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## **CHALLENGES IN CLINICAL SUPERVISION**

**By: Linda Openshaw**

**Presented at:  
NACSW Convention 2012  
October, 2012  
St. Louis, MO**

Challenges in Clinical Supervision

Linda Openshaw, DSW, LCSW

Professor & MSW Program Director

Texas A&M University-Commerce

## **Abstract**

*Clinical supervisors are the mentors and role models for the next generation of clinical social workers. The role of the clinical supervisor is to lead and guide supervisees to become more adept at using their skills and improving their ability to practice independently. Clinical supervision provides specific training on assessment, diagnosis, and treatment. There are many challenges and potential problems in teaching a supervisee how to practice ethically, and how to keep professional boundaries intact. This paper provides a brief overview of clinical supervision and the benefits and potential difficulties encountered by clinical supervisors and supervisees.*

### **Key Words:**

**Clinical Supervision**

**Professional boundaries**

**Ethical standards**

## **Defining Clinical Supervision**

Supervision provides a foundation for future social workers to learn practice skills from a qualified professional social worker, and is essential for the development of professional social workers. Because supervision is so critical in preparing clinicians there has been worldwide recognition of its value and importance. The goal in clinical supervision is to build on and advance the clinical social worker's skills, knowledge and attitudes in order to improve client care and to enhance the professional growth and development of the clinical social worker (Coleman, 2003). Clinical supervision provides specific training on clinical skills including: assessment, diagnosis, treatment, termination, and ethical practice standards. Clinical supervision is an area of specialization in clinical social work practice (ABCECSW, 2004, p. 2). Clinical supervision is recognized as different than non-clinical supervision by the Association of Social Work Boards (ASWB), the regulatory body that oversees social work licensure in the United States and Canada, and by most state licensure boards. The major challenge for the clinical supervisor is to assure that the practitioners they supervise will develop both the knowledge and ethical core within themselves to practice independently as a clinical social worker.

Clinical supervision is an advanced practice specialty that is at the highest level of social work practice because clinical supervisors prepare social workers to practice autonomously without the need for further supervision. The clinical supervisor makes the final decision in determining if an individual social worker is qualified for clinical practice. Clinical supervision provides specific training on the use of assessment, diagnosis, treatment and termination. The clinical supervisor must have "mastery of the relevant knowledge and skills of clinical supervision, and excel in helping supervisees to develop clinical skills

in their work with clients in many settings and contexts. Further, the supervisor specialist applies core social work principles to his/her work (ABE, 2002 & ABCECSW, 2004, p. 2)”.

The National Association of Social Workers (NASW) has defined clinical supervision in the following way:

“Educational supervisions 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” (Coleman, 2003, p. 1).

State regulatory boards and credentialing bodies may each have their own requirements and definitions of clinical supervision. Clinical supervisors need to become aware of the requirements in the state in which they provide supervision (Coleman, 2003, p. 1).

### **Who Can be a Clinical Supervisor?**

A supervisor must have the three following qualifications according to the Association of Social Work Boards.

- “a license to practice in the area in which supervision is going to be provided

- Specific coursework in supervision and/or a specified minimum number of continuing education hours
- a minimum of three years of post licensure experience in a supervisory role
- for ongoing currency, continuing education courses in supervision that are updated every five years, and approved by the licensing boards” (Association of Social Work Boards, 2009, p. 7).

The National Association of Social Workers published guidelines for Clinical Social Work Supervision. These guidelines include those listed above as well as the following:

- 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” (Coleman, 2003, p. 2).

Individual state regulatory boards require a specific number of hours of clinical supervision. The supervision must take place within a set amount of time, a certain number of hours per month. The NASW Standards of Practice for Clinical Supervision recommends one hour of supervision for every 15 hours of face-to-face contact with a patient during the first two years of professional experience, and reduce supervision to one hour for every 30 hours of face-to-face contact with patients after the first two years of practice (Coleman, 2003, p. 2).

Clinical supervision should take place at a time that is regularly scheduled with either a group or individuals receiving supervision from the same supervisor. It is unethical to carry on supervision in a setting that is not private because of the confidential nature of the cases that will be discussed. Supervision should be conducted in a private setting with no interruptions.

### **Functions and Roles of the Clinical Supervision**

Clinical supervisors have many roles. They provide leadership and act as a liaison between the supervisee and the state regulatory board where they disclose statements about the supervisee's level of competence. They serve as teachers and role models. They demonstrate practice skills and act as mentors. The supervisor's skill level impacts the process of supervision for both the supervisor and supervisee. As Stated by O'Donaghue (2006) "supervision is so fundamental to providing competent professional social work services that all employers must provide supervision, if it requires them to look outside of their own organization for supervision" (p. 8).

A clinical supervisor must also teach supervisees how to utilize the most current and effective evidence-based theories in practice. Evidence-based practice refers to the "conscientious, explicit and judicious use of current best evidence in making decisions" regarding the care of clients (Milne & Reiser, 2011, p. 149). A challenge for the clinical supervisor is to recognize therapist drift which refers to "low fidelity in the implementation of a therapy" such as ignoring key tasks (Milne & Reiser, 2011, p. 140).

Some states are now regulating a course for clinical supervisors that provides information that the clinical supervisor should know. Many supervisors have had no specific training on how to do the supervision, thus creating a need for evidence-based clinical supervision. Those

supervisors who are having success should write articles that would give new supervisors some guidance. An “evidence-based clinical supervision process is vital in providing a flexible, intelligent way to adapt to changing contexts or demands” (Milne & Reiser, 2012, p. 149).

### **Supervision and Therapy**

There is a concern that clinical supervision should not become therapy, and indeed, there is a fine line between helping a supervisee develop clinical skills and exploring personal issues with therapy. It has been argued by Schamess (2006) that clinical supervision “should be designed to achieve both educational and therapeutic goals” (p. 428). The concept of parallel processes was developed by Ekstein and Wallerstein in their (1958) text: *The Teaching and Learning of Psychotherapy*. Taibbi (2013) describes parallel processes as the supervisor/therapist relationship interlocking and with the therapist/client relationship. These are two separate but interlocking processes occurring at the same time. This can become further complicated if there are other pressures on the supervisee. It is difficult to keep personal and professional issues from transferring to the therapeutic or supervisory relationship. The clinical supervisor should be able to recognize this dynamic at work and stop the emotional back up as it moves from one relationship to the other (Taibbi, 2013, p. 25).

Williams (1997) suggests that as the supervisor attempts to help the supervisee make inner technical changes there is a therapeutic process that takes place where the supervisee does make inner changes that improve professional skill and development (p. 451).

### **Clinical Supervision Supports Professional Identity**

Many social workers have had the tendency in the past to identify with the agency in which they work rather than with the profession as a whole. The value of supervision is that it can be a way of “ensuring that social work is not undermined by the imperatives of



organization efficiency” (Barrett & Mumford, 1994 p. 1). Clinical supervision prepares the supervisee for independent practice that does not have any agency support clinical supervision should focus on client outcomes rather than agency outcomes. It should enhance the supervisee’s knowledge, skills and attributes (O’Donoghue, 2003). Likewise, clinical supervision should help the supervisee understand the cultural context of his or her practice setting, and help develop a knowledge base regarding diverse populations. The clinical supervisor should assist the supervisee in developing appropriate cultural knowledge (O’Donoghue, 2003).

### **Ethical Issues**

Ethics refer to the embodiment of values into guidelines for behavior” (Strom-Gottfried, 2007, p. 1). The Council on Social Work Education (CSWE) in the Educational Policy and Accreditation Standards (EPAS) of 2008 required that “graduates understand the professions’ values, standards, and principles, and that they act accordingly.” A study in 2008 revealed that “social workers had learned ethics by having experienced the modeling of ethical teaching. However, knowing the code and having it modeled does not help practitioners implement it when agency policies conflict with it” (DiFranks, 2008 p. 117). One role that is critical for a clinical supervisor is to help the supervisee learn how to conduct ethical practice through ethical actions. Ethical actions are the result of social work values in action within the context of the relationship between the social worker and the client” (Furman 2003, p. 40).

One possible areas of concern when supervisees need help with their own problems which may interfere with how the supervisee delivers social work services. The clinical supervisor needs to protect the boundaries of the supervisory relationship and not become a therapist to the supervisee. As Taibbi (2013) points out the supervisory process at times is

actually therapeutic. If the supervisor helps the supervisee realize that there are problems and discusses solutions, then the relationship has become therapeutic just because it has helped resolve issues for the supervisee. There is a difference however, in making all of supervision about resolving personal issues for the supervisee versus assuring that the supervisee has strong assessment, diagnostic, treatment and termination skills for social work practice. It is easy to understand why supervisors and supervisees have trouble with dual relationships. The basic tool that social workers have is the ability to build relationships. Maintaining clear boundaries within the supervisory relationship is very difficult and needs constant vigilance on the part of the supervisor.

There are numerous other ways that the supervisory relationship can be misused.

These problem areas include:

- The supervisor using the supervisee as a confidante
- The supervisor degrading the supervisee with personal comments
- The internal supervisor could have the supervisee carry a great deal of the supervisor's work load
- The supervisee reporting personal problems to the supervisor and the supervisor helping therapeutically with the problems
- The inability to maintain a collegial relationship once the supervisory relationship starts (Dewane, 2007).

Abusing the supervisory relationship can lead to other types of problems. Listed below are some of the ethical conflicts that supervisees and supervisors often confront and try to resolve during supervision.

- Documentation is a major issue for external supervisors because they do not have access to the documents. Supervisors and supervisees should both keep their own records regarding the supervisory sessions, content, and length of time.
- Dual relationships (a relationship that is no longer just professional develops: gift giving, talking to each other away from supervision, over-protecting).
- Dilemmas must be recognized by the supervisee and brought to the supervisor for discussion and resolutions. Failure to recognize ethical problems, as well as conflicting advice from internal and external supervisors is an ethical problem.
- Discretion is vital from both the supervisee and supervisor to recognize potential problems and proactively deal with them in advance when possible, and if not, then to find valid options for resolution.
- Duty to warn is difficult to address in supervision, but is particularly difficult in states that do not have it as mandatory such as Texas. The supervisor must help the supervisee recognize the four elements that should be explored: the existence of a professional relationship, identifiable threat, identification of a specific victim, and professional assessment of the seriousness of the risk (Dewane, 2007, p. 35).

### **Faith and Value Conflicts**

When the social work supervisor or supervisee is a person of faith their values may be based on his or her spiritual beliefs. The supervisor must be cognizant of the effects of spiritual beliefs may have on practice decisions. The differences must be handled with the same kind of sensitivity as any social worker who experiences either a value conflict or new cultural experience. The National Association of Social Worker's Code of Ethics states: "social work

supervisors understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures (NASW Code of Ethics 1.05).

In order to practice with cultural competence the clinical supervisor needs to acquire a knowledge base regarding the supervisee's culture, and gain an understanding of the effects of the culture. The supervisor needs to focus on the uniqueness of the supervisee's culture in the context of society. The supervisor needs to become aware of how the personal characteristics of the supervisee effects supervision and deal with the impact of the differences constructively. Differences should not be ignored but understood by the supervisor from the point of view of the supervisee. The supervisor should use as a guideline the NASW Standards for Cultural Competence in Social Work Practice (NASW, 2001). The key to making a success of the differences is to build trust and confidence in the supervisory relationship.

### **Internal and External Supervision**

#### **Internal Supervision**

Internal supervisors are those who practice in the same agency or setting as the supervisee. There are several challenges associated with supervising those who are also one's co-workers. The supervisor may have more experience but may be a colleague. It is difficult to maintain the type of relationship that previously existed once someone becomes a supervisor. Those being supervised often feel different about the supervisor and will no longer treat them as a confidant.

Setting aside a regularly scheduled time for supervision can become a difficult to do when one is next door to the supervisee. Supervision cannot be treated casually and needs to be completed on a regularly scheduled basis that works for both the supervisor and supervisee.

Internal supervisors are often asked to supervise staff they did not hire, who they are uncomfortable supervising. In these cases, the clinical supervisor needs to express his or her concerns to their own supervisor and if possible find someone else to supervise that particular person. However, if there is no one else available, the clinical supervisor must assure that the social work supervisee is practicing appropriately and ethically. Using the strengths perspective may assist the supervisor in working through the supervisees problems. As Taibbi (2013) states “it is not individuals who help us change, but our relationships with those individuals. (p. 7). Clinical supervisors can be influential in assisting a supervisee to make positive changes over the course of the relationship.

Internal supervisors have access to the supervisees work and can watch sessions with clients, view documentation, and learn first-hand about the supervisees work. External supervisors do not have the luxury of viewing their supervisees with clients, seeing documentation, or talking with clients. It is critical that external supervisors have a relationship with the internal supervisor of a supervisee.

### **External Supervision**

Clinical supervision is often provided externally outside the supervisee’s workplace. External supervisors may provide advice that conflicts with the advice of the internal supervisor. Conflicting advice often comes when the internal supervisor may not be a social worker. When supervisees receive conflicting advice it has the potential to create ethical dilemmas. When ethical dilemmas do not have a good solution the supervisee may experience moral distress.

Moral distress occurs when one knows the right thing to do but is constrained from pursuing the appropriate course of action. The inability to pursue the appropriate course of action may be the result of agency policies or internal supervisor values that conflict with social work

values. These conflicts may cause moral distress for the supervisee who is caught between two conflicting sets of advice and the inability to act according to the supervisee's professional beliefs. The definition of moral distress is "the painful psychological disequilibrium that results from recognizing the ethically appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, and inhibiting medical power structure, institutional policy, or legal considerations" (Corley, et. al, 2001) p. 250-251. Clinical supervisors must help supervisees identify and understand the conflicts in parallel processes.

External supervisors have to rely on the judgment of their supervisees to report when they are dealing with ethical dilemmas or moral uncertainty. Moral uncertainty comes when one is unsure if there is an ethical dilemma, and one is unsure what principles or values apply in the ethical conflict (Jameton, 1984). If the supervisee is not aware that he or she is experiencing a conflict between principles and values, the external supervisor may not be able to provide assistance. In-house supervisors are in a better position to recognize when a supervisee is struggling with ethical dilemmas. Moral dilemmas arise when more than one principle applies and there are good reasons to support mutually inconsistent courses of action. These conflicts can lead to moral distress, and loss becomes inescapable.

### **Miscellaneous Issues**

There are many decisions that the clinical supervisor needs to make in advance that will determine how committed he or she will be to supervision. First of all the supervisor needs to look at the time involved to do the supervision. Usually the state regulatory board will require an hour per week or four to six hours per month. Supervision can take place individually or in a group. The decision for the best venue is best made by the supervisor and supervisee together. Likewise, whether or not to collect fees, or to do pro bono is up to the supervisor.

Once the supervisor has made the decision about how to conduct supervision he or she should meet with each potential supervisee individually to let them know the schedule, fees, expectations, location and any other relevant items. Then the supervisee can decide if the supervisor's structure and style meet his or her needs. It needs to be a transparent process from the beginning.

### **Technology & Distance Issues**

Technology in social work practice is defined as “any electronically mediated activity used in the conduct of competent and ethical delivery of social work services” (NASW Technology Standards). Technology is changing so rapidly that the profession has not clearly weighed in on technology in supervision. In some places where social work supervisors are sparse and far from each other the use of technology for supervision should be a viable option. It is an issue state regulatory boards are considering and the possibilities are limitless. The challenges remain around confidentiality-particularly in the discussion of client's issues. As long as the supervisor and supervisee can develop a way to keep the information confidential, avoiding conflicts of interest or giving out too much personal information then technology presents great possibilities for supervision.

### **Evaluation**

Supervisory tools include using recordings or documentation, observation either passive or active, clinical consultation, and possibly co-therapy (Taibbi, 2013). External supervisors must rely on the information they receive from the supervisee and through consultation with the internal supervisor. Evaluation should be built into the supervision process. Verbal and written evaluations both provide information on the supervisee's skill development. Because most supervisees engaged in clinical supervision are working toward their clinical license, the

state regulatory board will need information on the outcome of the supervision. Likewise, the supervisee needs to know how they are progressing.

Taibbi (2013) notes that the evaluation process is more beneficial than the evaluation itself. Unlike most on the job supervision, clinical supervision is a two way process in which the supervisee has the responsibility for his or her own learning and should guide the supervision process to attain the necessary knowledge and skills. Both the supervisor and supervisee should build in regular evaluations to assess progress. The clinical supervisor should make his or her expectations clear. Likewise, the supervisee needs to actively guide the supervision process to meet his or her individual needs. The supervisee should evaluate his or her own growth as well as how the supervisor is assisting growth and change.

### **Terminating the Supervisory Relationship**

There is some discussion in supervision literature regarding attachment in supervision. Bennett and Saks (2006) discuss the idea of optimal supervision which is a “circle of security” (Marvin, Cooper, Hoffman & Powell, 2002) in which the supervisee can explore the professional world when they have a secure base and then return to the “safe haven” of their supervisors when there has been a rupture within themselves, their practice, or the supervisory relationship itself. (Bennett & Deal, 2009, pl 104). Likewise, attachment literature suggests that the “internal working models of attachment form an influential part of the personal self of all adults, affecting self-esteem, affective and cognitive capacities, interpersonal skills, and behavioral patterns of relating” (Schore, 2000, Bennett & Deal, 2009, p. 107).

Clinical supervision is parallel to therapy in that there is a beginning and an ending that must be handled effectively by the supervisor. There are times when the supervision must be terminated because either the supervisor or supervisee is moving, changes jobs, or the



supervisor feels the supervisee is not making progress in his or her approaches and knowledge of clinical practice. These unplanned for terminations should be discussed, and when possible referral to another supervisor should be made. Also, the paper work that is on file with the state must note the changes in supervision.

Effective beginnings set the tone for a successful experience between the supervisor and supervisee. A successful termination with all of the paper work in place, and the supervisee prepared to take the Licensed Clinical Social Worker (LCSW) examination and pass it, provides a successful closure and thus an overall long-term feeling of successful supervision for both the supervisor and supervisee.

### **Conclusion**

Clinical supervision is necessary to train new clinical social workers. The supervisor must approach the process with a great deal of experience and understanding about what the supervisee needs to learn. Clinical supervision is usually a two year process. The supervisee should take responsibility for his or her long-term goals and needs during supervision. The supervisee and supervisor need to develop a trusting relationship that enhances the ability of the supervisee to develop and improve clinical skills to deliver good care to clients. With the help of an experienced supervisor, the supervision process can be a challenging growing process for the supervisee and rewarding for the supervisor.

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