

Renewing the Social Work Profession Through Faith-Based Clinical Supervision

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Clinical supervision is essential for any social worker who wants to receive a clinical license. It is critical to provide supervision in a competent and ethical manner. (Barnett & Molzon, 2014). The clinical supervisor must be proficient in the three main areas of clinical practice: assessment, diagnosis, and treatment. Likewise, the clinical supervisor should have received some specialized training to ensure that the clinical supervision meets the requirements of the board or entity granting the clinical license.

Clinical supervision should be based on the needs of the supervisee but must also include the supervisor's effective modeling and teaching so that the supervisee learns how to conduct clinical practice in an ethical and legal manner. Integrating spirituality into clinical work helps promote holistic wellness (Garner, Webb, Chaffin & Byars (2017). To assist a supervisee in developing special skills, such as addressing spirituality during the assessment and treatment process, the supervisor must address and discuss those skills with the supervisee. There is usually no other setting where clinicians can learn how to utilize spirituality in practice if it is not addressed during clinical supervision (Bernard & Goodyear, 2014).

Clinical supervision is the foundation of independent practice for many of the helping professions. Under supervision, best practices, ethical dilemmas, and legal standards can be explored with a seasoned clinician who can provide guidance. Barker (2003) has defined social work supervision as "an administrative and educational process used to help social workers further develop and refine their skills, enhance staff morale, and provide quality assurance for the clients" (p. 424). The National Association of Social Workers (2013) defines clinical supervision in social work as follows:

... the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. The supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting (p. 6).

Both the supervisor and the supervisee are responsible for practicing in accordance with the law, ethics, and state regulations (NASW, 2013).

Many studies explore supervision in terms of educational settings or occupational environments rather than in clinical practice. Although there is a dearth of literature on clinical supervision, this area of research has started to expand in recent years. Many studies that conceptualize supervision in the clinical setting explore supervision in terms of supervisor competence and evidence-based, or best, practices (Borders, 2018). This literature review will explore the supervision process in clinical practice, the effects of supervision related to skill acquisition, ethical delineation and modalities, the use of spirituality as an area of cultural competence, and the supervision process.

Clinical Supervision in Social Work Practice

According to NASW and the Association of Social Work Boards Task Force on Supervision Standards, “supervision is an essential and integral part of the training and continuing education required for the skillful development of professional social workers” (NASW, 2013, p.5). The objective of clinical supervision in the social work profession is to enhance the quality of care provided to patients while improving the standards of clinical work. That is, to provide the best care with the most effective techniques and outcomes by improving professional skills, practitioner well-being and self-care, overseeing casework, and offering a

safeguarding component whereby ethics can be explored in the supervision process (Schmidt & Kariuki, 2019). A supervisee seeks clinical supervision as a result of an interest in his or her own professional development and a desire to acquire advanced training and skills.

Beginning the Supervision Process

The supervision process usually begins with the supervisee obtaining initial credentialing from the applicable governing board and choosing a supervisor. Each state has its own requirements for the supervision process and state board approved supervisors. Many supervisees choose supervisors who specialize in specific therapy modalities and treatments. Generally, once a supervisor is chosen, the supervisee submits an application to the appropriate licensing board. Once the licensing board accepts the application and proposed supervision plan, clinical supervisory hours required for the advanced license (LCSW or LISW) can start to accumulate. When the supervision plan is approved by the applicable governing body, the supervisor can start setting the boundaries and model that is most appropriate for the supervisee.

The Supervision Contract

The supervision contract is an essential part of the supervision process because it develops how the supervision process will commence. It is an opportunity to set the boundaries and expectations in the supervision relationship and create trust and clarity. This can be done by specifying goals, the cost of supervisory sessions, meeting times, location of meetings, and frequency of supervision sessions. According to NASW (2013), there are three primary domains in the supervision process: administrative, educational, and supportive. The first of these domains focuses on administrative or managerial policies in order to provide services to patients. The educational domain explores philosophy and the knowledge and skills that come with effective and self-aware interventions with patients (NASW, 2013). This domain can also

include training that focuses on the best practices in assessment, diagnosis, and treatment of patients (NASW, 2013). The managerial domain focuses on the supportive roles that supervisors play in molding advanced clinicians. Supervision is a time when the supervisee's professional identity can be explored in trust and safety (NASW, 2013). Each of the foregoing three domains is essential in setting the boundaries and goals of the supervision process. The ultimate goal of all supervisors is to help shape competent, ethical, and professional social workers in today's society.

Goal Setting. While setting goals in supervision, it is important to explore what is and is not attainable or realistic, being mindful of the scope and expertise that a supervisor can ethically provide. Goals in the beginning of this process should be simple, concise, and realistic. During goal-setting, the supervisor can express what is required by the licensing entity and what the supervisor hopes to be able to accomplish with consideration to the supervisee's goals or aspirations. Goals may be amended or added during the supervisory process, so it is important to revisit this part of the supervision process often.

Location. The location of supervisory sessions is an important part of the learning contract. The location should be convenient for both the supervisor and supervisee and should afford confidentiality and safety. Confidentiality is essential for building trust between supervisor and supervisee; providing a safe space for processing work challenges, learning from the supervisee's emotions and perceptions, and being able to address concerns related to safety, vulnerabilities, and fears (O'Donoghue, Ju, & Tsui, 2018). It is also essential to maintain the trust and confidentiality of the supervisee's patients during the supervisory process. The location needs to be secure enough for the supervisee freely to express frustrations, challenges, ethical dilemmas and for the supervisor to provide constructive criticisms, thus making the desired

location for supervision integral in developing a supportive environment. Meeting in public locations, for example, can make it difficult for the supervisee to express concerns or experiences in a meaningful way.

Middle Phase

How can the supervisor enable the supervisee to develop better clinical skills?

During the middle phase of supervision, the routine, expectations, and process of supervision should start to feel familiar and routine to both supervisee and supervisor. During this phase, they should explore what is working well and what is not. They should review the supervision process, goals set in the beginning of supervision, new goals, expectations, time frames, and the supervisee's need for personal growth. During this time, the supervisee may be required to inform the licensing authority if his or her job changes or if there is a change in supervisor. Supervisors should be providing supervisees with evaluations about the positive and negative things they are doing in practice in order to help build better clinical interventions. It is essential that cultural and diversity competence is integrated into all aspects of the supervisee's clinical work as well as into all aspects of clinical supervision as is relevant (APA, 2010; Vasquez, 1992).

Skill Acquisition

Supervisees report that one of the major changes they experience during supervision is the increase in confidence when the supervisor assures them that their work is competent. According to Barnett & Molzon (2014), the ultimate outcome from supervision is to help enhance skills that prepare the supervisee for success in practice. This includes applying ethical principles in a culturally competent way and developing cultural humility, the willingness to learn and be open to understanding differences among clients even when the supervisee initially

knows little of a client's situation. Skill acquisition toward mastering highly complex tasks starts with goal-directed and purposeful motivated learning based on schemas in which standards of excellence and expectations can be refined and replicated (Taie, 2014). Supervisors must be highly skilled in order to mentor future generations in learning to be competent social workers. Ethical standards require that social workers who provide "supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence" (NASW, 2008, p. 19).

New goals must be explored during the supervisory process so that supervisees understand what is to be learned in future sessions. In some cases, a new learning plan may be needed if the supervisee's employment changes or if a new supervisor takes over supervision. In each of these cases, the respective licensing board should be notified of the changes to the most recent supervision plan submitted to it. Ultimately, what needs to be explored during supervision is what is working and what is not working. Taie (2014) noted that in order to obtain a new skill problem-solving must relate to the context (p. 1972). That is, the supervisor must identify what challenges have been experienced in supervision and what would be the most efficient way to create change. In some cases, the supervisor or supervisee may reach an impasse in their expectations for supervision, and the supervision process may need to be terminated. In this case, supervision might not be completed.

How Can Supervision Increase Spiritual Competence and Awareness in Supervisees?

Often, a clinician's clients desire to discuss issues related to their faith or religion. In the medical field, twenty-two percent of Americans report that they would welcome a discussion about faith with their physician (Kalb, 2003). Yet Shannon (2018) has observed that "[a] lack of training around religious and spiritual issues in formalized mental health professional programs

has placed the responsibility to ensure clinicians are prepared to work with clients in this area on clinical supervisors” (p ii). Therefore, to meet client expectations and assist with client needs, social work supervisors should use supervision to help refine and develop greater cultural and spiritual competence in their supervisees.

Thoughtful supervisors will direct supervisees to consider and address how the supervisees’ own faith and feelings about spirituality may be affecting their clinical work with clients. Supervisees whose work settings deal with trauma victims and life and death issues may become disheartened with their work. In these cases, spiritual practices can help lessen the effects of vicarious traumatization for supervisees and supervisors and can help the supervisee process his or her work from a spiritual perspective. Dombo & Gray (2013) have observed the following about the benefit of spirituality in clinical work:

Clinical social workers are particularly vulnerable to burnout with spiritual dimensions in the form of questioning the meaning of work, loss of purpose, hopelessness, and internalizing the suffering from their clients’ trauma. Spiritual practices have often been engaged to lessen effects of trauma and help with personal growth and change (p. 89).

Vicarious trauma comes as the result of “taking in” or exposure to the experiences, emotions, and reactions of trauma survivors by professionals working with them in the healing process (Pearlman, Saakvitne, & Buchele, 1995). Social work supervisors should look for signs of vicarious trauma and discuss it with the supervisee to alleviate distress.

Learning to conduct a spiritual assessment can be useful to a supervisee in dealing with a client’s spiritual or religious issues. The use of the following questions developed by David

Hodge (2006) in his Brief Spiritual Assessment Model is a good way for a supervisor to teach this process to supervisees. The questions include the following:

1. I was wondering if spirituality or religion is important to you.
2. Are there certain spiritual beliefs and practices that you find particularly helpful in dealing with problems?
3. I was also wondering if you attend a church or some other type of spiritual community.
4. Are there any spiritual needs or concerns I can help you with? (Hodge, 2006).

Gilham (2012) outlined several tasks to assist supervisors in incorporating spirituality into supervision. These include: (1) knowing one's own spiritual beliefs and becoming comfortable with them, (2) helping to monitor how the supervisee accepts the client's perspective, (3) seeing the client's worldview, (4) seeking knowledge when needed to understand new ideas about faith and religion (5) assuring that one's own biases do not interfere with client growth, (6) process changing beliefs and values, (7) utilize research, (8) know when to refer to members of the clergy, and (9) become aware of the degree to which the practice setting may be conducive to dealing with spiritual issues.

Terminating the Supervision Process

The final stage of supervision - terminating the supervision process - is another important step in developing competent social workers. During this stage of the supervision process, supervisors and supervisees are evaluating their experiences and the outcomes of each goal they have set. Evaluations also serve as the last step before advanced credentialing or licensure and should be done in a manner that is fair with clear measures or criteria (NASW, 2013). As the

NASW (2008) Code of Ethics states: “Social workers who provide supervision should evaluate supervisees’ performance in a manner that is fair and respectful” (p. 19).

Prepare for termination

Termination of supervision should occur over several sessions and should not be left to the last supervisory meeting. This allows for completion of incomplete goals, an audit of records kept during the sessions, and an accounting of hours or time yet to be completed. This is also a time where licensure paperwork can be prepared and gathered for the last supervisory meeting. Once paperwork is submitted to the applicable social work board indicating a completion of the supervisory process, there is often a period of time before the board responds. In many states, it is suggested that the supervision process continue until licensure has been formally approved in case there are complications regarding the number of supervisory hours the supervisee has earned.

Outcomes in Clinical Practice and Impact

Each supervisor has his or her own personal reasons for engaging in the process of supervision. Whether it is to earn extra income, to stay up to date with current practice standards, or to further the profession, they engage in an activity that is critical in creating competent and ethical social workers. Many enjoy seeing the professional and personal growth of their supervisees over a span of several years, evidenced by increased confidence and an ever-growing knowledge base. The supervisee can also have a lasting impression on the supervisor regardless of whether supervision has been a positive leaning experience or a negative one. Working with others also provides the supervisor with a unique opportunity to explore internal challenges, relationships, and employment dynamics from an outsider’s perspective, removed from the day-

to-day stressors or emotions experienced in the work place. This allows the supervisor to give objective feedback regarding the internal policies and politics of the supervisee's employer.

Both supervisors and their supervisees should be mindful of the NASW Standards for Cultural Competence in Social Work Practice and have a practical understanding of the cultures they serve in clinical practice (NASW, 2013). Each person in the clinical relationship may have different spiritual beliefs, practices, and cultures, all of which require respect. It is important that cultural awareness and diversity be built into the supervision process because of the supervisee's own ethnocentrism. In many cases, topics such as religion or culture are brought up in the professional setting and will need to be explored during the supervision process. For example, those social workers training in fields with high acuity patients may find that spirituality becomes a central theme when a patient is in crisis. Supervisees may be experiencing trauma or a spiritual crisis of their own by working with these individuals. It is important for the supervisor to remember that responsibilities of trust, respect, confidentiality, boundaries, and competence apply not only to patients, but also to colleagues who are being supervised. "Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries" (NASW, 2008, p. 19).

Outcomes for Supervisees

Both the supervisor and supervisee change during the supervision process. The process generally lasts for two years, and many things change in that period of time. The following observations regarding areas of change during supervision was obtained from recipients at the author's presentation at the Texas National Association of Social Workers Annual Conference on October 4, 2019 in Galveston, Texas: The supervisee develops the following areas of competence:

1. Development of clinical skills
2. Competence in using clinical skills
3. Trust in self
4. Better use of self-care
5. Better overall knowledge about professional work
6. How to respond when confronted with ethical dilemmas in practice
7. Improved abilities to address spirituality and become culturally aware in practicing with diverse groups

Outcomes for Supervisors

Supervisors reported developing better skills in the following areas:

1. How to set clear boundaries between supervision and therapy
2. How to evaluate with respect
3. How to deal with difficulties respectfully
4. Preventing the supervision from becoming therapy
5. How to include the client's perspective on self-determination

Conclusion

Spirituality is central in many people's lives (Stewart, 2014). Because spirituality matters to our clients, social workers need to learn to practice competently with spiritual issues in both assessment and treatment. Avoiding spiritual discussions often hinders client growth (Stewart, 2014). Spirituality and faith are part of the daily lives of many people and, as Hage (2006) observes, "a significant component of one's identity is spiritual and religious heritage" (p. 306). Clinical supervision is an opportunity to teach new clinicians how to utilize spiritual assessment and treatment to help clients resolve issues. Peteet (1989) has stated that "Therapists who avoid

discussion of religious issues miss opportunities to help patients integrate their religious and emotional selves; those who focus their attention on religious issues risk losing sight of their therapeutic task” (p. 563). Using spiritual assessment, discussions, and incorporating questions regarding how spirituality enters into the clinical supervision process will help both the supervisee and the clients.

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