

occurs in his or her therapeutic work. The strategy can serve as a model for developing a similar technique for the supervisee to use in his or her practice when lapses occur with clients. By admitting the lapses to the supervisee and sharing reflections about the case material that occurred outside the supervision, the supervisor communicates to the supervisee that the supervision is taken seriously, and that thought is given to the process outside the supervisory hour.

GUIDELINES

As a summary set of guidelines for the supervisor to keep in mind in relation to techniques used in supervision, the following elements of good supervision and methods to encourage learning in supervision are provided.

Elements of Good Supervision

1. Supervision should be based on the needs of the practitioner.
2. Supervision should be based on the premise of education for what to do.
3. Stand for and manifest commitment to good practice. Practitioners have difficulty committing themselves to something to which the supervisor is not committed.
4. Give answers when the situation demands it.
5. Authority should be de-emphasized rather than explicated.
6. Avoid relying on nonverbal communication. *Spell it out!*
7. Limit teaching through analogies or stories.
8. Use case material as a teaching tool, not as a threat.
9. Adequate interaction with the supervisor is a key to practitioner unity and understanding.

Techniques to Encourage Learning in Supervision

1. Allow the practitioner to select a portion of the case material that is presented.
2. Encourage practitioner self-development of learning material.
3. Focus on skills in which the practitioner is strong, and then move to weaknesses.
4. Give recognition to the practitioner for overcoming weaknesses.
5. Remove technical obstacles to practice and supervision.
6. Develop strategies to simplify complex material.
7. Use varied learning techniques.
8. Encourage lively discussion.
9. Set goals.
10. Use positive control.
11. Stress the enjoyment of doing treatment.

Technique and Best Practices

The following recommendations are made for implementation by supervisors to ensure that the quality standards and guidelines for supervision identified in this chapter are applied. Supervisors using a standards-of-practice model should implement these guidelines in applying techniques in supervision:

1. Supervise practitioners only for tasks and functions the supervisors have performed.
2. Have documented professional training in the areas supervision is provided.
3. Have documented formal training in supervision before assuming a supervisory position. On-the-job training should not be counted as sufficient supervisory training.
4. Be thoroughly knowledgeable regarding the code or codes of ethics the supervisor and supervisees are functioning under and ensure that supervisees have read and understand the code(s).
5. Ensure that the supervisees understand the role of advocacy and are able to identify when the need for client advocacy exists.
6. Be knowledgeable about and monitor stress reactions in supervisees.
7. Identify agency/organization policy and professional organizational ethical conflicts and call them to the attention of supervisees, employing organizations, and professional organizations.
8. Have written risk management policies for supervisees.
9. Have written requirements for intake procedures, diagnostic formats, assessment and evaluations criteria, and informed consent policies for clients.
10. Be knowledgeable about screening measures and familiar with basic standardized tests and measures relevant to populations served.
11. Have clear criteria for written treatment plans and foster supervisee understanding that treatment plans are related to diagnosis and initial assessment.
12. Have clear policies regarding the use of techniques during intervention. Supervisees should be able to explain, justify, and document existing research for techniques that are used.
13. Have clear criteria for evaluation of intervention that is applied equally to all supervisees.
14. Have clear protocols for termination with clients under differing circumstances (e.g., successful completion of intervention, loss of funding, client failure to pay, client failure to keep appointments, departure of the social worker).

15. Require supervisees to be aware of practice standards of other disciplines that may be relevant to the supervisees' practice (e.g., those of the American Psychiatric Association, American Psychological Association, and American Association of Marriage and Family Therapy).
16. Be aware of the role of culture, race, ethnicity, lifestyle, preferences, and vulnerability in relation to clients and practitioners and monitor intervention to ensure that all practitioners and clients are treated with fairness and equality.

**Case Exercise:
The Case of Helen**

Helen received her MSW twenty years ago, and after graduation she spent the next fifteen years raising three children. During this time the family moved several times because of the husband's occupation as a military officer. When all of Helen's children were grown and gone from home, she reentered practice in 1998 in a public child and adolescent foster care program that serves primarily abused children and adolescents. Helen is overwhelmed. She is shocked by the beliefs, experiences, and language of the children and their families. She is having difficulty mastering the DSM-IV-TR and resists giving cases a diagnosis as a part of the intake evaluation required by the agency. She has difficulty doing systematic intervention and struggles with developing intervention plans. Helen is likable and asks many questions. Many times she seems to forget the suggestions various staff offer her and has trouble applying the concepts learned in one case to other cases. You are assigned to be her supervisor. Staff, and Helen herself, have become frustrated with these limitations but are tolerant because she is so likable. Though more experienced, you are younger than she is and you feel intimidated.

(1) How would you assist Helen to become reoriented to practice? (2) How would you assist Helen in mastering doing DSM-IV-TR diagnosis? (3) How would you approach Helen regarding her forgetfulness?

**Case Exercise:
The Case of Calgare**

You are Jack's supervisor in a mental health clinic, and a fifteen-year-old female named Calgare has been referred to Jack by a school counselor because of failing grades and anxiety about boys who "stalk" her. Calgare has experienced a sudden onset of symptoms. She recently moved from Florida to Maryland with her twenty-year-old brother, her mother, and the mother's live-in male companion. Calgare is failing all of her subjects. She went to the school counselor and told him during a series of interviews that a boy her age was "after her" and had made "a crazy statement about giving me some jelly beans to come to his house with him." She claimed that two older men were "stalking" her and a friend when they went to a store after school to get soda. She observed these two men following her in a pickup truck over several days. The counselor notified the police, and they interviewed Calgare at the school, but no action was taken.

Calgare is afraid to go home from school and stays at school as late as she can. She has trouble going to sleep at night during the week but sleeps all day on weekends. Calgare said she would jump out of her second-story bedroom window if anyone came into the house after her. She knows she can do this because she has jumped out the window before. Calgare does not like one of her teachers, who is very tall, is loud, and "stands over my shoulder watching me work, and this gives me the creeps." Calgare also said that her brother is about to enter prison for car theft.

Jack is a beginning social worker who graduated from an MSW program six months ago. He is very interested in this case and wants to help Calgare but does not know "where to begin."

(1) How would you initiate supervision with Jack on this case? (2) What recommendations would you have for Jack regarding needed information about Calgare and her family as part of the initial assessment? (3) What would you view as essential elements of a treatment plan for Calgare?

SUGGESTED READINGS

Haley, J. (1996). *Learning and Teaching Therapy*. New York: Guilford.
Covers technique in therapy and supervision. Haley uses examples from his own supervision by Milton Erickson.

Kadushin, A. (1992). *Supervision in Social Work*. New York: Columbia University Press.
Overview of basic social work supervision with specific techniques.

Watkins, C. E. (ed.) (1997). *Handbook of Psychotherapy Supervision*. New York: Wiley.

A collection of articles on a broad range of supervision topics. Can serve as a reference book for the supervisor.

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