

CHAPTER 1

INTRODUCTION, OVERVIEW, AND BASIC ASSUMPTIONS

What are the many challenges that new and experienced supervisors face in the reality of the social services field? Some examples follow (in case examples throughout this book, names have been changed to protect confidentiality).

- After six years of frontline work with a large child welfare agency, a worker was promoted on the retirement of the previous supervisor. On the first Monday morning in her new role, she walked into the common room for coffee, and her former peers became quiet. Two of them had also applied for the supervisory job and were upset that they did not get it. She knew they were talking about her because she used to talk about the former supervisor with them. She wondered if this meant the end of her friendship with them.
- A new supervisor was brought into an agency from the outside. The administrator warned her that her department had experienced poor supervision and needed some shaking up. The administrator had turned down a male frontline worker, with more experience, when he applied for the supervisor's job. He told the new supervisor in their first conference that he had never been supervised by a woman and that the previous supervisor had generally left him alone to do his work. The supervisor felt a gut-tightening sensation as she wondered what she had gotten herself into.
- After six months on the job, a supervisor decided that the evaluation process would be a good time to level with a long-term staff member about his inadequate performance. The supervisor had left the problem alone, hoping it would just go away. Instead, it had become increasingly worse. He reviewed the staff member's personnel record and discovered that previous supervisors had given the employee consistently positive and obviously false evaluations. He dreaded

the approaching conference with what he knew would be an angry worker. It did not help knowing that the worker was also the local union representative and that the agency's human resources department had a reputation of avoiding confrontations.

- A clerical support staff worker stormed into the supervisor's office and insisted that the supervisor had to do something about a frontline social worker who was always late with his work but still expected her to respond immediately. He was rude to her, and she did not want to tolerate it anymore. In addition, the social worker regularly told her to lie to clients on the phone and tell them he was not in. As a result, she had to deal with angry people when he would not return their calls. The supervisor indicated that it sounded like a real problem and suggested they meet to discuss and resolve it. The support worker, shocked at the suggestion, insisted that the supervisor not tell the worker she had complained. "After all, we have to have coffee together. You're the supervisor, so you fix it!" The supervisor felt frustrated and angry with both staff members.
- An executive director revealed in a management team meeting that agency funding was about to be severely cut. As a result, all salaries would be reduced by 5 percent, and some staff would be let go. Because the agency could not cut intake or reduce the caseloads, supervisors were told that their staff members must take on more cases for less money. The administrator asked the supervisors to "back her up" and to let her know if any staff members made trouble. When a memo to staff members announced the cutbacks and new caseload policies, they reacted with anger. At a team meeting, one worker, who appeared to be speaking for the rest, said to the supervisor, "You are going to be with us on this one, aren't you?" The supervisor felt caught in the middle and wondered why she had left her frontline worker's position to take the job.
- A recently promoted Black supervisor heard through the grapevine that many members of the largely White staff in the office thought he had obtained the promotion because of the agency's affirmative action program that had been implemented in response to an increasingly ethnically diverse community and a significant increase in clients of color. Although he recognized that affirmative action had been a factor, he believed he was competent for the job and would have had a good chance of getting it regardless of his color. Nothing was said directly; however, he could sense tension in the staff group. He felt angry, hurt, and bitter at the racist element in his reception; as a result, he maintained a formal and distant relationship with his staff members. He felt increasingly isolated at the agency. Because he was the only person of color on the management team, he did not feel free to raise the issue openly. Although many of the clients served by his agency were clients of color, intercultural issues (for example, a White worker with a client of color) never came up in supervision.
- A Latinx supervisor was promoted to a more senior management position. One of his former supervisees, also Latinx, congratulated him and said he looked forward to his support when the worker applied for the just-vacated supervisor's job. The worker suggested that the new manager knew how hard it was for Latinx

workers to get ahead in the agency. The manager felt distressed and put on the spot because he did not believe this worker was the best candidate for promotion. When another frontline worker was selected for the position, the Latinx worker was clearly angry and avoided contact with the manager for months.

- A staff member, very well regarded by staff and clients in an agency serving clients with AIDS, suffered a heart attack at the office. The agency was located in a minority-dominated community, and police response was generally slow. The supervisor placed a call to 911 for emergency services; however, when the police arrived, they refused to offer cardiopulmonary resuscitation (CPR) and indicated that they would wait for the emergency response team to arrive. The delay in emergency response led the supervisor to provide CPR herself. The staff person was still alive when she was taken from the clinic, but she died on the way to the hospital. This left all of the staff and clients who had witnessed this incident traumatized and angry. They believed the initial responders assumed the staff member had AIDS, which she did not, and had refused to provide direct contact assistance. The supervisor had to deal with the initial trauma, the continued trauma over the weekend, and the reactions of agency clients as well.
- A mother killed her child with whom she had been reunited after the child had spent months in foster care. Agency staff were devastated. The local newspaper ran a story that suggested this was another example of agency incompetence when dealing with children at risk. The state case investigation unit arrived and began to ask questions, which the staff interpreted as the unit's attempt to determine "who was at fault." The staff, including those members not involved directly with the case, expressed a need for someone to ask "how they were doing." The supervisor knew she had to intervene to provide support, but the agency appeared to be reacting with a level of agency hyperactivity rather than addressing the feelings of staff and their impact of those emotions on practice.
- State and county budget shortfalls required draconian efforts to close the gap between income and expenses. One of the first steps by the elected officials was to order positions cut from the child welfare offices. The positions cut were for the family support workers, who provided crucial prevention interventions for families at risk. These families' problems were also exacerbated by the economic turndown. Internally, union rules required that senior people could "bump" those with less time in the system, resulting in administrators and others moving into units to replace fired staff members. The staff members who had been particularly supportive to each other were upset and angry and sent indirect and direct communications of rejection to the person inserted into their unit.
- A supervisor had to confront a staff member for being far behind in submitting required paperwork. The staff member agreed immediately and said he would address the problem. As he said this, the supervisor felt it was a "New Year's resolution" meant to be broken. The staff member's work improved for a short period, but he soon fell behind again. The supervisor realized this was a form of passive resistance in which the worker said exactly what he thought the supervisor wanted to hear.

- The supervisor wanted to involve the staff group in a form of case consultation in which each staff member would present a difficult case for discussion. When she turned to the group for a response, the presenting staff member was inundated with suggestions of what she should have done, resulting in her increasing defensiveness. Staff members became reluctant to share problems and only presented cases they felt they had handled well. This was not what the supervisor had hoped would happen.
- The supervisor chaired a weekly staff meeting for discussion of agency policy issues, which she experienced as an “illusion of work.” Conversation was taking place, but nothing real seemed to be discussed. One staff member arrived late for each meeting and used the time to review his case notes while ignoring the discussion. Another stared out the window. The supervisor realized that even though she chaired the meeting, she also was bored each week. It came to a head when one staff member fell asleep at a meeting and started to snore loudly. The supervisor thought that maybe they only needed to meet every other week.
- The agency senior staff group had decided they needed to incorporate an evidence-based practice (EBP) model into their services. They were sure the cognitive-behavioral therapy (CBT) approach would be the best one for their clients. After a number of training sessions from an outside educator, staff were instructed to use the model and supervisors were charged with supervising this form of practice. After a while, staff members began to abandon the new model and insisted on working with clients using the model in which they were trained and were comfortable implementing. Frontline staff pointed out to supervisors that research showed that the CBT model, although showing some positive results, was not shown to be the best and only model for their clients. Supervisors felt caught in the middle between administration and frontline staff.
- A supervisor began her first day on the job at a new state agency when the governor declared all offices closed, because of the COVID-19 pandemic. She was instructed by her administrator to begin supervising her staff from home using Zoom. She was supervising their e-practice using e-supervision, which was a totally new experience for her and her staff.

These are just a few examples raised by participants in my supervision workshops (and one that was recently raised by the pandemic) that are addressed in this book. The presenters felt ill-prepared to deal with these problems, and they did not have access to either administrative or peer support for help. If any training was offered to them, it tended to be theoretical (for example, identify your style of management on a matrix; discuss the hierarchy of human needs; learn how to conduct a staff retreat; have the staff participate in trust exercises, including falling backward to be caught by other staff). Supervisors reported that this training seems unrelated to the day-to-day, nitty-gritty issues faced by supervisors and managers, such as the ones described previously.

The theory presented in this book is grounded in the reality of life in human services agencies and host settings (for example, hospitals, schools) and is tested through experience and empirical research. Most human services supervisors eventually learn to cope

with, or at least to adapt to, many of the stressors associated with supervision. This can be a difficult process because some issues are suppressed yet still exert a powerful influence on supervision. A good example would be the intercultural issue discussed earlier in which the supervisor and the staff member were different in terms of race. Differences in ethnicity, gender, age, and sexual orientation are often treated as taboo subjects and remain under the surface, which only serves to increase their power to disrupt the critical working relationship between supervisor and staff and, in turn, between staff and clients.

The goal of this book is to speed up the learning, to provide specific next steps and strategies for supervisors, and to make the process a bit less painful. I am certain that the examples given earlier hit home for many readers, and they can relate them to their own versions of the problems. It is not uncommon in a workshop for a participant to respond to the presentation of a problem employee by exclaiming that the employee sounds just like one they supervised in the past. I have also seen, particularly in smaller and more rural communities, the supervisor discover that the employee actually was the one she had supervised in the past. The readers may find some relief in what I describe later in the book as the “all in the same boat” phenomenon in which they discover they are not alone, and many of the issues and problems are general in nature.

FOCUS OF THE BOOK

Although administrators and supervisors have a pivotal impact on the effective provision of services, they receive surprisingly little training in the skills necessary to carry out their function. Training programs often concentrate on the managerial aspects of the job (for example, budgeting, managing time, obtaining statistics, using the agency computer information system, writing reports, setting objectives) but give less attention to the interpersonal and group leadership skills needed for implementing supervisory and administrative functions.

This state of affairs seems to be the result of assuming that frontline professionals who can do their jobs well as social workers, nurses, psychologists, counselors, child care workers, and so on should be able to make the transition to supervisory positions mostly on their own. There is some truth to the idea that direct practice experience with clients, patients, residents, students, and others can be useful (as is illustrated in this book); however, it is a fallacy to assume that this parallel between practice and supervision will be immediately apparent to the beginner or even to experienced supervisors.

In my workshop experience and in reviewing surveys that include thousands of supervisors, it has become clear to me that frontline supervisors often receive little or no supervision on the specifics of their supervision practice. Conferences with more senior administrators may involve discussions of cases, staff, and policy but almost never a discussion of the detailed process of how they handled a particular problem with an individual staff member or the staff group. An administrator asking a supervisor to share elements of the actual conversation as best as the supervisor can remember is the exception rather than the rule. Without some sense of the supervisor’s words, the staff member’s response, how the supervisor felt during the conference, and so on, I do not believe enough specific help can be offered. When administrators supervise supervisors

in an overly general manner, it should be no surprise that the supervisors do the same when supervising their workers.

From Theory to Practice: Making the Connection

New supervisors as well as experienced ones need clear and simple models of supervision practice that will help them to understand their roles and to learn how to implement complex human relations tasks. These models can help experienced supervisors conceptualize what they already do well so that they can implement their crucial role more efficiently and consistently. The models may also suggest strategies that will help experienced supervisors do something different when all of their efforts appear to have failed. In addition, good models can help new and experienced supervisors adjust to the changing demands in the field. The presentation of such a framework is the task to which this book is directed.

Much of the book's content is drawn from my practice experience, teaching, research, and discussions with human services supervisors and administrators in workshops and consultation sessions in the United States, Canada, and other countries. The issues selected for discussion have repeatedly been identified as central problems. This fact enhances the book's practical value and relates it to the daily problems experienced by supervisors.

To make it easier to refer to the discussion of particular problems or issues, subjects and illustrations are cross-referenced by topic in the Index. Examples include dealing with defensive staff members; adjusting to the position of supervisor when one is promoted from the ranks; effectively implementing affirmative action hiring programs; and helping staff cope with a traumatic incident, such as a suicide on a caseload, an attack on a worker, or community trauma, such as shootings at a school. Thus, this book can serve as a reference for supervisors when new issues emerge for them. The supervisor can turn directly to the relevant section.

I believe that readers should be able to connect the discussion to their day-to-day realities and not have to ask themselves, "What does this idea or research have to do with my work?" An answer to this question is found in the many detailed illustrations of real supervisors dealing with real problems as presented in workshops, classes, and consultation. The illustrations are presented either in specific dialogue or in process recordings that describe the moment-to-moment interaction between the supervisor and the individual staff member, the staff group, the agency administrators, and other professionals. Thus, readers are able to see directly how others apply the theoretical model and how they can then apply it.

Although readers will have to find their own words and personal approaches to addressing issues—which is the artistry component of supervision—the examples presented provide new insights about the issues and new strategies for addressing them. The research findings on the supervision process, provided throughout the book, offer descriptions of the dynamics as well as interventions that appear to help. This is the science component of supervision. For example, the provision of support through genuine empathy is consistently identified as a crucial element in developing a positive working relationship with staff. Contrary to models of practice and supervision that present a

prescription for how to empathically offer support by providing the exact words that supervisors should use in all situations in an almost mechanistic way, I suggest that supervisors have to find their own words that reflect their genuine emotions, life experiences, and personality rather than give ritualistic responses. I discuss this topic further later in the book as the false dichotomy between science (the research) and art (our unique ways of expressing ourselves). As with all false dichotomies, when we choose one side versus the other and fail to see the integration the two, we find ourselves stuck with a bad decision no matter which side we chose.

Problem of the False Dichotomies and Phony Dualisms

A *false dichotomy* is the perception that a choice has to be made between two apparently opposite ideas. In this book, I challenge many of what I call false dichotomies, such as the one just discussed between science and art. Effective supervision and practice comes from using science to guide individual artistry rather than from following prescribed actions and mechanistic responses. Other false dichotomies are addressed in the book, including, but not limited to, the following:

- personal versus professional
- support versus confrontation
- structure versus freedom
- individual staff member versus the group
- process versus content
- staff versus the client
- staff versus the agency

In each case, I advocate the importance of integrating the two apparent opposites rather than choosing between them. For example, I illustrate from research, from practice experience, and through examples the importance of integrating the personal self into the professional role: who we are, what we feel, what we think about the worker's issues, and even how we speak. In more than one presentation at a workshop, participants have noted my New York City accent and my style of role-played interventions. For example, the need for a facilitative confrontation of the worker or client may be suggested by the science. The specific way it is implemented is the artistry. I raise more discussion on these proposed false dichotomies later in this book.

In attempting to understand the dynamics of supervision and to develop an approach for dealing with the issues, a practice theory developed by my former mentor and friend, William Schwartz (1961), has been important. Schwartz first developed the theory for the social work practitioner. He suggested that this powerful practice theory could have applications to other helping relationships, such as supervision, administration, and teaching (Schwartz, 1968). Although the approach described in this book is rooted in the work of Schwartz and draws on his written and verbally communicated ideas, the content reflects my elaboration.

WHAT'S NEW AND UPDATED IN THIS FOURTH EDITION

The discussion of the core model and many of the illustrations from the previous edition are included in this one. However, to address important changes in the general social services climate and issues involved in supervision of practice, I have added new examples of supervisors in action working with individual staff and staff groups and attempting to practice professionally within their agency and with other systems. I have also updated the literature on supervision with a particular emphasis on research findings. The expansion of interest in professional supervision has led to an increase in publications in this area, resulting in my choosing the most relevant ones for this book.

In addition, since publication of the last edition of this book, I served as coeditor of the *Clinical Supervisor Journal* and cofounder and co-chair of an international and interdisciplinary conference on clinical supervision funded by the National Institutes of Health (NIH). Working with an interdisciplinary group of experts as journal reviewers and a similar group as conference planners has helped me to escape from the tunnel vision, my own included, that appears to have dominated each of the separate disciplines. Thus, readers will note an expansion of literature drawn from psychology, counseling psychology, nursing, family therapy, rehabilitation, and other disciplines. More attention to the literature from other countries has also resulted from these important international collaborations on the journal and the conference. I believe we have much to learn from each other and that we need to continue to cross artificial discipline boundaries.

Finally, as the final editing of the book was underway, the COVID-19 pandemic hit the United States and other countries, causing serious disruptions including in social services and supervision. To recognize this emerging crisis, a section was added to chapter 12's list of community traumas to identify the impact on frontline workers and supervisors and to introduce distance supervision.

Supervision of Evidence-Based and Evidence-Informed Practices

A significant updating of chapter 8 focuses on EBPs, including motivational interviewing (MI), solution-focused practice (SFP), and CBT in addition to evidence-informed practices (EIPs), such as feminist practice (FP); lesbian, gay, bisexual, transgender, queer, and questioning practice (LGBTQQP); and trauma-informed practice (TIP).

Agencies are increasingly interested in integrating such models. In chapter 8, I provide a framework for evaluating EBPs and EIPs, a summary of their major ideas, and examples of how they can be taught in supervision. NIH has recognized that supervision is a crucial vehicle for instituting new practices in any treatment setting and building in sustainability of EBPs and EIPs once the initial novelty has worn off. The more recent research that both supports the use of EBPs and EIPs and challenges their use in some circumstances enhances this section. For example, an early systematic review by Walters et al. (Walters, Matson, Baer, & Ziedonis, 2005) of workshop training for psychosocial addiction treatments suggests that skill improvements were identified immediately after the training but were not maintained over time. However, when extended consultation

(a form of supervision) or direct supervision and feedback were provided on a more long-term basis, individuals were more likely to adopt the new treatments. In describing these evidence-based models, I share some of my observations of what might be the source of the staff or client resistance to change and the difficulty in maintaining such changes over time.

Also added to chapter 8 in this edition is a discussion of EIPs. These models contain concepts and intervention strategies that can be incorporated into a supervisor's or a worker's existing models of practice. Those models selected for inclusion in this chapter include FP, practice with LGBTQQ clients, and TIP.

Once again, the parallel process concept is useful in explaining how supervisors model or do not model the practices they attempt to teach. In one negative example, I observed a trainer presenting the stages of change model (DiClemente et al., 1991; Prochaska & DiClemente, 1982), which is discussed in more detail later in this book. The trainer was presenting the concept of a client's being in a "precontemplation stage"—the client not recognizing they had a problem with alcohol—to a group of obviously resistant substance abuse counselors. The trainer was describing the importance of recognizing the signals of this stage and the need to use specific strategies to address client resistance before moving into the "contemplation" stage (accepting a problem) and then the "action" stage (taking steps to deal with it) of change. The workshop participants sat in stony silence, arms folded across their chests, some rolling their eyes, as the trainer argued it was a mistake to discuss action skills for clients when they were in the precontemplation stage and obviously not ready.

There is nothing wrong with this concept stressed in the MI model; indeed, it can be helpful. However, the trainer seemed unaware that he was addressing a group of professionals in the precontemplation stage of their practice change and that he was modeling the exact opposite of the approach he was teaching. In addition, the group members were in many ways acting out, probably unconsciously, the resistance that they encountered when they led groups for mandatory clients, such as those who were court ordered after conviction of driving while intoxicated. If he had used the stages of change model while trying to teach it to mandated workshop participants, it could have been an effective way of overcoming the workers' initial resistance. Process and content are not dichotomous and can be effectively integrated. After the session, the trainer's observation was that the participants were simply resistant and not open to change. This was exactly what the workers said when they were facing similar resistance from clients.

Expanded Discussion of Practice Content

This new edition also expands the discussion and illustration of the practice content of supervision. In the chapters included in Part III dealing with the educational and teaching role of the supervisor, I provide more discussion and illustrations of the direct practice skills—the content of supervision—as well as the teaching and evaluation skills of the supervisor. I continue to use the framework of the phases of work—preliminary, beginnings, work, and endings and transitions—making clearer the parallel process between supervision and practice. For example, a number of illustrations of contracting in first sessions with clients make these important skills more teachable for supervisors. Thus, the supervisor can identify the core dynamics and skills in practice—what I call the

“constant” elements that cut across all settings, populations, and modalities (individual, family, group, community, and systems)—and a range of problems that clients face. When the constant elements are clear, it is easier to conceptualize and teach the “variant” elements in the supervisor’s and worker’s setting. For instance, contracting in a hospice dealing with end-of-life issues will be quite different from contracting in a parents’ group in the community. Both, however, will involve the same contracting skills. This discussion is further elaborated in two of my other books, *The Skills of Helping Individuals, Families, Groups, and Communities*, 8th edition (Shulman, 2018), and *Dynamics and Skills of Group Counseling* (Shulman, 2010a).

The examples in this book include illustrations of how the supervisor contracting with workers models the skills being taught. Supervisors also need to clarify the purpose of supervision, clarify their view of their role, reach for worker feedback, and discuss issues related to authority (for example, the limits on confidentiality). Supervisors must try to develop a positive working relationship with staff as the medium for influencing the staff member’s practice. I say “try” because I believe the worker has a responsibility in the process, which is why it is called “interactional.” These discussions emphasize how “more is caught than taught” as the supervisor practices what they preach. This is one illustration of avoiding the false dichotomy of process (how we supervise) versus content.

Ethical Issues, Updated Changing Legislation, and Risk Assessment Strategies

Chapter 9 has been updated to address the new ethical issues, dilemmas, and conflicts that supervisors and practitioners face in their work. Changing federal and state legislation, such as the Health Insurance Portability and Accountability Act of 1996, need to be considered in practice supervision. In addition, changes implemented by President Donald J. Trump have raised ethical issues in areas such as working with immigrants. Risk assessment strategies that have emerged since the last edition of this book offer important advice to the workers, supervisors, and administrators. Supervisors need to understand how these issues affect their supervision and affect the workers’ practice with clients. These strategies are introduced with links for further exploration of this important element of supervision. Moreover, the impact of the Internet on supervision and practice has opened up new areas for consideration.

Group Leadership, Group Supervision, and the Impact of Trauma and Secondary Trauma on Staff

The chapters dealing with group leadership (see chapters 10 and 11), including staff meetings, case consultation, group supervision, and staff support groups, have been expanded with greater attention to explaining the group dynamics underlying processes that can frustrate supervisors. With a continuing diminishing attention to group work practice in schools of social work curriculum and fieldwork, BSW and MSW students may graduate without having a separate course in group practice or experience leading a group in their field practicum. This is happening at the same time that the use of groups is expanding significantly in many fields of practice. Thus, new supervisors may suddenly

find themselves leading staff groups with even less practice experience and preparation than they had for their individual supervision responsibilities.

I have also expanded the chapter dealing with trauma (see chapter 12) with new examples of traumatic events as well as a discussion of the impact of secondary trauma on workers. An immediate event, such as the death of a client or an attack on a worker, will affect the feelings of staff and perhaps their practice behaviors.

We are still learning more about the less obvious secondary trauma that comes from working directly over a period with clients who have or are experiencing powerful traumas themselves. For example, working regularly with survivors of sexual abuse, clients dealing with end-of-life issues, and the persistently homeless client who drops in and out for services can take its toll and result in burnout of staff. Inclusion of this issue in the section on working with staff groups (see chapter 10) reflects my belief that a mutual-aid support group for frontline workers and supervisors may be the method of choice for helping both.

Supervisor's "Two Clients": The Frontline Workers and the Agency or Setting Itself

The main body of this book ends with chapter 13 in which I address the supervisor's role in mediating conflicts between the staff group and the larger setting, for example, within the agency, hospital, or school. I include this role in part to emphasize that the staff group is a dynamic system that exists in and has relationships with an even larger dynamic system. The questions addressed are (a) What is the role of the supervisor in helping the staff group deal with its environment? and (b) What is the role of the supervisor in helping the environment (for example, the administration) deal with the staff group? In this chapter, I expand on the discussion in the last edition and earlier chapters by conceptualizing the staff group as an entity—more than the sum of its parts—that is vitally affected by its interaction with its environment and vice versa. This chapter also addresses a number of issues emerging in changes in agencies and other settings that may impact the role of the social worker and, in turn, the social work supervisor. The chapter now argues for the uniqueness of the social work role in an agency or a system, a unique role that is not always shared by other professions.

I once again leave this discussion to the last chapter because, in my experience, this is the area that generates the most resistance and taps the most deeply held feelings on the part of supervisors about being caught in the middle between staff and the administration. I suggest that in the middle between the staff group and administration is exactly where the supervisor should be. Rather than feeling "caught," the supervisor needs to develop the ability to feel comfortable with this crucial part of the supervisory role. I have found that once supervisors have seen the importance of playing this role between the individual staff member and clients or other professionals and playing the same role in the staff group as discussed in earlier chapters, they have a greater willingness to accept this role in relation to the system. Integrating this mediating role also serves the purpose of distinguishing the social work role from other helping professionals in the system.

Just as frontline workers always have two clients—for example, the individual and the group, the child and the family, the student and the school, and the patient and the

hospital—supervisors have two “clients.” Supervisors face this last and most difficult false dichotomy. Should they identify with the staff or the administration? This book’s answer is: both at exactly the same time because this is one of their most important jobs.

I hope that these additions and expansions to the earlier edition are useful to the aspiring, new, or experienced supervisor in the human services. The next section of this chapter describes the five core assumptions of this model and begins to present the empirical base.

FIVE CORE ASSUMPTIONS

Five core assumptions underlie the approach described in this book:

1. Supervision is an interactional process in which the supervisee plays an active part in influencing the behavior of the supervisor and the outcome of the process.
2. There are common or constant elements to supervision across settings, disciplines, populations, and problems.
3. Universal dynamics and skills apply to different modes of interaction (for example, individual and group supervision).
4. There are parallels between supervision and other helping relationships.
5. The supervisor–supervisee working relationship is the medium through which a supervisor can partially influence the outcomes of the worker’s practice with clients.

Supervision as an Interactional Process

This assumption views the supervision dyad as a dynamic interaction in which the supervisor and worker are constantly influencing and being influenced by the behavior and expressed emotions of the other. The same would be true of the relationship between the supervisor and the staff group. Each has a part to play in the process; the supervisor’s part is designed to help the worker or workers play their part. The dynamic nature of the interaction means that the behavior of either actor cannot be understood as separate from the behavior of the other.

For example, a supervisor may evoke a defensive response if they confront a worker with a problem in the worker’s direct practice or job management without first establishing a positive working relationship or without offering support. The worker’s defensive response, in turn, will influence the supervisor’s next intervention, perhaps increasing the level of detail of the problem and the level of confrontation. This outcome, in turn, may increase the worker’s defensiveness and so on.

Even if the supervisor does raise the issue in a supportive manner and has tried to build a positive working relationship, the worker may still respond defensively. This may be the worker’s pattern of handling any criticism in life, not just at work. If the supervisor recognizes this pattern, they need to shift the discussion from the worker’s practice to the supervision process and the worker’s difficulty in dealing with criticism. To understand

the behavior of both supervisor and worker in a conference, one has to put it into the context of the interaction, the state of the relationship, and the way they handle their part in the conversation. This is one of the reasons for more specificity when discussing the worker's practice or the supervisor's supervision.

I believe the supervisor only has responsibility for their part in the interaction and should not feel responsible for the worker's defensive responses. If supervisors play their part as effectively as possible, then the outcome of the conversation or the ongoing supervision may depend on the worker's reactions.

This dynamic can also be seen in the worker–client relationship. At some stages in their lives, clients are able or unable to use help. A cocaine-addicted mother may not be able to use the help of the most skilled and gifted counselor until she breaks her drug habit and is in recovery. The 16-year-old foster adolescent may not be able to use a social worker's help until they face aging out of the system and the fears associated with independence. Social workers have learned not to take responsibility for the client's part in the helping process and instead to focus on the part they play.

This assumption guides this book. My focus is on the supervisor's role and what steps make sure the supervisor is as skillful as possible in helping workers play their parts. When mistakes are made, I encourage the supervisor to learn from them and correct them, and, if the staff members are still active with the supervisor, to go back and try to correct a mistake. It is hard enough for supervisors to develop the complicated set of skills that will help them become skillful supervisors; they do not need the additional responsibility for the worker's part in the proceedings.

Common or Constant Elements in Supervision

A number of common dynamics and core skills are central to all supervision processes. Although the examples draw on a range of settings (for example, social welfare agencies, hospitals, residential treatment centers) and include the work of many different professionals (for example, social work supervisors, hospital administrators, nursing supervisors, consultants, child care supervisors, counselor supervisors), the common elements of the practice are stressed.

There are also variant elements to supervision practice that may be specific to the particular setting, clients, and problems involved. Supervision will look somewhat different in a community mental health clinic providing family counseling to clients who have requested help dealing with their teenager compared to a child welfare protection worker's meeting with a family ordered to accept services by a family court. Whether the client–counselor relationship is voluntary, involuntary, or semivoluntary, the supervisor has to help the counselor develop skills of contracting with all clients.

Universal Dynamics and Skills in Different Modes of Interaction

A third assumption is that many of these dynamics and skills are universal to the various modes of interaction within which supervisors operate. For example, some key skills are equally relevant to working with staff members individually or in groups. There are, of

course, important differences between individual and group sessions, and these differences are identified in later chapters. There are also similar dynamics when working with staff members during a formal conference or when providing informal supervision in short, focused discussions on specific issues.

In addition to being responsible for formal group meetings (for example, staff or team conferences), supervisors are responsible for coordinating the work of staff members in the informal system. This part of their task is often the most frustrating and difficult because interpersonal and professional conflicts can lead to a lack of cooperation. These same skills and dynamics can be applied to the work of supervisors as they represent staff concerns to the administration, deal with other supervisors (for example, department heads) on issues of conflict between units, or relate to outside agencies. Examples illustrate the skills involved in working with individual staff members, the staff as a group, and the system as a whole, and they address both the formal and informal contexts of this work.

Existence of Parallels between Supervision Dynamics and Other Helping Relationships

The fourth assumption is that there are parallels between the dynamics of supervision and any other helping relationship. Therefore, the skills that are important in direct practice with clients or patients are also important to the supervisory relationship. A number of authors (Arlow, 1963; Doehrman, 1972; Schwartz, 1968) have identified these similarities. It is not suggested, however, that supervision should become a therapeutic relationship. The staff member is not a client of the supervisor. Indeed, it is essential that this therapeutic relationship does not happen and that the work of supervision remains focused on helping staff members carry out their work-related tasks. Nevertheless, much of what is known about effective communication, relationship, problem-solving, and group leadership skills can be useful in implementing diverse aspects of the supervisory function, such as coordination, education, and evaluation.

In addition, the way the supervisor demonstrates the helping relationship with workers may influence the manner in which staff members relate to clients. For example, when supervisors attempt to help staff members develop a greater capacity for empathy with difficult clients, they ought to demonstrate their empathy for the staff members. Examples in later chapters illustrate the importance of “being with” a worker at exactly the moment the supervisor is asking the worker to “be with” the client. Supervisees learn how a supervisor really feels about helping by observing the supervisor in action. More is “caught” by staff than is “taught” by the supervisor—the *parallel process* in which a supervisor models a view of helping relationships through their interaction with staff.

This assumption of the parallel process suggests that even a new supervisor who has recently been promoted from the practitioner role already knows more than they realize about the skills needed for effective supervision. The supervisor can use the understanding and skills developed in direct practice without turning supervision into a therapeutic encounter.

Supervisor–Supervisee Working Relationship: A Medium for Influencing the Worker’s Practice with Clients

A supervisor who interacts skillfully with a supervisee will have a positive impact on their working relationship. This relationship will be the medium through which a supervisor may influence the supervisee’s practice. In turn, the supervisee’s practice behaviors may influence the outcomes of practice with clients. The word “may” is used because this impact on both levels can also be influenced by other factors.

The construct of a working relationship used in this book is discussed in chapter 2, and my associated research is presented in detail in the Appendix. For now, the working relationship is defined through the supervisee’s report on three relational dimensions measured by five items in the research instruments:

1. *rapport*: the general ability to get along well with the supervisor
2. *trust*: the ability of the worker to be open with the supervisor and to share mistakes and failures as well as successes
3. *caring*: the perception of the supervisee that the supervisor is trying to help and cares about the worker as well as the clients

These elements are also crucial to the working relationship, or therapeutic alliance, between the worker and the client, which is an element of the parallel process. They are also elements of other administrative relationships, for example, between frontline supervisors and managers.

Interest in the concept of the working relationship has grown in social work and other disciplines. In a reply to two prior studies (Ellis, 2001; Veach, 2001) expressing concern about harmful supervision, Nelson and colleagues (Nelson, Gray, Friedlander, Ladany, & Walker, 2001) focused on the importance of the “working alliance” between supervisor and supervisee:

We propose that a key task in early supervision is building a strong working alliance (Bordin, 1983) that can serve as a base from which future dilemmas in supervision can be managed. Ongoing maintenance of the alliance should be the supervisor’s responsibility throughout the course of the relationship. The evaluative component of supervision distinguishes the supervisory alliance from the therapeutic alliance. We propose that a strong supervisory alliance is based, in part, on congruent expectations about the evaluative aspect of supervision. Evaluation is a defining feature of supervision in training programs, and trainees need to be informed of the nature and basis of their supervisors’ approach to evaluation from the outset of their relationship. (p. 408)

I agree with the importance of evaluation in the supervisory relationship. However, I do not agree with the argument that this factor distinguishes the supervisory alliance from the therapeutic alliance. As discussed in detail in chapter 3 on beginnings and contracting, it is the purpose of supervision and the role of the supervisor that makes this

important distinction. The supervisory alliance is the medium to facilitate a focus on the worker or student's work in the setting and with clients. A good deal of the literature, particularly in other disciplines, uses the term "alliance," but, to maintain clarity, I refer to the "working relationship" in discussions of supervision instead of "alliance."

Impact of Supervision on Client Outcomes

Although research in a number of disciplines has focused on the impact of supervisor behaviors on worker values, attitudes, and behaviors, there has not been a significant amount of research that answers the question, Does this supervision affect the outcomes of practice from the perspective of the agency, the client, or both? For example, would effective supervision influence a substance abuse counselor's interaction with a client in recovery, and—this is the hard part—would that result in the client's

- moving from denial to consideration of the existence of a problem?
- maintaining recovery?
- minimizing relapses?
- maintaining sobriety for a longer period between relapses?

The argument is that supervision has only a degree of impact on the worker's practice, and, in turn, the worker's impact is partial in nature. We return to this issue when discussing supervision of EBP and EIP in chapter 8.

Freitas (2002) addressed the question of the link between supervision and client outcomes by exploring two decades of research on supervision of psychotherapy:

The supervision of counselors-in-training has become an important area of psychotherapy research. Through supervision, one expects that trainees will gain the knowledge and clinical skills needed to work effectively with clients. Much research has been dedicated to understanding trainee skill development through supervision, but relatively few studies in the literature have addressed whether clinical supervision leads to improved client outcome. (p. 354)

Freitas reviewed 10 studies conducted between 1981 and 1997 and more recent studies that identified both methodological criticisms and promising directions. In summary, however, methodological problems made it difficult, at least in these studies, to document the link between supervisor behavior, worker behavior, and client outcomes. In one of a series of recommendations to researchers, Freitas described what is a core issue in the research methodology:

A second recommendation is that researchers study supervisees of similar training backgrounds and levels who are providing treatment to a rather uniform clientele. When one pools data from trainees with a wide range of experience and professional backgrounds, all of whom are treating clients with widely varying diagnoses, it becomes difficult or impossible to isolate the effects of the independent variable(s) on the dependent variable(s). (pp. 363–364)

In other words, Freitas suggested the need to control for many other variables that may affect outcomes. The complexity of practice and supervision leads me to focus on supervisory influence that is only partially able to account for both the relationship and client outcomes. Think of all of the elements that may affect one case:

- the demographics of the supervisor (for example, age, experience, education, training)
- the demographics of the practitioner (similar to those for the supervisor)
- the demographics of the client (for example, age, gender, culture, stage of the problem, available support system, socioeconomic factors, race, sexual orientation)
- the elements of the setting that support or hinder supervision and practice (for example, caseload size; supervisory load; degree of job management issues in supervision; unionization; counseling setting compared to host setting, such as a school)
- the impact of community attitudes and political factors on the setting
- the impact of recent traumatic events on supervision and practice (for example, death on a caseload, a physical attack on a worker)

It is for this reason that my supervision and practice research has attempted to partial out, or explain, how different elements combine and interact to affect outcomes. Some research, including my own, focuses on how much these elements of the process may affect other elements in predicting client outcomes. In other words, the question is not whether the supervisor influences the worker's behavior but, rather, what percentage of the worker's behavior is impacted by supervision. A similar question could be asked about the worker's behavior and client outcomes.

We are still working on understanding the mechanisms of change in supervision and practice, developing instruments to measure them accurately, and trying to understand how they interact with each other. Research projects with random assignment methodology, also recommended by Freitas (2002), are needed; however, some way of controlling the sample in the study (supervisors, workers, or clients) or controlling the data analysis is needed to clarify the impact of both supervision and practitioner behavior while taking into account the impact of these other variables. More on these issues can be found later in this book and in the Appendix, where I present my early work in this area.

ORGANIZATION OF THE BOOK

The book is organized into four parts. Part I includes this chapter and a second chapter that describes the conceptual groundwork for the interactional approach to supervision. Part II includes three chapters that use time as an organizing principle; it borrows the framework of the phases of work from Schwartz's (1961, 1976) practice theory. Skills needed for the preparatory and beginning phases of supervisory work are examined in chapter 3, starting with the skill of tuning in or developing preliminary sensitivity to staff members' potential concerns and issues about the new relationship. An underlying assumption of the beginning phase model is the importance of developing a clear working

contract at the start. Both the problems of beginning as a new supervisor from outside the system and as a new supervisor who is promoted from within are examined. Issues associated with the introduction of affirmative action hiring and promotion policies are also discussed.

Chapter 3 also explores the skills of re-contracting. Many experienced supervisors, who have held their position for years, have found that they may be struggling with unfinished business from the beginning phase. (A common example is resistance from a resentful former colleague who applied for the same supervisory job.) Another section describes the contracting and preparatory work needed to incorporate a new staff member into the working unit.

Chapter 4 focuses on the work phase in individual supervision. Reviewed are the core interactional and communication skills required in ongoing work with staff regardless of the issue or problem under discussion. The skills of showing empathy, sharing feelings, providing data, and making a demand for work are among those described in this context. A number of common situations in the work phase are used to illustrate the theory, such as the problem of how authority affects the supervisory relationship and how to deal with a defensive staff member who mistrusts the supervisor. Resistance—both active and passive—is also explored.

Chapter 5 completes Part II by focusing on the dynamics and skills involved in the ending and transition phase of supervision. It highlights the phenomenon observed in so many human services settings in which staff members tend to have difficulty in dealing with endings (for example, cleaning out an office on a Saturday and not saying goodbye). The chapter explores this phase from the perspective of a worker who is ending with a client or leaving the agency and from the view of a supervisor who is leaving the unit.

Part III deals with educational and evaluation functions of the supervisor and focuses on work with staff members to help them improve their practice with clients. I return to the phases of work but focus on presenting and illustrating the specific frontline worker skills—the content of the teaching—and then the parallel process through which the supervisor models each of the skills in their work with staff—the process of teaching. This discussion makes clear my earlier comment that more is caught than taught because the process of supervision is integrated with its content.

Chapter 6 examines the educational function of the supervisor in helping staff members develop the skills needed for carrying out their work. Although specific issues connected with student supervision are included in this chapter, the general purpose is to identify core issues involved whenever one person attempts to help another master a new skill. Chapter 6 also examines the issues involved in working with staff on matters associated with the growing emphasis on sensitive multicultural practice. The argument is that skillful supervision is crucial in these areas because of the norms and taboos that make it difficult to discuss these issues openly. If staff reactions, fears, and concerns are not dealt with, the potential for active and passive resistance, even on the part of generally supportive staff, may increase. In addition, the supervisor would be modeling avoidance of difficult and taboo issues, which might then be replicated in the worker's practice with clients.

Chapter 7 focuses on one of the most important and difficult aspects of supervision: holding staff members accountable for their work through ongoing feedback and

evaluation. Two types of evaluation are discussed. The first is the formative evaluation provided on an ongoing basis in supervisory conferences. The second is the more formal evaluation that may carry with it significant elements of authority, such as making a recommendation for continued employment at the end of an initial period of work. Evaluation is presented as a potentially effective tool for helping staff members grow in the work situation.

Chapter 8, expanded in this edition, explores issues involved in supervising staff on the implementation of EBP and EIP in work with clients. The chapter begins with a brief description of the criteria for determining that a practice is evidence-based and then introduces three commonly used EBPs: MI, SFP, and CBT. This chapter now also addresses three EIPs: FP, LGBTQP, and TIP. Supervision issues in implementing and sustaining each model are explored, including the process through which the supervisor, at times, can model the core aspects of the EBP or the EIP through the supervision process.

Chapter 9 focuses on the ethical and legislative issues affecting practice and supervision. This revised chapter highlights the importance of supervisors imparting a professional ethical perspective even in situations in which a dilemma exists because of what is perceived as competing demands. A risk management approach provides a supervisor with a process for addressing ethical and legal issues that will guide both supervision and practice with clients.

In Part IV, the focus is on working with the staff group. Chapter 10 reintroduces the framework of the phases of work, this time applying it to the development of the group. The specific group leader skills and intervention guided by a view of the supervisor as helping the staff group take some responsibility for its own process are presented. The chapter explores the skills needed for effective leadership of both formal and informal staff systems, including such diverse tasks as leading staff meetings and helping staff members deal with conflicts.

Chapter 11 describes the mutual-aid processes that can exist in a staff group that help to create a supportive climate in the setting.

In chapter 12, the specific focus is on mobilizing the potential for mutual aid and social support in staff groups in response to traumatic events, which may include the death of a client, child abuse, patient suicide, and the impact of the illness or death of a colleague and the impact of cutbacks and cost-containment efforts. This chapter now also addresses the powerful impact of secondary trauma on staff.

Part IV closes with chapter 13, which examines the role of the supervisor in the middle position between the staff group and the external systems that affect its work. The common phrase used to describe the feelings of middle managers is “caught in the middle” because both staff and administration appear to be asking, “Which side are you on?” This chapter explores how a supervisor can avoid the trap of identifying with staff versus the administration or, the reverse, siding with the administration versus staff. A “third-force” or “buffer” role is described and illustrated. Examples include how to relate to staff when introducing changes in policy that may generate resistance and how to provide feedback to higher authorities on the feelings and concerns of staff members. The mediation function suggested by Schwartz (1968) provides a framework for discussing this critical and difficult supervisory task. Many of the dynamics and skills described

in the preceding chapters are directly relevant to this work, and these connections are stressed. Chapter 13 also addresses the unique aspects of the role of the administrator, who is often one or more levels removed from the work of the staff.

EMPIRICAL BASE

Related research findings are shared in this book in the context of the discussion in each chapter. These include findings from a general review of supervision and management studies in the human services, findings from a study by my colleagues and me (Shulman, Robinson, & Luckyj, 1981), and specific findings of a subdesign of a study conducted to develop and test a holistic theory of practice (Shulman, 1991, 2018). This study served, in part, as a replication of the first study. Instruments developed and tested in the first study were used again in this project.

The first study involved a mailed survey to supervisors and their staff members in social work agencies (child welfare workers), hospitals (nurses), and residential treatment centers (counselors) in three provinces of Canada. A total of 109 supervisors and 671 frontline workers were included in the final sample. The second study was a subdesign of a major, holistic study conducted in a provincial child welfare agency in British Columbia. Five executive directors (responsible for macro areas of the province), 10 managers (responsible for regional offices), 68 supervisors (responsible for district offices), and 168 frontline workers participated in the supervision subdesign of this study.

The Appendix provides a summary of the designs of both studies. In particular, the limitations of each study should be reviewed and kept in mind when evaluating the findings reported in this text. The Appendix also contains versions of the original questionnaires that can be used for research purposes or for surveys of staff to provide feedback to supervisors as well as a profile of the agency's actual supervision as implemented.

SUMMARY

This book focuses on the interactional supervision and management skills needed to work in the increasingly complex and stressful human services field. It examines what supervisors and managers actually do in interacting with staff, clients, administrators, the community, and other systems important to their work. Five basic assumptions underlie the approach to this text. The first is that supervision is an interactional process in which each participant affects and is affected moment by moment by the other. The second is that a core set of dynamics and skills forms the constant element of supervision observable in different settings and with different professionals. Variant elements can also be identified. The third is that the supervision process has a number of universals that are common to different modes of supervision, such as individual and group, formal and informal. The fourth assumption is of a parallel process between the supervisor-supervisee relationship and the interaction between frontline workers and clients or patients. The fifth is that the supervisor-supervisee working relationship is the medium for affecting the worker's practice with clients. Supervisors are seen as modeling their views of the helping process through their interaction with staff. Through its four-part organization,

the book explores the theoretical base, the four phases of supervision practice (preliminary, beginning, middle, and endings and transitions), education and evaluation functions of supervision, and working with staff groups.

The empirical base of supervision practice is explored by reviewing the general supervision and management literature as well as the results of two major studies conducted by me. The design and findings of these studies are briefly summarized in the Appendix, which includes sample questionnaires for supervisors, workers, and clients.