutic approach (Bernard & Goodyear, 2019).

From a legal and regulatory standpoint, supervisors and supervisees should follow the laws and regulations for clinical supervision. While research has shown that in-person and technology-mediated are both effective methods for providing clinical supervision, using technology with psychotherapy-based models may limit the supervisor's full understanding of the supervisee as they may not be able to pick up on things like non-verbal cues, which can be important to the psychotherapy and supervision processes (Falender & Shafranske, 2021).

From an ethical perspective, clinical supervisors and supervisees need to be careful with boundaries, as using therapeutic techniques in a non-therapy relationship may blur boundaries and confuse both people about the nature of their relationship (Bernard & Goodyear, 2019). Supervisors should also be mindful of their influence and power in the relationship. Additionally, supervisors need to

be aware of their competency with these different models and not supervise outside of their scope.

Developmental Models of Supervision

There are also several different developmental models, including the conceptual model, the integrated model, and the lifespan model. According to Corey et al. (2021), developmental models "view supervision as an evolutionary process, and each stage of development has defined characteristics and skills. Supervision methods are adjusted to fit the confidence and skill level of the supervisees as they grow professionally" (p. 72-73). The thought behind these models is that supervisees lack confidence and are less skilled earlier in their career (novice), but they consistently grow, develop confidence and skills, and become a clinician who practices independently (expert). The belief is that learning and growth are lifelong processes (Bernard & Goodyear, 2019; Corey et al., 2021).

Clinical supervisors should be flexible when using these models as they are based on the needs of the supervisee and their developmental stage. Supervisors consistently assess the supervisee's developmental stage based on their performance, provide feedback, and help them move to the next stage (Bernard & Goodyear, 2019). For example, the conceptual model uses eight professional issues (two examples are competence and professional ethics), and the supervisor assesses what stage (stagnation, confusion, or integration) a supervisee is in as they work through each issue. They also assess when the supervisee is ready to move on to the next issue. The stages are thought to be more cyclical, where the supervisee cycles through these stages and their skills. Other developmental models can be more linear, like the life-span model, where supervisees progress through phases (pretraining, student, and postgraduation) over a long period of time. Some common themes among developmental models are as follows:

- A focus on the supervisee
- There are developmental competencies that supervisees should display over time
- The supervision environment (the supervision being provided complements the supervisee's developmental level) is important to these models

(Bernard & Goodyear, 2019; Corey et al., 2021).

Developmental models are often used in clinical supervision today. One strength of these models is they "keep the supervisor attuned to the different needs of supervisees at different levels in their training" (Bernard & Goodyear, 2019, p 44). Another strength is these models are not focused on psychotherapy from the start of the supervision relationship, which can give supervisees different opportunities for professional development and refining their skills over time. One limitation of these models is they don't attend to different learning styles within the different stages of development. Another limitation is cultural differences are not considered in these models, which may impact the supervision process (Bernard & Goodyear, 2019).

From a legal and regulatory standpoint, supervisors and supervisees should follow the laws and regulations for clinical supervision. Supervisors also need to be mindful of their potential liability as they need to accurately assess a supervisee's developmental level and recommend interventions that are not outside of their scope.

From an ethical perspective, supervisors need to be aware of their competency with these different models and not supervise outside of their scope of practice.

Integrative Models of Supervision

Integrative models of supervision, also known as supervision process models, use more than one theory and technique and combine different methods from theoretical models. The thought behind these models is that no one approach to supervision can be fully effective in working with diverse populations. Therefore, flexibility is considered important, but there also needs to be structure in how the approaches are implemented. Many clinicians practice therapy from an integrative perspective, so these models are also often used (Corey et al., 2021). Integrative models of supervision include the discrimination model, the critical events model, and the systems approach model.

According to Bernard & Goodyear (2019), these models, when compared to psychotherapy-based and developmental modes, "add more description about how supervision is conducted" (p. 56). For example, in the discrimination model, the supervisor focuses on the supervisee's skills in intervention, conceptualization, personalization, and professional issues. Once the supervisor determines their skill level in these areas, they decide which role they need to take (teacher, counselor, or consultant) to achieve the mutually agreed upon supervision goals. In the critical events model, the supervisor focuses on smaller events in a supervisee's work and how they are handled. They determine the issue (a marker), focus on the tasks to address the issue, and monitor the outcome (resolution) for the supervisee, meaning if the supervisee had an increase in their knowledge, skills, self-awareness, or the supervisory alliance.

One strength of integrative models is they can be used alongside psychotherapy-based and development models of supervision. Another strength is they provide flexibility for the supervisor, which can help them better meet the needs of a supervisee. One limitation of these models is they do not put enough emphasis on theory or development, but that is only the case if they are not used in

combination with other models. Another limitation is more flexibility may cause frustration for supervisees who benefit from structure (Bernard & Goodyear, 2019).

From a legal and regulatory standpoint, supervisors and supervisees should follow the laws and regulations for clinical supervision.

From an ethical perspective, supervisors need to be aware of their competency with these models and not supervise outside of their scope. They also need to be sure they are providing the training and experiences the supervisee needs as they are working towards an advanced license. These models seem to be the most effective when they are used in combination with others. Therefore, it would be unethical for a supervisor to only use an integrative model without implementing other approaches that would meet the supervisee's learning needs.

Section 5 Reflection Questions

What developmental model(s) resonate with you? Which one(s) have you found to be effective in your supervision relationships?

Section 6: Barriers to clinical supervision

References: 14

Clinical supervisors may be barriers that impact their ability to provide effective supervision. An analysis done by Rothwell, et al. (2021) found the following barriers in clinical supervision:

- Lack of time and heavy workloads
- Staffing issues

- Lack of support from management and/or the organization
- Lack of supervisor training and support
- Lack of understanding and support when dealing with underperformance
- Lack of relationship and trust
- Lack of understanding about what supervision is and its purpose

Training is considered essential to working through some of these barriers. With ongoing clinical supervision training and experience, supervisors will be more knowledgeable and skilled in this area. It may also be helpful for clinical supervisors to have others who are in a similar role available to them for consultation, support, and professional development. Additionally, clinical supervisors can work on creating and/or supporting a culture within their organization that values clinical supervision and puts emphasis on its benefits like job satisfaction, reduced stress and anxiety, better working environment, and increased quality of care delivery (Rothwell, et al., 2021).

There may also be challenges with meeting regulatory requirements, especially because each state has its own laws and regulations, and these may change over time. It may be difficult to stay updated on changes due to other time constraints in their position. Additionally, if clinical supervisors are licensed in more than one state, it may be even more difficult to keep up to date on different regulatory requirements. To address these challenges, clinical supervisors can use resources including their state social work board, local chapter of the NASW, and the ASWB's law and regulations database to help them stay updated on information.

While there are many things about clinical supervision to consider, it is important and essential to the social work field, and being able to engage in it will only help advance the profession.

Section 6 Reflection Questions

What barriers have you faced in clinical supervision? What helped you navigate them?

Section 7: Case Study

Jamie is a licensed social worker (LSW) who recently started her first job after graduate school in an outpatient HIV clinic at her local hospital. Her clinical supervisor is Nancy, a licensed clinical social worker (LCSW) who has been in practice for over twenty years. Nancy has also provided clinical supervision to many social workers at the hospital in her career.

During their initial sessions, they learn more about each other's backgrounds and establish mutually agreed-upon goals. They also complete a supervision contract. One of Jamie's goals is to specialize in cognitive-behavioral therapy when working with patients and their caregivers. She also hopes to lead a support group for people who are newly diagnosed with HIV. Additionally, she wants to improve her skills in clinical documentation.

Nancy and Jamie decide to meet once a week for one hour. Nancy also connects Jamie with the LCSW who facilitates the hospital's LSW supervision group that meets once a week for one hour. Since they both have busy clinic schedules, they decided they could use the hospital's confidential email system for general questions but that the majority of their work together would be done in person during their weekly meeting. They also decide on a process for documentation.

1. What supervision methods and models should Nancy consider using with Jamie?

Section 8: Case Study Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What supervision methods and models should Nancy consider using with Jamie?

Nancy will use the methods of individual, in-person supervision. They can use the techniques of verbal self-reporting, live observation, role-playing, modeling, and reviewing case notes.

When considering supervision models, Nancy can use a psychotherapy-based model that is focused on cognitive-behavioral therapy, as Jamie hopes to specialize in this therapeutic technique. It may be beneficial for Jamie to learn other therapeutic techniques since she will be working with a diverse patient population. She and Nancy can explore this together in supervision. Jamie also hopes to develop and facilitate a support group, so she would likely benefit from learning more in this area. Nancy can model techniques for Jamie by welcoming Jamie to observe the support group that Nancy facilitates. Nancy will also want to consider developmental models of supervision to assess Jamie's skill development. Nancy can also consider an integrated model of supervision to help her determine what role she should take in the supervision process and how to best help Jamie achieve her goals in supervision.

References

American Board of Clinical Social Work. (n.d.). *What is clinical social work?* https://www.abcsw.org/what-is-clinical-social-work

Association of Social Work Boards. (2024). *Clinical social work supervision: Supervisor requirements*. https://www.aswb.org/wp-content/uploads/2024/06/Clinical-social-work-supervision-requirements-for-supervisors.pdf

Bernard, J., & Goodyear, R. (2019). *Fundamentals of clinical supervision*. Pearson. https://www.socialworker.com/feature-articles/practice/integrated-approaches-clinical-supervision-professional-development/

Corey, G., Haynes, R., Moulton, P., & Muratori, M. (2021). *Clinical supervision in the helping professions: A practical guide*. American Counseling Association. https://www.perlego.com/book/1978826/clinical-supervision-in-the-helping-professions-a-practical-guide-pdf (Original work published 2020)

Falender, C., & Shafranske, E. (2021). *Clinical supervision: A competency-based approach*. American Psychological Association. https://www.researchgate.net/publication/270605642_Clinical_supervision_in_a_competency-based_era

Grames, H., Sims, P., Holden, C., Rollins, P., Jeanfreau, M., & Fitzgerald, M. (2022). The changing face of telesupervision and digital training in response to COVID-19. *Journal of Family Therapy*. https://doi.org/10.1111/1467-6427.12415

Moleka, P. (2023). Present and future issues and trends in social work globally: A scholarly analysis. *International Journal of Criminology & Criminal Law, 1*(1), 7–10.

National Association of Social Workers. (2021). *Code of ethics*. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

National Association of Social Workers & Association of Social Work Boards. (2013). *Best practice standards in social work supervision*. https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbl4BuwI%3d&portalid=0

National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, & Clinical Social Work Association. (2017). *Technology in social work practice*. https://www.socialworkers.org/LinkClick.aspx?fileticket=bq9JrB-oVm4%3d&portalid=0

Roberts, D. (2022, October 11). *Integrated approaches to clinical supervision: A vital component of professional development*. *The New Social Worker*. https://www.socialworker.com/feature-articles/practice/integrated-approaches-clinical-supervision-professional-development/

Rothwell, C., Kehoe, A., Farook, S., & Illing, J. (2021). Enablers and barriers to effective clinical supervision in the workplace: A rapid evidence review. *BMJ Open*. https://doi.org/10.1136/bmjopen-2021-052929

Substance Abuse and Mental Health Services Administration. (2014). *Clinical supervision and professional development of the substance abuse counselor*. https://library.samhsa.gov/sites/default/files/sma14-4435.pdf

U.S. Bureau of Labor Statistics. (2024). *Occupational outlook handbook – Social workers*. https://www.bls.gov/ooh/community-and-social-service/social-workers.htm

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