

"NEWS FROM YOUR LICENSURE BOARD" (part 2 of a 7-part series)

ATTENTION SUPERVISORS AND SUPERVISEES

FOCUS ON LCSW SUPERVISORS: STANDARD OF CARE ISSUES



The Composite Board's requirements for LCSW supervisors are minimal. The supervisor must be two years post LCSW and that is pretty much it. This is unfortunate because our National Association of Social Workers standards for social work supervisors are much higher. There is a mismatch, in other words, between the Board's requirements and our national professional standards. (Supervisor requirements for licensed marriage and family therapists, by contrast, are basically the same in both the Composite Board and the American Association for Marriage and Family Therapy. And the requirements include graduate level course work, a position paper on the supervisor's philosophy of supervision, two years of supervision of supervision, and ongoing continuing education).

One obvious problem in having very low standards in the Composite Board and very high standards in NASW is that many Board qualified supervisors may not be practicing in compliance with our national professional standards. This makes them vulnerable to making supervisory mistakes for which they can be held accountable, not only in an NASW complaint process, but also in courts of law and, at least indirectly, with the Composite Board since the Composite Board looks to standards in the profession as well as to its own rules for guidance in reviewing complaints. Ignorance about appropriate supervisory practices is not a defense in any complaint arena.

Standards of care are promulgated by professional associations, research and professional literature, licensing boards, legislation, court decisions and local community practices. They are the bench marks by which we are measured as professionals and the guide posts to help us practice wisely. IT IS OUR PROFESSIONAL RESPONSIBILITY TO KNOW THE STANDARDS OF CARE IN OUR PRACTICE DOMAINS.

Clinical supervision is a practice domain. And just like any practice domain, a clinical social worker is not really qualified to do it just because he/she has two years of clinical experience. Expertise in any practice domain requires education (graduate courses and/or post graduate workshops), supervision and/ or consultation, informed awareness of professional standards and trends in the field, professional reading and ongoing continuing education. Any clinical social worker who is doing supervision, publicly or privately, should be attentive to the ongoing need to keep his/her skills updated.

NASW's guidelines for clinical supervision suggest that the following kinds of issues be addressed in writing between supervisor and supervisee: the supervisory context, a learning plan, the format of and schedule for the supervision, the responsibilities of both supervisor and supervisee, accountability, evaluation measures, documentation and reporting requirements, conflict resolution procedures, compensation (if any), client notification and the duration and termination of the supervisory relationship.

In addition, I think that if the supervision is "outhouse" supervision, meaning the supervisor is outside of the agency context in which the supervisee is practicing, the contract needs to clarify who the "director" of the supervisee's experience is, who the other clinical supervisor is (if any), whether or not the supervision is of ALL of the supervisee's cases or just a portion of them and what procedures to follow if a clinical situation becomes dangerous.

NASW guidelines suggest that the supervisor's responsibilities should be: to ensure that services provided to clients are above minimal standards, to maintain documentation of supervision, to ensure that the client is informed of who the supervisor is and how to contact him/her, to monitor the supervisee's professional functioning, to identify practices that pose a danger to the health and welfare of clients or to the public and take remedial measures and to identify the supervisee's inability to practice because of illness, drugs, serious personal problems, physical condition or environmental stress.

In addition, I think that it is wise for the supervisor to tell the supervisee about his/her theoretical orientation and biases, areas of expertise (and lack thereof), and any other aspects of his/her professional life that might significantly impact the supervision (for example, who provides coverage when the supervisor is out of town). This is in line with our growing emphasis in the profession on informed consent.

Supervisee responsibilities, according to NASW guidelines, include: to obtain and document the client's knowledge of supervision and how the supervisor can be contacted, to develop (with the supervisor) a learning plan, to attend and participate in supervision on agreed-upon basis, to prepare for sessions and include case

material, to seek feedback and evaluation from the supervisor, to seek additional resources and references from the supervisor and to maintain documentation of supervision.

In addition, I would add that the supervisee has an obligation to discuss with the supervisor any reservations, insecurities, intense feelings and countertransference issues, mistakes, and other difficulties in the supervisee's work, especially any problems that might jeopardize the supervisor's license and professional wellbeing.

While some of the above standards may need to "flex" depending upon supervisory context, agency requirements, kind of clientele served (I, for example, do not want every client of a prison social worker in supervision with me to know how to get in touch with me), and so forth, the supervisor needs to KNOW the standards so that he/she knows the rationale for whatever exception to the standards he/she takes in the supervisory process. This is the supervisor's best protection in a complaint process or lawsuit. And do remember that the supervisee is functioning under the supervisor's license so the supervisor is in the direct line of fire if any complaints/lawsuits are brought against the supervisee.

In the next issue, we'll talk about the hierarchical nature of the supervisory relationship and issues of power, control and vulnerability.

National Association of Social Workers. Council on the Practice of Clinical Social Work. (1994). *Guidelines for clinical social work supervision*. Washington, D.C.: National Association of Social Workers.

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In the next issue: POWER AND CONTROL ISSUES IN SUPERVISION