Social workers and cross-disciplinary supervision

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Abstract

This article critically discusses the phenomenon of cross-disciplinary supervision as it pertains to social workers as supervisees and supervisors. In this discussion the history of supervision, the literature concerning cross-disciplinary supervision, the politics and ethics of cross-disciplinary supervision and the occupational regulatory context of Aotearoa New Zealand, particularly the Social Workers Registration Act and the Health Practitioners Competency Assurance Act are reviewed in order to produce guidelines for the practice of cross-disciplinary supervision.

In the past decade there has been an increasing emphasis upon collaborative practice in social and health services. One consequence of this has been an emerging cross-disciplinary supervision practice in which practitioners from differing professional and disciplinary backgrounds participate in clinical supervision with each other.

For social workers, two factors have seen them exposed to the phenomenon of cross-disciplinary supervision. The first is multi-disciplinary teams in hospital and health settings from which the managerial supervision provided to social workers has increasingly been shifted to non-social workers due to the separation of the managerial and clinical aspects of health practice (Berger and Mizrahi, 2001). The second factor has been the increasing development of the private practice supervision marketplace where the provision of supervision is being outsourced to ‘independent super-vision professionals’. For social workers these cross-disciplinary situations have resulted in their being supervised by and/or supervising non-social workers (O’Donoghue, 2003a).

To date, there appears to be no empirical evidence concerning the extent to which social workers participate in cross-disciplinary supervision as either supervisors or supervisees. Nor is there any empirical evidence concerning the advantages and disadvantages of cross-disciplinary supervision for supervisors, supervisees and clients (Mullarkey, Keeley, and Playle, 2002). There are also no clearly articulated theory, models or protocols for social workers who participate in cross-disciplinary supervision. In short, this means that social workers are engaging in cross-disciplinary supervision without a research, theory and knowledge-base pertaining to cross-disciplinary supervision competence.

The discussion that follows aims to provide the foundations of a framework from which social workers can critically consider cross-disciplinary supervision. The framework proposed involves the following four elements:
1. The history and nature of supervision within social work and other professions.
2. The literature and research relevant to cross-disciplinary supervision.
3. The politics and ethics involved in the cross-disciplinary supervision.
4. The occupational regulatory environment.

History and nature of supervision
The history of supervision in the helping professions reveals a uniprofessional development within the various professions, with each profession developing their own supervision tradition and literature (Mullarkey, Keeley and Playle, 2002; Grauel, 2002; Kadushin and Harkness, 2002). Kadushin and Harkness (2002: 14) in their review of the literature within the established supervision traditions note that since The Clinical Supervisor, an interdisciplinary journal of supervision started publication in 1983, that:

…the supervision literature has showed signs of inter-disciplinary development and growing specialisation.

In this section a brief overview of social work’s supervision history will be described. This will be followed by a brief discussion of the supervision traditions and cultures of other professions.

Social work

The social work profession claims a significant role in the development of supervision in the helping professions with arguably the most established tradition, which originates from the late 19th century (Kadushin and Harkness, 2002; Tsui, 1997; Munson, 2001; O’Donoghue, 2003a). It also claims an extensive literature which can be traced back to the early 20th century (Kadushin and Harkness, 2002). The most significant claim in relation to social work’s supervision legacy is that supervision is social work’s gift to the helping professions (Robinson, 1949).

Throughout its history, supervision in social work has remained exclusively concerned with social workers’ experiences in the roles of supervisors and supervisees, the activity of supervision itself and the context within which supervision takes place. According to O’Donoghue (1999, 2003b) the development of social work supervision has been shaped by the dual forces of social service organisations and the social work profession, with either managerial or professional interests being accentuated throughout its history. This duality is apparent in the traditional form of supervision whereby a supervisor implements the administrative, educative and supportive functions of supervision with their supervisee(s) within the context of a hierarchical agency relationship (Kadushin and Harkness, 2002; Tsui, 1997). This form of supervision has been significantly challenged by the economic rationalism and mana-gerialism of the last decade with these challenges contributing to changes in both organisation bureaucracy and professionalisation.

The effect of these changes has included the separation of the following: policy advice from delivery; purchasing from provision; business from clinical; and management from professionals and clients (O’Donoghue, 1999). For social work supervision, these changes have contributed to the division between managerial and professional (clinical) supervision with the former equating to the administrative function and the latter the educative and supportive functions (Payne, 1994). It has also contributed to the differentiation between internal and external supervision. The former equates to supervision provided by an employee of the organisation whereas the latter involves supervision provided by a consultant contracted to the organisation.

There has also been an increased use of the peer form of supervision as agencies flatten their hierarchical structures and emphasise self-management through quality teams (O’Donoghue, 1999; Hawken and Worrall, 2002). In short, the changing social work supervision scene has led to the development of a plurality of supervision forms and a supervision marketplace in which an increasing number of practitioners are providing supervision as part of self-employed practice with a demand being generated by social workers and agencies who seek this contracted external form (O’Donoghue, 2003a; Kane, 2001).

Turning to the history of the theory and practice of social work supervision one finds that it has generally mirrored the social work practice of the time (Munson, 2001; O’Donoghue, 2003b). In recent years, like the other helping professions, social work has integrated post-modern approaches, experiential learning theory and reflective practice into its supervision practice (Gardiner, 1989; van Kessel and Haan, 1993; O’Donoghue, 2003a).
O'Donoghue (2003a) argues that what is unique about social work supervision is that it operates from within a social work paradigm in which people and their environments are considered together. This means that it is concerned with the work, the person of the worker, the process of working, the situation of the workplace and the wider world or the environment within which all are located. Moreover, it is this multi-level perspective together with the commitment to principles of human rights, social justice, empowerment, liberation, anti-oppression and anti-discrimination that differentiate social work from other professions and disciplines (Kadushin and Harkness, 2002; O'Donoghue, 2003a).

**Other professions**

Turning to supervision in other professions one finds that in psychiatry and psychology, supervision has historically been linked to the training of interns, with consultation and peer-review being used once the psychiatrist and psychologist has been registered and has gained their accreditation with a specialist college (McDonald, 2002; Bernard and Goodyear, 1998; Hewson, 2002). In the case of psychologists, Hewson (2002) notes that after accreditation supervision is a professional development option which is not often sought.

The psychotherapy and counselling professions, on the other hand, share with social work a culture of continuing supervision throughout the practitioner’s life-span. The history of supervision in these professions originates from their psychoanalysis roots in the early 20th century. For these professions supervision has served the function of developing the practitioner’s professional identity, as well as fostering their professional development and assuring the welfare of the client through the monitoring of the practitioner’s work (Grauel, 2002; Hawkins and Shohet, 2000; Carroll, 1996). Supervision within these professions has tended to be person-centred and focused upon intrapersonal and inter-personal processes and their affect upon both the parties involved and their practice. The development of counselling supervision is described by Carroll (1996) as having three phases:

1. psychoanalytic origins,
2. counselling model based approaches, and
3. specific supervision approaches namely, the developmental and social role models.

Turning to the supervision literature in the nursing profession, one finds that despite clinical supervision being a recent development (emerging in the early 1990s) there is a prolific literature (Yegdich, 2002). In developing its approach to supervision, nursing has drawn mainly from counselling and psychotherapy sources, which first entered the mental health nursing field and then general nursing (Yegdich and Cushing, 1998). The nursing supervision literature makes a significant effort to distinguish and separate clinical supervision from line management. It contains a growing critique of the influence and applicability of counselling and psychotherapy approaches in nursing supervision. It also displays an attempt to reclaim the unique nature of nursing within its clinical supervision by returning to the profession’s emphasis on biological process, practical skills and the intimate nature of bodily care (Yegdich, 2002).

Each of the professions reviewed thus far has an established supervision literature and culture. There are three areas namely, the allied health professions, support work and church clergy where a supervision culture has not yet been established but may yet emerge over the next decade. As these fields start to pioneer supervision it seems that they are drawing on the supervision literature and training from professions where supervision is well established and in some cases their members are seeking cross-disciplinary supervision as supervisees with supervisors from other professions including social workers (O’Donoghue, 1995; Grauel, 2002; Grover, 2002).
**Review of the relevant literature and research**

The method used in this literature review involved searching the Social Sciences Citation Index (via the Web of Science) and EBSCO megafyle using the Academic Search Elite; ERIC; Health Source: Nursing/Academic Edition; Health Business Fulltext Elite; PsycARTICLES; and PsycINFO databases. The initial search strategy employed involved the terms ‘interdisciplinary supervision’ or ‘multidisciplinary supervision’ or ‘transdisciplinary supervision’ these terms yielded no results from the Social Sciences Citation Index and only one article from the EBSCO databases, namely, Galvin and McCarthy (1994) which was a critical evaluation of the claim that multidisciplinary teams were the most effective means of providing community mental health services. In their critical evaluation Galvin and McCarthy (1994: 162) state that:

Interdisciplinary supervision is simply not viable within the current organisational and professional context.

A second search strategy was used with the term ‘clinical supervision’. Each of the two searches yielded over 300 results. The titles and abstracts from these results were manually reviewed for any cross-disciplinary or multiprofessional supervision content.

From this review, four further articles were identified as relevant. Berger and Mizrahi (2001) was the only article published in a social work journal and it reported a survey of 750 hospitals in the USA, which sought to identify the extent that social workers participated over three years in the following models of supervision:

1. Traditional supervision (with a senior social worker who was formally appointed to the role of supervisor);
2. Peer supervision (with a social worker who was a colleague); and
3. Non-social work supervision (with a person who did not hold a social work qualification).

The findings of this study were that participation in the differing supervision models had changed, with a notable decrease in traditional supervision and an increase in non-social work supervision. This was attributed to the flattening of the management structure within health care organisations. Another finding was that clinical supervision by a social worker was ‘clearly evident’ (Berger and Mizrahi, 2001: 12). As well as these findings this article identified further research questions concerning non-social work supervision. These questions included:

- The qualifications of supervisors;
- Their role, authority, supervision philosophy and methods;
- Their knowledge of the social work profession;
- The content of their supervision sessions;
- The experiences of social workers who are supervised by them; and
- Where these social workers receive their clinical supervision.

The second article, Mullarkey, Keeley and Playle (2002) seeks to explore whether supervision in the multiprofessional environment of mental health teams is possible and desirable and aims to open up this topic for debate from a pro-multiprofessional supervision perspective.

The third article Hyrkas, Appelqvist-Schmidlechner, and Paunonen-Ilmonen (2002) reports a qualitative study of multiprofessional team supervision in Finland. It finds that expertise, relational and logistical factors influenced the achievements of team supervision and that team supervision’s effects on the work setting and supervisors were perceived as positive and rewarding.

Clouder and Sellars (2004) is the fourth article and it is based upon two qualitative research studies. One conducted with occupational therapy students and the other with qualified physiotherapists. The article itself is focused upon an interprofessional perspective for clinical supervision and reflective practice and draws heavily from nursing supervision literature.

The picture of cross-disciplinary supervision portrayed by these articles does not provide any obvious assistance for social workers in the form of practice guidelines or information concerning
the strengths and challenges involved in cross-disciplinary supervision as either a supervisor or supervisee.

**The politics and ethics of the supervision hybrid**

In this section, supervision politics and questions pertaining to the ethics of cross-disciplinary supervision will be explored.

The human service professions operate with various degrees of legitimisation and status within society (Hancock, 1998). O'Donoghue (2003a) asserts that the established health professions of medicine (including psychiatry), nursing and psychology have high legitimisation and status and that psychotherapy and counselling, whilst not quite at the same level as the registered health professions, appear nonetheless to be held in higher regard than social work. The influence that this has in terms of supervision extends to claims made concerning the construction of supervision and to the establishment of preferred discourses in multiprofessional settings.

In the supervision literature, the citation and referencing of the literature from other professions appears to reflect a preference for the psychotherapy and counselling literature, with the extensive social work supervision literature being rarely mentioned or referred to outside of the social work profession.

Central to the issues concerning politics in supervision are the two significant discourses, namely, supervision as a field of practice within a profession and supervision as a discipline in its own right (O'Donoghue, 2003a; Carroll, 1996). The difference between these two discourses essentially concerns the construction of supervision. Whether the supervision of the direct practice with clients, which requires knowledge of professional practice is emphasised, or the supervision of the worker, which necessitates the application of methods and models of how to supervise is emphasised. The debate created by these discourses can lead to the awful question of what is better, a supervisor who has expertise in practice or one who has expertise in how to supervise (Carroll, 1996). The answer is obviously neither. What is best is a supervisor and a supervisee who between them both possess expertise in practice and how to conduct supervision.

Before moving on to discuss questions pertaining to the ethics of cross-disciplinary supervision, it is worthwhile considering briefly the influence that the increasing privatisation of the supervision marketplace may have in the niche marketing of supervision (or perhaps supervisors) as a profession and discipline in its own right and the possibility that a commercial imperative rather than a practice one is influencing this discourse.

In terms of ethics, the main ethical issue for social workers engaging in cross-disciplinary supervision as supervisors relates to their competence to do so. For social work supervisees, the ethical issue relates to their duty to clients concerning accountable practice, continuing professional education and professional standards.

The issue of a social work supervisor’s competence to engage in cross-disciplinary supervision is one that is connected to the previous point concerning expertise in practice and supervision. It also concerns what exactly the social work supervisor has contracted to supervise. For example, a social worker supervisor working in a child and adolescent mental health service with an expertise in family casework agrees to supervise a psychiatric nurse’s family casework only, so that the nurse learns family casework, and this supervision is additional to the nurse’s established nursing supervision. The ethical issue of competence then diminishes leaving the ethical questions to be:

- whether the supervisor is aware of the nurse’s ethical obligations;
- that the supervisor has informed the nurse of the supervisor’s ethical obligations and the means and process by which the nurse could make a complaint; and
- that the supervisor and supervisee have a clear process specified in their contract concerning the reporting of alleged unethical practice.

However, if the same supervisor contracted to supervise the nurse for their entire nursing
practice, as their sole supervisor, the supervisor’s competence for areas outside of the social work scope of practice would be in question. If the social work supervisor was not conscious of this limitation in their own competence and did not refer to an appropriately qualified nurse matters outside of their competence then they may be in breach of section B 1.9 of the Aotearoa New Zealand Association of Social Workers, (ANZASW) Code of Ethics (NZASW 1993).

In the case of a social work supervisee seeking cross-disciplinary supervision, the ethical issues concern how the supervisee is ensuring that they are professionally accountable for their practice and that by participating in this supervision they are responsibly meeting their duties to their clients by ensuring that they continue their professional development and adhere to professional standards. In this regard, sections B 3.7, B 5.1- 5.3 of the ANZASW Code of Ethics would appear to apply (NZASW 1993). Furthermore, as indicated in the supervisor example, the ethical situation is different when the cross-disciplinary supervision is an adjunct to professional social work super-vision and the supervisee has a clearly contracted focus, such as learning cognitive behaviour therapy or narrative therapy from either a psychologist or narrative therapist.

The Health and Disability Commissioner’s (HDC) report into Southland District Health Board’s Mental Health Service touched briefly in its comments concerning ‘Social Worker A’, about it being a social worker’s duty to clients, to be professionally accountable for their practice through supervision, ongoing professional development and to use supervision to maintain professional standards (HDC 2001, 73-74). In this report the supervision arrangements were described as involving:

…peer supervision on an ad hoc basis from a drug and alcohol counsellor on staff…[who] does not have social work qualifications…

and irregular and infrequent supervision with an approved ‘Southland DHB supervisor’ (HDC 2001, 73-74). Since this report, there have been two significant pieces of legislation that are likely to have an influence upon cross-disciplinary supervision. It is to these that we now turn our attention.

**The Aotearoa New Zealand regulatory environment**

In 2003, the New Zealand Government passed both the Social Workers Registration Act and the Health Practitioners Competency Assurance Act. The Social Workers Registration Act establishes a market-based approach to the regulation of social workers based upon individual social workers and/or their employers’ choice. The Government aims to ensure that registration becomes widespread throughout the social services by using its influence as the major funder of social services through the mechanism of contract compliance.

In the Act itself, supervision is only mentioned in two places, namely section 29, as a possible condition attached to practising certificates, and section 83 as a penalty that may be imposed by the disciplinary tribunal. Despite this meagre mention of supervision in the Act and no publicly espoused supervision policy from the Social Workers Registration Board, it appears reasonable to speculate that the Social Workers Registration Board could adopt a supervision policy similar to that of ANZASW in relation to social work supervisees, in which:

…social workers receiving cross-disciplinary supervision…should also be receiving supervision from a [registered] social worker (ANZASW 2003, p16).

Currently, ANZASW enforces this policy amongst their members through their competency assessment processes. There is no reason why the Social Workers Registration Board could not use a similar policy and practice for registration. The question concerning social workers acting as cross-disciplinary supervisors is not currently one that either ANZASW or the Social Workers Registration Board has considered, despite it being clearly linked to the social work scope of practice.

Perhaps, the Health Practitioners Competency Assurance Act (HPCAA), 2003, which aims to provide a regulatory framework within which the public are protected by ensuring that health
practitioners are competent and fit to practise their professions may provide us with some insights. This Act applies to all currently registered health and allied health professions. Social work, however, is not covered by this Act. The Act contains a number of references to supervision which are found in sections 5, 12, 22, 23, 101, 137, 202 and schedules 4 and 6. The most notable of these references is the interpretation of supervision provided in section 5, which states that:

Supervision means the monitoring of, and reporting on, the performance of a health practitioner by a professional peer.

This interpretation provides a uniprofessional definition of supervision which clearly has implications for social workers who are supervising health practitioners, due to social work’s exclusion from this Act and social workers’ inability to claim health practitioner status or clinical supervision as within their scope practice. It appears to go some way to possibly clarifying the question of social workers as cross-disciplinary supervisors.

Conclusion

This paper has critically examined the phenomenon of cross-disciplinary supervision as it pertains to social workers as both supervisors and supervisees, through a four dimensional framework which considered the history of supervision in the professions, relevant literature, the political and ethical issues and the regulatory environment. From this examination it is clear that for social workers cross-disciplinary supervision is a practice in need of guidelines. In this regard the following guidelines are suggested:

Where the social worker is the supervisee, that:
• it is in addition to professional supervision with a social worker;
• the similarity and differences between each profession’s supervision traditions and the individual’s experience of supervision are discussed;
• the nature, purpose and structures of the cross-disciplin-ary supervision are explicitly contracted;
• it is authorised by the organisation;
• both parties are informed about each other’s ethical codes and complaint processes; and
• the status of the supervision in relation to the regulatory, professional membership and organisational requirements is clear and explicit.

Where the social worker is the supervisor, that:
• the scope of the supervision is clearly established;
• it is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision;
• it is authorised by the organisation;
• there is an explicit contract covering the nature, purpose and structures of the supervision;
• the similarity and differences between each profession’s supervision traditions and the individual’s experience of supervision are discussed;
• both parties are informed about each other’s ethical codes and complaint processes; and
• the status of the supervision in relation to regulatory, professional membership and organisational requirements is clear and explicit.

References


