



CHALLENGES IN SUPERVISING SOCIAL WORKERS

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Summary

Mental health supervision encompasses the oversight of social workers, who may operate within organizations or in private practice. The supervision of social workers varies depending on their work setting. Kadushin and Harkness (2002) identified distinct functions of supervision that differ based on whether the social worker is employed within an organization or works independently in private practice. These distinctions also extend to the types of cases handled, whether they involve recipients of social services provided by an organization or clients seeking psychotherapy or psychological counseling from a social worker in private practice. After completing training in a therapeutic orientation, social workers often acquire competencies as psychotherapists. These competencies are practiced in various contexts, depending on the social worker's professional setting, whether within an organization or in private practice. The social work profession is increasingly adopting the characteristics of a liberal profession, similar to that of psychologists, doctors, and psycho-pedagogues. The liberalization of the social work profession introduces new complexities to the supervision of social work services. These complexities are influenced by factors such as professional training, organizational characteristics, organizational culture, private practice conditions, the competencies of the supervisor, and the supervisor's relationship to the

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organization (whether they are employed within the same organization as the supervisee or operate externally under a supervision contract chosen by the supervisee). The purpose of the present paper is to propose guidelines for establishing a general framework for supervision. This framework aims to support the work of supervisors, whether they are located within or outside an organization, in the context of the liberalization of the social work profession.

Keywords: supervision, social work, skills.

Milestones in Defining Mental Health Supervision

Supervision in mental health is considered a crucial skill and a key aspect of professional practice (Brosan, Reynolds, & Moore, 2008) and an essential component of mental health care systems (Kadushin, 2002). It also plays a vital role in the training and growth of professionals in the mental health field (Watkins, 2011). Clinicians in mental health include a variety of professionals such as counselors, psychotherapists, psychologists, social workers, nurses, psychiatrists, pastoral counselors, and marriage or family therapists, along with their trainees. The term mental health work typically refers to the clinical services provided by these practitioners. These services often involve psychosocial interventions, which are non-pharmacological treatments like psychotherapy, family and couple counseling, and other approaches aimed at improving psychological, emotional, behavioral, or interpersonal well-being while addressing psychiatric symptoms or addiction issues.

Although evidence-based practice is widely emphasized in mental health services, its implementation within clinical supervision has not kept pace (Schoenwald et al., 2009). Historically, and even in current contexts, many supervisors have been appointed based on professional seniority rather than specific expertise or training in supervision. While years of practice can provide a wealth of experience, they do not always equate to expertise in supervision. Moreover, a significant contributing factor is the lack of formal training programs to prepare individuals for supervisory roles. This gap underscores the need for structured and evidence-based approaches to enhance supervision practices across the mental health sector.

Milne (2009) highlights three critical clinical reasons that emphasize the importance of supervision:

1. It plays a crucial role in enhancing and maintaining the competencies of healthcare professionals.

2. Supervision fosters adherence to evidence-based treatment models.
3. It helps reduce unnecessary interventions, such as inappropriate referrals or continuation of services when goals are already met, thereby decreasing waiting times and healthcare costs.

To further clarify supervision, Milne (2007) offers a definition that adheres to four psychological criteria: precision, clear definition of elements, operationalization of the concept, and clarification of the supervisor's role. Milne describes supervision as "the structured delivery by experienced or senior healthcare professionals (or similarly qualified staff) of focused, relationship-driven, case-specific education and training aimed at guiding, supporting, and directing the efforts of supervisees" (Milne, 2007, p.440). In a similar vein, Bernard and Goodyear (2014, p. 8) define supervision as "a professional intervention offered by a senior practitioner to a less experienced member or members of the same field." This evaluative and ongoing relationship seeks to improve the supervisee's professional capabilities, maintain service quality, and uphold the standards of the profession by serving as a gatekeeping mechanism. In certain professions, such as psychotherapy, supervisors require specialized training to develop the necessary skills for supervision. Other professions, however, may promote experienced practitioners into supervisory roles based on their clinical experience and tenure (Falender, Burnes, & Ellis, 2013). The British Association for Counselling and Psychotherapy (BACP, 2016) characterizes supervision as an organized framework that allows therapists to regularly examine their practice with an external expert. This process is designed to ensure therapy maintains high standards. The BACP advises that supervisors should be affiliated with accredited professional organizations and remain unaware of specific client identities. Alternatively, the National Association of Social Workers (NASW, 2013) defines supervision as a joint process between a supervisor and supervisee, emphasizing the development of ethical practices, accountability, and professional competence. The supervisor's role includes mentoring the supervisee in effectively applying theoretical frameworks, standardized skills, and knowledge in the relevant practice environment.

Tsui (2005) highlights the limited scholarly focus on supervision within social work. One of the earliest comprehensive examinations of the subject is Virginia Robinson's *Supervision in Social Case Work* (1936), which remains a foundational text for understanding supervision in the field. Kadushin and Harkness (2002) conceptualized social work supervision around three core functions—administrative, educational (clinical), and supportive. These functions are widely recognized globally, though their application can vary

significantly between countries and within jurisdictions (O'Donoghue, Ju, & Tsui; Akesson & Canavera, 2018).

Administrative Function: The supervisor manages key organizational tasks such as recruitment, staff placement, work delegation, monitoring, and performance evaluation. Acting as a communication link between the internal and external aspects of the organization is also a key component (Runcan, Goian & Tiru, 2012).

The Educational or Clinical Function focuses on providing employees with the essential skills and knowledge required to perform their roles proficiently. This function includes elements such as educational supervision, ongoing in-service training, and opportunities for staff development. Its primary aim is to enhance professional competence and ensure the workforce is well-prepared to meet the demands of their roles effectively.

Supportive Function: This aspect addresses work-related stress, including burnout. Supervisors with experience and expertise can mitigate stressful situations and foster a positive work environment. Effective support ensures workplace productivity and employee satisfaction (Wonnacott, 2012, Iosim et.al, 2022, Dan & Runcan, 2018). Supervisors also play a crucial role in helping social workers navigate the emotional challenges arising from their cases, such as managing interpersonal conflicts (Sârbu et al., 2023; Marici et al., 2022; Marici et al., 2023b; Turliuc & Marici, 2013). For instance, conflicts in couple relationships, which are often at the center of therapy and intervention, require social workers to have not only professional competencies but also emotional resilience to guide their clients effectively (Marici et al., 2023a; Marici et al., 2022).

Kadushin and Harkness (2002) identify three core functions of supervision in social work: administrative, educational (or clinical), and supportive. The administrative function focuses on ensuring that social workers comply with organizational policies and procedures while meeting performance standards. The educational function aims to enhance professional skills, knowledge, and competency through training and guidance on best practices. Meanwhile, the supportive function addresses the emotional well-being of social workers, helping them manage stress, prevent burnout, and maintain motivation. Together, these functions provide a balanced framework for effective supervision, addressing both professional development and organizational goals.

Performing the three functions of a social work supervisor requires training to become a supervisor. As in other areas of mental health, the seniority criterion for becoming a supervisor is no longer sufficient. Often, assuming the role of supervisor in social work

places additional workload on each of the functions mentioned, and burnout is likely to occur. In psychotherapy, psychological counseling becoming a supervisor requires a training period of at least two years (Vișcu, Cădariu, Watkins, 2023). A supervisor training in social work needs a standard of competencies, so that training programs base their curriculum on the core competencies required of a supervisor. A supervisor in social work typically originates from the profession itself, having been and often continuing as a social work practitioner who is deeply familiar with the role and responsibilities of a social worker. The effectiveness of supervision hinges on maintaining a balance among its three core functions. However, under current conditions marked by growing institutional pressures for accountability, efficiency, resource competition, and performance-driven outcomes (Hair, 2013), a critical question arises: can the foundational values of social work be preserved? Furthermore, does the focus on administrative priorities erode the supportive aspect of supervision? Finally, when individuals are promoted to managerial roles, are they equipped with the necessary competencies to excel as supervisors, effectively fulfilling the educational and supportive dimensions of their responsibilities? Wuenschel (2006) observed that social workers are frequently left out of supervisory roles and gave three reasons:

- Universities do not prepare students through initial training to become supervisors.
- In an organization there is a struggle for management positions by employees who are not educated in social work.
- Organizational culture deficient in promoting and developing positive, supportive, and relationship-based educational supervisory relationships (Blackman & Schmidt, 2014; Runcan, 2013; Mor Barak, Travis, Pyun, & Xie, 2009; Runcan, 2022).

The Supervisor is from Inside or Outside the Supervisee's Organization

Becoming a supervisor requires a long-term training program of at least one year and at least two years of training in a therapeutic orientation. The training in a therapeutic orientation starts after completion of the bachelor studies. The intention to become a supervisor may take shape during the training as a psychotherapist and will be a personal and professional decision-making process. Becoming a therapist is accessible to professions in the fields of social work, medicine, theology, social psychology, if we refer to the reference framework of the Romanian College of Psychologists (<https://copsi.ro>). Supervision as a profession is trying to acquire its place and role (Vișcu, 2018a., 2018b.), and at the European level the need to follow training courses to become a supervisor has become a condition

imposed on training providers for psychotherapists (<https://www.euroaip.eu>).

Long-term training implies that the person interested in becoming a supervisor takes courses of varying duration from a few months to several years to become a supervisor. This implies that the training of supervisors must have a curriculum, with training modules centered on a competency standard (Vişcu, Watkins, 2021; Vişcu, Cădariu, Watkins, 2023). The problem is to reach a consensus on a standard of competencies, but also to prepare the supervisor to provide supervision services for supervisors working in organizations but also in private practice (they have their own social work practice or psychology practice with recognized competencies in psychotherapy). Another issue in the training of supervisors in social work is determined by the "origin" of the supervisor, inside or outside the organization, i.e. will the supervisor outsource or not? The following will present situations encountered in supervisory practice:

I. the supervisor is a specialist within an organization where the supervisor is a social worker or other specialist trained in psychotherapy;

II. the supervisor is a specialist outside the organization where the social worker works.

I. If the supervisor is from within the organization, then will it be a person who will be a supervisor only, exercising, for example, all three functions mentioned, or only two, or only one? For exercising all three functions, we understand that the supervisor will also be a person with a managerial function; if he will exercise two functions then he will be a person who will be in charge of the professional training and well-being of the social workers, the social workers in the organization. The exercise of the three functions of social work supervision in an organization by a supervisor in his/her own right, without being encapsulated in a managerial function, will generate issues related to: management in that organization (how the administrative function will interfere with the management of the organization), organizational culture and climate and how social work values will be respected and operationalized in that organization.

II. If the supervisor is from outside the organization, then social work supervision is "outsourced", subject to market constraints. The supervisor may work in a form of liberal profession, have a practice or a professional civil society, etc. The supervised social worker may feel freer, without the constraints of monitoring from the organization where he/she works.

The following situations generated by the outsourcing of the supervisor are identified:

a. signing two contracts or a "three-cornered" contract. Here we identify the existence

of a service contract between the supervised social worker and the supervisor and a service contract between the supervisor and the organization where the social worker works. The supervisee feels freer, both in individual and group supervision, has the possibility to share his/her experience with other colleagues, has the feeling of belonging to a supervision group with members from other organizations, a climate of the supervision group is created, etc. But the acquired skills and competences make him/her more resilient, to face some problems in the organization where he/she works, without solving or improving the problems of the organization. However, how much of the individual and group supervision will reach the organization to which the supervisee belongs, how is confidentiality maintained, and how much of the confidentiality does the supervisor maintain in making the final report to the organization?

In order to avoid signing two contracts, the option of a single three-cornered "three-cornered" contract signed by: the supervisee, the organization where the supervisee works and the supervisor is proposed. The ethical issue also remains with the three-corner contract, how the power of the organization is reflected in the supervisor-supervisee dyad (who pays for the services) and ensuring confidentiality. In clinical supervision, psychotherapy, the supervisor is concerned with ensuring the well-being of the supervisee therapist and the client (Vișcu, Cădariu, Watkins, 2023). By analogy, the social work supervisor is concerned with the well-being of the social worker and the client, if the social worker has acquired learning from supervision, then the client will also benefit from well-being from post-supervision encounters. Returning to the "three-corner" contract, as well as to the situation of signing two supervision contracts, the responsibility of the supervisor for ensuring the well-being of the supervised social worker remains sensitive, if the social worker has benefited from insights from the supervision, the door will be open for his/her own responsibility in personal and professional development, but the insights can easily be overshadowed if the confidentiality of the supervision session is breached.

- b. The signing of a supervision contract between the social worker who has acquired the skills of a psychotherapist or counsellor and a supervisor with recognized competence in psychotherapy, who may or may not be a social worker (psychologist, doctor, psycho-educator, theologian). The most common situation is as follows: the social worker is trained in a therapeutic orientation, has a form of

practice - individual practice, works in his/her own practice but also in a social service organization. In order to become an autonomous practitioner, the social worker needs a period of supervision of at least two years, i.e. to sign a supervision contract with a supervisor with recognized competence and registered with the recognized higher psychotherapy body in the country where he/she is practising. The cases brought in for supervision reflect the difficulties faced by the supervised social worker: caught between the values of the organization where he/she works; what is the organization's position towards his/her emotional well-being; what pressures are placed on him/her; the enormous workload; the need for supervision from administrative, educational and support perspectives; the variety of cases brought in from both the organization's workplace and from his/her private practice.

In order to achieve effective supervision, the supervisor needs when supervising a case brought from the supervised social worker's workplace:

- Additional information with reference to the specifics of the organization where the social worker is employed;
- A knowledge of the specifics of the social worker's job, his/her job description;
- A knowledge, from the dialogue with the supervisor, of the values of the organization and how the values of social work are respected;
- An understanding of the organization's position vis-à-vis the supervisory functions (administrative, educational and support);
- Distribution of power in the organization, how the value of social justice is respected in the organization, etc.

c. The signing of a supervision contract between a supervisee who is not a social worker but works in an organization providing social work services. The supervisor may be a psychologist, doctor, theologian, psycho-pedagogue, and is classified as a social inspector with the duties of a social worker. The supervisor has a form of professional practice in the form of a psychologist's practice, a practice in association or a professional civil partnership, and the competence attached to the practice is psychotherapy. Cases brought in for supervision are from the workplace or from the private practice of the practice. The supervision contract is signed between the supervisee and the supervisor and registered, for example, with the Romanian College of Psychologists. Suggestions for effective supervision include: specifying the origin of the case (from work or private practice); mentioning the directions for assisting the supervisee in the case supervision

session (after Bernard, Goodyear, 2014, p.393). These points represent key elements or steps for structuring a supervision session in a clinical or therapeutic context. They outline the specific aspects that need to be addressed during supervision to ensure effective guidance, ethical considerations, and the professional development of the supervisee. Here's a breakdown of their significance:

1. The first step in supervision is to clearly outline the client's issues and therapy goals.
2. Understanding the impact of cultural, social, and religious factors on the client's situation is crucial for effective therapy. Assessments like tests and questionnaires help tailor therapeutic goals.
3. Specific details and interactions from therapy sessions are important for supervision, providing areas for feedback and improvement.
4. Evaluation of the treatment plan, progress towards therapy goals, and adjustments needed for better outcomes.
5. Ensuring that the therapeutic process follows professional ethical standards and addressing any dilemmas or conflicts that may arise.
6. Encouraging supervisors to reflect on their own role and approach in the supervisory relationship for personal growth and self-awareness.
7. Identifying areas where the supervisee needs support, training, or feedback to enhance their skills and confidence.

From a personal perspective, in supervising colleagues who are psychologists, social workers, who work in fields related to medical practice and are employed in organizations providing social services, I invite the supervisee to reflect on the supervision needs mentioned from the following perspectives:

- Correlation of supervision needs with social work values/ organizational values/ values of the core profession (psychology, theology, psycho-pedagogy, medicine). This frequently leads to a role conflict, determined by acculturation: how do the values of the core profession influence the assimilation of social work values and at what stage is the supervisor (Knapp, 2015) in terms of this acculturation (integration, assimilation, separation, marginalization). The values are many common to the professions mentioned and yet, role conflicts exist and are responsible for the attitude with which the supervisee relates to the case, the organization and the supervision. Supervisees are at different stages of personal and professional development. At the beginning of supervision, role conflicts generated by the acculturation process (how and to what extent the underlying professional

culture influences the professional culture towards which they opt or where they work) lead supervisees to experience role conflicts, the impostor complex, to question whether or not the profession of psychotherapist suits them, and professional identity is frequently discussed in supervision (Runcan, 2020).

- Their place in the organization with reference to how organizational power is exercised over them (supervisors with professions other than social workers, with social worker bosses). Supervisees are perceived by hierarchs in a particular position and with a lower or higher investment of power. The supervisee perceives and feels the power that is attributed or recognized. The supervisor's narcissistic needs are put to the test due to the avoidance of open conflict with a superior and are not expressed, but analyzing and understanding them in a supervisory climate would bring an extra "relaxation". If the supervisor is a psychologist, doctor, theologian, psycho-educator and has a boss who is a social worker, when asked for data and information about a client, he/she may experience discomfort related to the violation of confidentiality, due to the boss's request to provide information acquired during the individual therapy session with the client. The discussions with the hierarchical boss are finalized from positions of power, such as, "you don't tell me how to do my therapy", and the boss "you are obliged to provide me with all information about the client". The case is brought into individual or group supervision, where the supervisor is external, and the therapist is in the minimum two-year supervision internship by contract signed and registered with COPSI. In practice, I have approached such situations as a supervisor starting from the supervisee's awareness of the power conflict between him and the hierarchical boss, of the values that define the culture of the organization where he works, of the organizational climate, of the awareness of the supervisee's expectations regarding his status and role in the organization, of how others perceive his status and role. The supervisor gains insights and learning in supervision when practicing as a supervisor the role play: as a supervisor I play the role of the supervisor and the supervisor plays the role of the boss. I invite the supervisee to play a "hot" sequence of the dialog between the supervisee and the boss and offer a different perspective on the dialog, whereby the supervisee (from the position of the boss) makes contact. The situation is a bit more relaxed when the supervisor brings a case to the supervision from the private practice, but as a supervisor I try to make the supervisor aware of what might make the difference in supervising a case from the workplace and supervising a case from his/her practice as a form of professional practice. Also from my practice as a supervisor, I have found that it

takes time for the supervisor to make the transition from being an employee in an organization to only exercising his or her role in the private practice of his or her own office. Among the reasons for this transition from practicing in an organization as an employee to private practice as one's own employer are: The conflict generated by acculturation (not yet fully integrating the values of the core profession with the profession of psychotherapy), the fear of not earning enough income in private practice for a decent living, the lack of confidence in the identity of the therapist, the consequences of the impostor complex (not good enough as a therapist and being paid for something he/she feels he/she is under-providing), the insecurity that he/she would manage without some help from a supervisor (although professional supervision is recommended for the whole period of time one works as a therapist), etc.

Conclusions

Social work supervision shares many challenges with clinical supervision, including those related to psychotherapy, but it also possesses distinct characteristics shaped by the core values of social work. Among these values, the emphasis on social justice stands out as a defining feature, influencing the way supervision is conducted regardless of the settings in which social workers and supervisors operate.

From the perspective of the functions of supervision (Kadushin & Harkness, 2002), social work supervision is distinguished by its focus on the administrative function, which incorporates organizational values, the role of the organizational climate, and the distribution of power within the organization. These elements set it apart from other forms of clinical supervision. While the managerial function is present in both social work and clinical supervision, it takes on unique nuances in each. In clinical supervision, for example, the managerial role extends to educating supervisees about managing initial psychotherapy sessions, preparing and documenting client interactions, and maintaining comprehensive Client Files (Vîşcu, 2017, 2018).

Social work supervision faces its own set of challenges as it seeks to establish itself as a distinct field. These challenges, however, overlap with those faced in other health-related professions. Key issues include the difficulty of creating standardized criteria for supervisors, developing effective supervision tools, implementing competency-based supervision models, and adopting adult learning principles in the supervision process. Additionally, there is a growing need for tools to assess both supervisor and supervisee competencies and methods for evaluating client satisfaction following supervised social

work interventions.

Despite these challenges, social work supervision is poised to carve out a unique space within the broader field of professional supervision, offering a distinct blend of values and practices tailored to the specific demands of the social work profession.

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