Clinical Supervision in Contemporary Organizations

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Overview

- Clinical supervision in social work: definitions and historical traditions
- Impact of supervision – empirical results
- Organizational context
- Enduring characteristics – empirical findings
- New approaches

Clinical supervision in social work: Historical traditions

- Workers are hired by an agency to do a job and supervisors oversee that the job is done well.
- Education and support as well as administrative functions
- Agency accountability and professional development of social worker
Supervision Defined

- A staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate the on-the-job performance of supervisees for whose work he or she is held accountable. In implementing this responsibility, the supervisor performs administrative, educational and supportive functions in interaction with the supervisee in the context of a positive relationship. The supervisor’s ultimate objective is to deliver to agency clients the best possible service both quantitatively and qualitatively, in accordance with agency policies and procedures. (Kadushin, 1976, p.21; 2002, p. 23)

Components of Supervision

- Administrative
  - Case assignment
  - Monitoring - assessment, intervention planning, and ongoing work
  - Ensure social workers implement agency policy and procedures and work within the structure of the agency
  - Evaluate the worker’s performance and participates in decisions about the supervisee’s career advancement and salary increases
Education
- Develop professional capacity of supervisees through enhancing their knowledge and skills
- Develop greater worker self-awareness
- Methods: Direct teaching and reflective discussion.

Support
- Help the worker handle emotional and social job-related stress
- Provide encouragement, reassurance, and appropriate autonomy
- Enhance staff morale and job satisfaction of social workers.

Interpersonal Dimensions
- The working relationship between client-worker and worker-supervisor-also referred to as parallel process
- More credible when supervisor’s use of authority was based on skill rather than simply position
Clarifications

- Clinical supervision focuses on the dynamics of the client situation, the social worker's interventions, and interactions between worker and client
- Less focus on agency
- Supervision and clinical supervision increasingly used interchangeably

Clarifications

- Not field instruction/education of students
- Consultant rather than supervisor – no authority or evaluation role
- Mentor or coach
- Peer supervision – a misnomer

Impact of Supervision

- Meta-analysis
- 27 studies of supervision
  - child welfare
  - social work
  - mental health
- Supervision contributed to positive and negative worker outcomes.

(MorBarak, M. E., Travis, D. J., Pyun, H., & Xie, B., 2009).
Impact of Supervision

- Task assistance
- Social and emotional support
- Supervisory interpersonal interaction

Task Assistance

- Educational, training, and instructional activities
- Provide workers with:
  - Tangible advice
  - Knowledge
  - Coaching
  - New or advanced skills
  - Solutions to respond to their work.

Support

Listening to and relating in a supportive manner to:
- workers’ emotional needs
- job-related stress, confusion, and feelings of being overwhelmed.
Interaction- Relationship

Interaction refers to workers’ perceptions of:
- the quality of the relationship with the supervisor in general, and
- their satisfaction with their supervisor or supervision.

Beneficial Effects

- Increased:
  - job satisfaction,
  - organizational commitment
  - retention,
  - job performance,
  - psychological well-being such as increased self-confidence and empowerment.

Detrimental Effects

- Related to:
  - intention to leave
  - turnover
  - job stress
  - burnout
  - negative psychological well-being such as depression and anxiety.
Key Finding

- "The results indicate that the task-assistance dimension has the strongest link to beneficial work outcomes" (MorBarak et al., 2009) p. 27.
- The key component for clinical leadership is content, practice knowledge and expertise of the clinical supervisor. Only with this expert knowledge can the leader/supervisor have legitimacy and influence. (Bogo et al., in review)
- Implications:
  - Expertise and content knowledge
  - Leader in evidence based practice
  - Ability to teach

Organization Context

Hospitals – program management
- Less supervision
- More use of practice councils

Mental health – program management
- More interprofessional supervision
- More use of groups

Child welfare – transformation
- From administration to clinical

Children’s Mental Health
- Less time for live supervision and reflecting team?

Aging
- US study found little supervision.

In jurisdictions that require supervision for licensing, social workers purchase private ‘supervision.’
Impact of Organization on Supervision

- Findings from empirical studies
- Organizational downsizing and cutbacks leads to a cycle
  - More demands, stress re: time
  - Fear job security
  - Reluctant to ask for help from supervisor "it is important to appear skilled and competent."

Organization Culture

- Culture of fear or of learning
- Making mistakes, being blamed for 'not knowing,' and being judged
- Learning organization
- Standards of practice

Organization Culture

- It is the response of the organization that will determine whether the disclosure of error leads to better practice or to a culture of fear
- Education and remediation is preferred to punishment and sanction
- Consequences must be seen as just
Organization can...

- Provide supervision and clear definition of the role.
- Provide intensive training on new models that will improve client outcome and worker sense of competence.
- New models are reinforced in supervision that focuses on using new knowledge and developing new skills.

Enduring Characteristics

Structure

- Available, regular and uninterrupted supervision which creates a safe, confidential holding environment.
- And ‘when I need it.’

Enduring Characteristics

Content

- New knowledge to practice more effectively - target "things that you are lacking."
- New treatment modalities and the related skill set are learned: evidence-based practice.
- Supervisor has expert content knowledge.
- Gain competence and hence confidence.
- Themes relevant to the setting – e.g. safety and self-care.
Enduring Characteristics
Content

- Provide expert input about "stuck places"
- Reflect on practice and social worker's feelings rather than only strategize the "next intervention" or client plan.
  - feelings, response to diversity, awareness of anti-oppressive practice dynamics
  - struggles as clinicians, counter-transference issues
- Explore issues in depth

Enduring Characteristics: Teaching Techniques

Teaching techniques

- Concrete experience
  - Video review
  - Going out with workers on cases
  - Observing workers and clients behind one way mirrors
- Reflective observation
  - Specific feedback, reinforcement, praise
  - Discussion and review
- Linkage to a knowledge base
  - Conceptualization
  - Explanation

Enduring Characteristics: Teaching Techniques

- Preparation for next intervention
  - Skill training
  - Role play
  - Observation of expert
  - Demonstration
  - Coaching
  - Review client goals and progress
- Planning
  - Assessment of competence
  - Identify learning goals and activities for achievement
  - Evaluation of progress
Enduring Characteristics: The Relationship

- Supervision needs to be a safe place to learn and grow
- Supervisors have faith in workers’ capacity – encourage growth and development, promote self-efficacy
- Importance of feeling validated and accepted e.g. “what you’re doing is really great but you could also look at it from this angle.”

Enduring Characteristics: The Relationship

- Reciprocal partnership exists with the supervisor (this models a parallel process with clients)
- There is respect for the stage a person is at in their career – delegate responsibility and encourage autonomy appropriately
- Supervisor is seen as a role model

Supervisors’ Role as Evaluator

- Supervisors also play the role of manager and evaluator: time consuming, must transition quickly from one role to another – need dialogue and transparency with workers.
- Dual role can inhibit open discussion
Formats
- Individual
- Supervision group
- Individual and group
- Peer group
- Interprofessional supervision – frequently with a service team

“New approaches” Group Supervision
- Mutual aid processes important
  - Feedback from peers
  - Sharing information
  - Learning from others
  - Exposure to multiple perspectives
  - Peer support
- Group supervisors who were perceived as competent in promoting mutual aid were valued.

Group Supervision
- Negative factors in group supervision:
  - Large group (mean=6; range up to 15-20)
  - Spending more time on administrative issues
  - Conflict in group – only small percentage
- Job satisfaction of workers in group supervision was influenced by:
  - Perceived quality of supervision
  - Perceived view of organizational support
  - Perception of supervisor’s skill
Inter-professional Supervision

- With the team
  - Stable
  - Small
  - Have low turn-over
  - Are cohesive

Value

- Feel supported by colleagues, they are “in it together”
- Richness of various perspectives and diverse knowledge
- Feel they learn from one another
- Availability of immediate assistance when needed
- Some professions valued team supervision more than discipline-specific supervision which was experienced as fault-finding

Conclusions

- Social workers continue to value supervision
- It promotes positive worker outcomes
- Yet to demonstrate link to client outcomes
- Challenges relate to time, resources, and role of evaluation
Conclusions

- Importance of organizational support for supervision and atmosphere of continuous professional learning
- Appoint as supervisors those with practice expertise
- New supervisors need training in the process of supervision
  - Concepts about teaching and learning
  - Relationship dynamics
  - Teaching techniques

Selected References

- Bogo, M., Paterson, J., King, R., & Tufford, L. (in review). Supporting a culture for interprofessional development in the mental health and addiction field: Messages from front-line clinicians.