



Practice Notes:

Supervision: At the Core of Competent and Ethical Practice

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Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the professional practice department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

Supervision and the opportunities that it provides for critical self-reflection and professional growth are central components of ethical social work and social service work practice. The literature on post-degree supervision consistently indicates that good supervision enhances job retention, increases job satisfaction, reduces turnover within organizations and protects practitioners against burnout.¹ Perhaps most importantly, it promotes high quality care for clients and is required for both social workers and social service workers under the College's Standards of Practice.² *The Social Work Dictionary* defines supervision as "an administrative and educational process used extensively in social agencies to help social workers further develop and refine their skills, enhance staff morale, and provide quality assurance for the clients".³ Yet in a climate of budgetary restraint, restructuring and/or an emphasis on increasing the number of clients served in many health and social service settings, many registered social workers and social service workers may find themselves with less or little access to traditional models of supervision.

Although the College does not have the authority to require employers to provide supervision (no matter how beneficial this might be to the organizations with whom College members are employed and the clients to whom they provide service), it does require its members to seek supervision as required, and to use it effectively. The Professional Practice Department regularly receives calls from members who are wondering whether the supervision they receive is adequate or is being provided by an

appropriate person. Some members also wonder whether they are themselves qualified to provide supervision. This article addresses two such scenarios to assist members in making sound ethical and professional decisions with respect to these important issues.

SUPERVISION: A PROFESSIONAL OBLIGATION

Members of the College may be faced with barriers with respect to access to supervision, as in the following scenario:

A member practising in a Family Health Team (FHT) called the Professional Practice department to consult about her work with a challenging client. She explained that she had graduated two years prior, and had recently started work at the FHT. The member said that she found herself dealing quite regularly with clients with serious mental health concerns with which she had little experience. The member was one of two social workers practising at the agency. She reported to a nurse manager, but had no clinical supervision other than monthly meetings with the other social worker. The member said that she found it difficult to address all her concerns about clients during these meetings. She called the College to find out if she could use the Professional Practice department as a resource for supervision.

This relatively new member faced a challenging practice reality: a growing number of organizations no longer provide clinical supervision to social work and social service work staff through a direct manager. While the literature on social work supervision outlines four main areas of focus in supervision (direct practice, professional impact, continued learning and job management), the current reality is often that only the job management aspect remains within the organization/agency⁴. Thus, members may feel that they are on their own when it comes to clinical supervision or supervision of direct practice. Managers to whom they report may be primarily concerned

with instrumental aspects of the job (including record-keeping, accreditation, organizational policies, mandate and caseload) as opposed to the clinically complex issues associated with assessment, intervention and evaluation of client interventions and the critical self-reflection which should accompany such work. Furthermore, activities related to assisting clients to navigate systems, and influencing those systems and advocating on clients' behalf do not generally form part of this kind of supervision.

As the regulatory body for social workers and social service workers in Ontario, the College does not have authority over employers. Thus, the College cannot require employers to provide supervision to its staff who are registered with the College, nor can it determine who should supervise social work or social service work staff. The *Code of Ethics and Standards of Practice Handbook, 2nd Edition* sets out the minimum standards of practice for members and provides some guidance in the area of supervision. According to the standards, it is up to each member of the College to ensure that "(as) part of maintaining competence and acquiring skills in social work or social service work practice ... (they) engage in the process of self review and evaluation of their practice and seek consultation when appropriate."⁵ Members must also be "aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly."⁶ When, as in the scenario described above, the client's needs fall outside the member's usual area of practice, the member should inform the client of this and offer to make an appropriate referral. If the client wishes to continue with the member, the member may continue to work with the client, providing that she "ensure(s) that the services... she provides are competently provided by seeking additional supervision, consultation and/or education".⁷

In this scenario, the member recognized that without supervision, she could not provide appropriate and competent care for certain of her clients. Given her relative lack of experience in the profession, this is not surprising. While the standards do not set out specific requirements regarding the frequency of supervision for members at different stages of their career, less experienced members may wish to arrange more frequent, structured and regular supervision as they develop their knowledge and skills and gain experience. However, even the most experienced member may encounter client situations that are challenging or outside their area of experience and competence, and all members must seek supervision or consultation in these circumstances.

Although it may be ideal for supervision to be provided by another member of one's profession, this arrangement is not always possible and is not required by the standards. Members should consider whether the supervisor in question has relevant expertise, experience in their area of practice and/or setting, and an understanding of the profession's values, ethics and standards of practice. If a member is being supervised by someone outside their profession, are there gaps or differences in perspective that could be addressed by seeking additional input, either through peers or outside the agency? In these circumstances, it may be necessary for members to be creative in obtaining the profession-specific supervision that they need.

While College members are encouraged to call the Professional Practice Department to discuss ethical and practice dilemmas, the focus of these calls is to identify relevant standards, to direct members to other College resources, and to help members in identifying pertinent issues regarding the situation at hand. Members may also be encouraged to consult more widely. Practice consultations are not, however, an adequate substitute for supervision. Therefore, in the scenario above, the member may need to be resourceful in order to obtain the supervision she needs. She may wish to raise the need for further education and more regular supervision with her manager. Some agencies may be willing to contract for supervision from outside the organization. Alternatively, the member may be able to obtain permission to meet more frequently with her social work colleague, thereby building a peer supervision model. The supervision literature suggests that rapport, trust and caring in addition to clinical expertise and knowledge are key aspects of all successful supervisory relationships.⁸ Members using a peer model of supervision must also be personally accountable to bring forth challenging cases. Many find that a structured format may be most effective. If neither of these options proves realistic, the member may need to seek outside supervision or consultation on her own initiative, perhaps with an outside supervisor or through an external peer group. When face-to-face meetings are not possible, members may wish to consider on-line or teleconference options, though issues of security and confidentiality take on a heightened importance in these arrangements. Members should note that Principle V: Confidentiality in the Standards of Practice distinguishes between consultation and supervision in the area of sharing client information when it notes that "in consultation, clients are not identified."⁹ Whatever the model chosen by the member, she will need to take steps to ensure that the person or people with whom she chooses to work are competent and have experience with, and an

understanding of, her setting and the issues with which she is faced.

In the scenario described above, the member felt that she would have agency support to increase time allotted for peer supervision. She decided to advocate on her own behalf, using the standards of practice and the information that she received through her consultation with the Professional Practice Department to support her case.

PROVIDING COMPETENT SUPERVISION

Members who have never provided supervision may be asked to do so when their agencies attempt to meet the needs of their social work and social service work staff from inside. In other situations, members may wish to expand their private practice to include the provision of supervision or consultation to staff within agencies and/or to others in private practice. This may seem like a natural evolution of their practice. Consider the following scenario:

A member who had been working in a family service agency for a number of years was asked to take on the role of clinical lead. In this new role, she would be expected to provide supervision to other staff. While the member was an experienced clinician, she had never provided supervision to other staff although she had acted as a field instructor for students in the past. She expressed some concern about taking on the role without a corresponding reduction in her direct service hours, as the agency appeared to favour an ad hoc approach to meeting with the staff on her team. The member called the Professional Practice Department to discuss whether she should take on this new role.

Supervision requires specialized skills that do not evolve automatically from direct practice. In fact, members may have little preparation for taking on supervisory positions and may sometimes find themselves with little support for assuming this very different role. Although the College does not define specific qualifications or experience required for members to supervise others, Principle II: Competence and Integrity states that members are “responsible for being aware of the extent and parameters of their competence and their professional scope of practice and (must) limit their practice accordingly.”¹⁰ Members who wish to take on a supervisory role should therefore explore opportunities to develop their supervisory skills, whether through additional formalized training, supervision of their supervision, or mentorship. Members would also be wise to consider whether they have the cumulative experience in the field, as well as the specific experience and expertise in

the setting in question and with the client population served to provide supervision competently.

Competence and experience are also important when it comes to providing supervision to students. This is certainly an area in which members can develop their supervisory and teaching skills, while making an important contribution to the future of the professions.¹¹ It is generally the educational institutions who establish criteria regarding the qualifications and experience required of those supervising their students. However, as in any area of practice, members must ensure that they also comply with the relevant College standards and that they are competent to provide the supervision in question.¹² Social work faculties and social service work programs may offer training in the supervision of field practicums that would assist members in developing their knowledge and skills in this area.

The documentation of supervision is a key aspect of practice that is sometimes overlooked. As stated in Principle IV: The Social Work and Social Service Work Record, the purpose of documentation includes establishing “accountability for and evidence of the services rendered”.¹³ Members providing supervision should “keep systematic, dated, and legible records for each client or client system served.”¹⁴ These records should generally include the dates of each session provided as well as a note of any cancellations, a description of the services provided, the questions and concerns addressed, and any recommendations made. Members may also wish to note their plan or follow up.

Members providing supervision should also be careful to maintain “clear and appropriate boundaries” with their supervisees, and to “avoid conflicts of interest and/or dual relationships with ... supervisees, that could impair (their) professional judgement”.¹⁵ It is possible, for example, that a member might be asked to supervise a former client, or a former supervisee might seek professional services from a member. In these circumstances, members should “seek consultation to assist in identifying and dealing with such potential conflicts of interest” in order to “take appropriate steps to address ... and ... eliminate the conflict.”¹⁶ Members should also be aware that the standards dealing with issues of confidentiality covered in Principle V: Confidentiality are also relevant to the provision of supervision.¹⁷

Supervisors, through their influence on those to whom they are providing this service, affect the quality of care provided to clients. They therefore share responsibility for the services provided and could be held accountable for inadequate supervision when a supervisee’s conduct is in

question.¹⁸ In relation to such accountability, members should be aware that the Professional Misconduct Regulation, O. Reg. 384/00 made under the *Social Work and Social Service Work Act, 1998* defines “failing to supervise adequately a person who is under the professional responsibility of the member and who is providing a social work service or a social service work service” as an act of professional misconduct.¹⁹ Thus, in addition to ensuring that they are competent in this area, members would be well-advised to ensure that sufficient time and structure are in place to provide adequate supervision. They should also obtain suitable liability insurance. In the scenario above, the member decided that she did not have sufficient support within her organization to take on the supervisory position. Although she was concerned about how her agency might react to her decision, she decided to decline the opportunity to become the clinical lead.

This article has discussed some of the professional obligations associated with supervision. In ever-evolving and challenging practice environments, members must be committed to meeting their own needs for supervision and/or developing their supervisory skills in order to ensure that clients are served competently, ethically and responsibly.

For more information about this or other practice issues, please contact the Professional Practice Department at practice@ocswssw.org

¹ Bogo, Marian, Jane Paterson, Lea Tufford and Regine King “Interprofessional Clinical Supervision in Mental Health and Addiction: Toward Identifying Common Elements” in *The Clinical Supervisor*, 30, 2011. Print. p. 125

² Hair, Heather. “Post-Degree Supervision Needs of Ontario Social Workers: Executive Summary Report” January 2009 www.oasw.org, Web. 16 January 2012. p. 1

³ Barker, Robert. *The Social Work Dictionary*, 4th Edition, Washington, DC: NASW Press, 1999. Print. p. 473

⁴ NASW Press: *Encyclopedia of Social Work*, 2012. Web. 12 January 2012

⁵ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle II, Competence and Integrity, interpretation 2.1.5

⁶ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle II, Competence and Integrity, interpretation 2.1.1

⁷ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle II, Competence and Integrity, interpretation 2.1.1

⁸ Shulman, L. *The skills of helping individuals, families, groups and communities (5th edition)*, Belmont, CA: Thomson Brooks/Cole, 2006, *The Encyclopedia of Social Work Web*. 12 January 2012

⁹ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle V, Confidentiality, interpretation 5.8

¹⁰ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle II: Competence and Integrity, interpretation 2.1.1

¹¹ *Code of Ethics and Standards of Practice, Second Edition 2008*, *Scope of Practice of the Profession of Social Work and Scope of Practice of the Profession of Social Service Work*

¹² *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle II: Competence and Integrity, interpretation 2.1.1

¹³ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle IV: The Social Work and Social Service Work Record

¹⁴ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle IV: The Social Work and Social Service Work Record, interpretation 4.1.3

¹⁵ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle II: Competence and Integrity, interpretation 2.2.1

¹⁶ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle II: Competence and Integrity, interpretation 2.2.1

¹⁷ *Code of Ethics and Standards of Practice, Second Edition 2008*, Principle V: Confidentiality

¹⁸ National Association of Social Workers “Supervision and the Clinical Social Worker”, *Practice Update, Volume 3, Number 2*, June 2003, Web. 10 January 2012

¹⁹ S. 2.4, O. Reg. 384/00 (Professional Misconduct) made under the *Social Work and Social Service Work Act, 1998* www.e-laws.gov.on.ca Web