

Development of Clinical Supervision Practice Competencies

(American Board of Examiners in Clinical Social Work)

A. *Creation of a Supervision Contract*

1. Knowledge

- a. **Understand importance of creating structure through the process of contracting with the supervisee. The working agreement (Brown & Bourne, 1996)**
- b. **Can evaluate level of need and knowledge and skills required for effective practice among a range of clinical social workers.** There is a wide variation in the supervision needs of those at the entry, intermediate, and advanced levels of practice. Must be prepared to understand and address these needs ranging from more structure and frequency for neophytes to a consulting role with experience practitioners who can identify their specific concerns.
- c. **Understands the importance of obtaining supervisee input and integrating supervisee issues and agenda into the supervision contract.** The supervisor, who understands the supervisee's agenda, helps to construct a learning program based on the proper level of knowledge and skill associated with the supervisee's stage of professional development.
- d. **Is aware of issues of authority and accountability in supervision.** Supervisor is aware of the potential for impacts (positive and negative) on the working relationship as they arise from authority that is externally sanctioned or granted by the supervisee or some combination of both. Both supervisor and supervisee must keep thorough records, incompliance with state an/or agency standards, including a discussion and understanding confidentiality, and related issues.

2. Skills

- a. **Can describe clearly the purposes of clinical supervision.** Ability to describe to the supervisee the multiple purposes of supervision in terms of activities (reviewing cases).
- b. **Can describe his or her role and purpose as part of the contracting process.** The "role" refers to the content of the supervision, while the supervisor's purpose refers to helping the supervisee work on the content. A simple statement of these functions helps the supervisee know how to use the supervisor and understand the supervisor's behaviors.
- c. **Can use the supervisee's issues and concerns in developing the supervision contract.** Supervisor relates understanding of the working agreement with an emphasis on the areas of the supervisee's concerns.
- d. **Addresses issues of authority ranging from the informal authority invested by the supervisee to the formal authority assigned to the supervisor by the agency or setting.** In a first session, the supervisor should acknowledge the authority issues and recognize how they may facilitate or impede the process.

- e. **Can discuss openly the issues of formative and formal evaluations.** Formative, periodic evaluations are conducted regularly, so that the supervisee becomes familiar with the issues to be addressed in a formal evaluation. Feedback on practice needs to be both timely and specific, with the active involvement of the clinician. In both formative and formal evaluations, the supervisor should clearly identify the supervisee's strengths and deficits as well as objectives for future supervision.
- f. **Establishes clear parameters regarding the supervision plan, including setting time and frequency, fees for services, goals and objectives, and expected length of service and outcome.** In all settings- in a private practitioner's office as in an agency – the supervisor should model clarity in setting structural relationships, just as the supervisee should set these with clients.
- g. **Maintains a professional relationship with the supervisee and recognizes the integrity of a range of supervisee boundaries throughout the supervision process.** A professional relationship is defined by the functional role of the supervisor in relation to the purpose of supervision. Intimate social or sexual contact between a supervisor and supervisee is inappropriate and violates the profession's code of ethics.
- h. **Recognizes and respects the boundary between supervision and personal therapy.** The supervisor must protect the purpose of supervision and his/her role. By focusing on the case and the interview, the supervisor guards the contract and does not become a personal therapist.

B. Supervision of the processes of Intake, Assessment and Diagnosis

1. Knowledge

- a. **Understands that the helping process begins with contracting with an individual to become a client.** The supervisor guides the supervisee in the process of meeting the applicant at the point of intake, and through the process of gathering personal data about the applicant, their situation, resources, history and issues of concern, assists the supervisee in the creation of a clinical relationship.
- b. **Uses advanced knowledge base and bio-psychosocial framework to ensure that the supervisee arrives at a conceptual diagnostic assessment of the client.** Supervisor needs to be familiar with a wide range of frameworks in order to assist the supervisee to assess the client.
- c. **Understands the use of an assessment process that is guided by a range of models and includes input from the client, the family, and other sources.**
- d. **Has a knowledge base of specific categories of emotional disorders and disturbances, as in the DSM IV-TR or NASW'S Person In Environment (PIE), as well as setting specific types of expertise.** Supervisor needs to know about the specific diagnostic categories in these systems and aware of the dangers of misusing such diagnoses.
- e. **Demonstrates knowledge of multiple treatment modalities within their scope of practice and can help the supervisee to learn to use them well.** Supervisor has expertise in helping the supervisee to select among modalities- individual, couple, family or group – as most appropriate for the client situation (Munson, 2002). Knowledge also extends to various treatment models such as cognitive-behavioral

therapy, solution focused therapy, systemic family therapy, and other treatment methods.

- f. **Recognizes when consultation is needed in instances of a client’s biological, psychiatric or physical difficulty.** Supervisor has a level of diagnostic skill that enables them to assess their own limitations and welcome input from other sources.

2. Skills

- a. **As part of the assessment process, the supervisor informs, guides and evaluates the supervisee’s performance of a comprehensive evaluation of the client’s strengths, weaknesses, cultural influences, interpersonal influences, and environmental stressors.** The supervisor needs to consider issues of strategy and ethics, and to assist the supervisee in dealing with the constraints of agency policy or the demands of other entities such as managed-care systems. Supervisee needs guidance choosing the assessment that best meets the needs of the client while still maintaining ethical standards.
- b. **In the contest of diagnostic formulations, the supervisor informs, guides and evaluates the supervisee in the course of his/her consideration of the interplay of internal and external factors, bio-psychosocial and cultural influences, and past and present experiences.** The supervisee needs guidance in understanding assessment as a dynamic process.
- c. **Informs, guides and evaluates the supervisee’s ability to factor into assessment the impact of developmental maturation, biological, environmental, and socio-cultural considerations.**
- d. **Informs, guides, and evaluates the supervisee’s ability to assess the client’s capacity for developing insights into the nature of the problem.**
- e. **Informs, guides and evaluates the supervisee’s identification of possible or suspected physiological and other variables that require collaboration with other professionals.**
- f. **Informs, guides and evaluates the supervisee’s use of a standard diagnostic classification system to make differential diagnoses, ruling out other diagnoses, and evaluating for co-morbidity.**
- g. **Informs, guides and evaluates the supervisee’s continual use of client’s responses and other client indicators to refine the conceptual assessment and diagnosis in consultation with the client.**
- h. **Informs, guides and evaluates the supervisee’s systematic analysis of the multiple contexts affecting the client’s functioning.**
- i. **Informs, guides and evaluates the supervisee’s ability to reflect on and self-evaluate performance and to remain open to the “ambiguities” of practice and to question assumptions.**

C. *Supervision of Treatment Planning*

1. Knowledge

- a. **Is knowledgeable as to level of care and type of intervention based on the diagnostic assessment.**

- b. Understands the use of theory in the treatment planning process based on the needs of the client.
- c. Understands how the working alliance is affected by the client's language, interests, culture, and other elements of diversity.
- d. Is aware of how client outcomes can be affected by supervisor's and supervisee's biases about social work practice modalities when formulating recommendations for interventions.
- e. With regard to establishing a treatment plan, the supervisor understands the importance of assessing the client's resources, social supports, network, and other factors.
- f. Must be aware of issues regarding confidentiality arising from HIPAA and other legislation.

2. Skills

- a. Helps supervisee form a verifiable professional opinion, based on clinical assessment and in collaboration with the client, about level of care and type of intervention.
- b. Helps supervisee to integrate theory in the treatment planning process based on the needs of the client.
- c. Helps supervisee address issues such as client's language, interests, culture, and other elements of diversity, in order to facilitate communication and to develop and maintain a therapeutic alliance.
- d. Helps supervisee determine appropriate intervention based on factors such as the nature of the client's problem (duration, severity, and environmental contributions), the client's stage of problem acceptance, as well as respect for the client's autonomy
- e. Help supervisee examine own biases about modalities when formulating service recommendations with client and understand how this can impact client outcomes.
- f. In establishing the treatment plan, the supervisor assesses client resources, support network, and other factors.

D. The Supervision Process

1. Knowledge

- a. **Is aware of the parallel process in which the interaction with the supervisee can be acknowledge and serve as an appropriate teaching tool.** Supervisor understands that there is a connection between content and process. Supervisor addresses relationship dynamics and utilizes the skills of practice in the supervision role; these concepts and skills are being modeled for the supervisee.

- b. Has the self-awareness to recognize his or her own emotional response to the supervisee's anxiety.** Understanding one's own emotional response to the supervisee can be an important tool in understanding the supervisee's feelings at the moment.
- c. Recognizes and understands how to address inter-ethnic and intra-ethnic issues that emerge in the supervisory relationship.**

2. Skills

- a. The supervisor demonstrates mastery of the methods of supervision utilizing skills in communications, relationships, learning styles and problem solving.**
- b. The supervisor uses the supervision process to model professional practice.**
- c. Guides and evaluates the supervisee toward better carrying out the treatment plan and greater effectiveness in working with a broad range of emotions and intensity of affect.**
- d. Guides and evaluates the supervisee's ability to use a range of tools (process recordings, memory work, audio-and video-tapes, and observation) to share the details of the practice for analysis with the supervisor.**
- e. Guides and evaluates the supervisee's ability to respect the centrality of the therapeutic relationship and to sustain a therapeutic alliance.**
- f. Guides and evaluates the ability of the supervisee to integrate feelings effectively into the professional function and role.**
- g. Guides and evaluates the supervisee's ability to permit the client's expression of intense affect states, both positive and negative, as he/she learns to manage extreme behaviors while maintaining a therapeutic stance.**
- h. Guides and evaluates the supervisee's ability to work in response to client productions (direct and indirect) in the middle phase of practice.**
- i. Guides and evaluates the supervisee's ability to assess readiness for termination (in collaboration with client) in terms of goals and objectives of the service and level of functioning.**
- j. Guides and evaluates the supervisee's ability to assess readiness for termination (in collaboration with client) in terms of goals and objectives of the service and level of functioning.**
- k. Guides and evaluates the supervisee's ability to recognize the potential significance of the termination process and to assist client in dealing with the issues it may provoke.**
- l. Evaluates the need for adjunct services and arranges for them, in conjunction with the supervisee and client, when indicated.**

E. Supervision of Appropriate Professional Impact

1. Knowledge

- a. Understands organization structure and dynamics and is able to view the organization as a dynamic system.**
- b. Has an understanding of the complex dynamics of inter-professional and inter-organizational interactions.**

- c. **Explores the supervisee’s tendency to over identify with the client or to over identify with the system.**

2. Skills

- a. **Facilitates the supervisee understanding of complex systems and inter-professional relationships.**
- b. **Demonstrates empathy for the difficulties facing the supervisee in dealing with “hard-to-reach” systems or professionals.**
- c. **Analyzes the clinical social worker’s interactions with other systems and professionals using the same tools and methods employed in examining direct practice with clients.**
- d. **Clearly states the expectations that he supervisee will work professionally with other systems and professionals.**

F. Practice Process and Outcome evaluation

1. Knowledge

- a. **Must be aware of appropriate tools and procedures for evaluating practitioner-client process as well as outcomes of practice.** One model for evaluating clinical decision-making and practice outcomes is the systematic planned-practice approach (Rosen, 1992), in which treatment is seen as having three components (problems, outcomes, interventions), each with decision-support tools.

Effective evaluation is achieved when the supervisee understands the original agreed-upon intervention goals and identifies measures that assess whether they have been reached. Outcome-of-practice measures can be “hard” (e.g. maintaining sobriety, getting a job, succeeding at school) or “soft” (e.g. feeling satisfied with the practitioner, having made progress toward long-term goals, feeling less negative about oneself and one’s self-image). The supervisee needs guidance to be realistic in measuring the outcome of practice.

The supervisor needs to be aware of the importance and use of client feedback in practice. Feedback can be of a formal nature, using instruments, or informal, encouraging the client to share thoughts or feelings about the work and the clinician.

- b. **Must understand the differential use of such tools**

2. Skills

- a. **Elicits supervisee feedback in evaluating client readiness to move from one task or phase of treatment to the next.**
- b. **Must be skilled at implementing such tools.**
- c. **Must be skilled at assisting supervisees to be comfortable using such tools and receiving and sharing practice feedback.**
- d. **Supervisor assists the supervisee in critically analyzing the literature and identifying practice interventions that have received empirical support.**

G. Evaluation of Supervision Outcomes

1. Knowledge

- a. Defined desired outcomes and means to evaluate whether such outcomes have been achieved.** Supervision includes agreeing on a plan that states desired outcomes and goals, and evaluating whether they are met.
- b. Must be aware of methods for evaluating the effectiveness of supervision.**

2. Skills

- a. Must be able to evaluate supervision based on progress toward goals and to modify goals.**
- b. Works with supervisee to agree on achievements of supervision and remaining problem areas and learning needs, and to review contracted goals and renegotiate future work.**
- c. Helps supervisee to be constructive in disagreeing with outcome assessments.**

H. Consultation, training, Writing

1. Knowledge

- a. Is recognized as an expert by peers and the professional community.**
- b. Has sufficient knowledge to provide consultation, and to educate social work practitioners about practice and supervision.**
- c. Has sufficient knowledge to provide education, consultation, and training to other professions and to the public.**
- d. Stays abreast of the professional and scientific literature.**

2. Skills

- a. Imparts knowledge to others with objectivity, respect, and skill.**
- b. Engages in activities that enhance professional knowledge.**
- c. May serve on professional boards or provide community service representing the discipline of clinical social work and the specialty of supervision.**
- d. May participate as evaluator of services or programs.**
- e. Exercises leadership as a clinical social worker**
- f. May assume political and educational positions to advance the field of clinical social work and supervision.**
- g. May publish in the field of clinical supervision.**