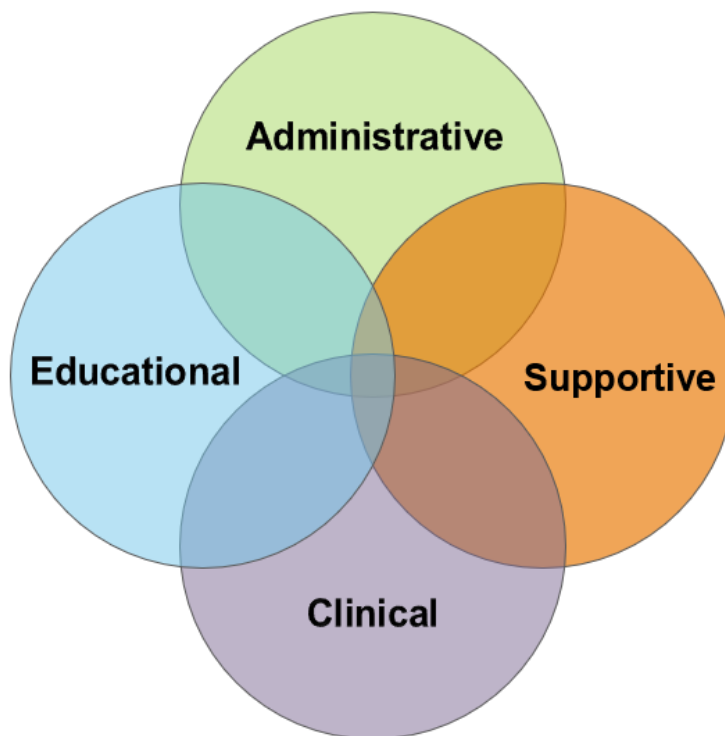


Dimensions of Supervision for Instructors

You know the supervisor competencies which guide supervisory tasks and responsibilities.

Those tasks and responsibilities can be organized into four dimensions of supervision: **Administrative**, **Supportive**, **Educational**, and **Clinical**. Notice that the four categories are separate and overlap. All share the same goal of offering children and families the most effective and efficient services by enabling workers and the agency.



Throughout the Foundations of Supervision series instructors are asked to facilitate and make connections between the dimensions of supervision and content, paying special attention to how focusing on one dimension at the expense of others is problematic.

Kadushin (1992) defines the supervisor very comprehensively: "A social work supervisor is an agency administrative staff member to whom authority is delegated to direct, coordinate, enhance and evaluate the on-the-job performance of the supervisees for whose work [they are] held accountable. In implementing this responsibility, the supervisor performs administrative, educational and supportive functions in interaction with the supervisee in the context of a positive relationship. The supervisor's ultimate objective is to deliver to agency clients the best possible service, both quantitatively and qualitatively, in accordance with agency policies and procedures. " (pp. 22-23) Since then, a clinical dimension has often been added to Kadushin's summary.

- The **administrative dimension** of supervision focuses on efficient and effective service delivery. Supervisors ensure that staff follow unit, agency, local, state, and federal law, policies, and procedures.
- **Supportive** supervision involves sustaining and motivating supervisees and their job performance, while improving morale and job satisfaction. In addition to promoting cultural and self-awareness, supervisors help supervisees cope with job stressors, handle conflict, and support ethical decision making.
- **Educational** supervision involves educating supervisees to increase their skills and knowledge and monitoring their application of knowledge and skills as they work with children and families.
- The **clinical** dimension concerns the clinical components and practice of child welfare supervision. Supervisors ensure supervisees' practice with clients is effective. The clinical dimension of supervision is driven by dialogue and focuses on the child and family. The clinical dimension of supervision is sometimes considered part of the educational dimension.

(WCWPDS, n.d; Lietz, 2018)

Administrative supervision is about implementing organizational objectives. Tasks in the administrative dimension include:

- Assessing supervisee, child, and family needs; advocating for, organizing, and allocating resources
- Planning and tracking supervisee and child and family activity and planning for short-term goals and daily functioning, as well as implementing new policies
- Ensuring compliance with business processes and information systems
- Managing work flow, caseloads, and staffing including recruitment, selection, and placement (may include facility and office management)
- Using managerial methods to improve supervisee provision of services by explaining supervision and orienting supervision to support implementing policy and practice
- Holding supervisees accountable for their work through the identification, management, and evaluation of their practice
- Providing a problem-solving and decision-making structure for work; maintaining order and structure
- Understanding how organizational policies and changes impact supervisees
- Participating in unit administration, making decisions, and taking actions
- Influencing agency policy and program developments

(CWIG, n.d.; CWIG 2015; Kadushin, 1992; The Bouverie Centre, 2013; East & Hanna, 2009; Salus, 2004; Kadushin & Harkness, 2014)

The supportive dimension is about using reflection, active listening, and thoughtful questioning to decrease job stress that can interfere with performance, and nurturing an environment that is conducive to improved well-being. Examples of supportive supervision include:

- Improving morale and job satisfaction, thereby improving outcomes for children and families
- Helping supervisees cope with stressors including trauma, and reducing burnout and turnover
- Building a safer and more trusting climate where supervisees can build their own professional identity
- Provide direction by creating and sharing a supervisory vision
- Motivating and inspiring others to meet unit and agency goals
- Modeling and supporting cultural awareness and responsiveness
- Sharing credit for ideas and actions that lead towards better outcomes for children and families, including collaborating so supervisees thrive and build confidence in their decision making
- Offering positive reinforcement for tasks done well
- Therapeutic elements and empathy, while recognizing that supervision is not therapy and must ultimately remain focused on the child and family

Supportive supervision involves reflection, collaboration, empathy, active listening, and encouragement.

(CWIG, n.d.; CWIG 2015; Kadushin, 1992; The Bouverie Centre, 2013; East & Hanna, 2009; Salus, 2004; NCWWI Leading in Context, Unit 1, Assessing the World Beyond my Unit; NASW 2013; McPherson & McNamara, 2017)

The **educational** dimension includes:

- Assisting with professional development, using individualized learning plans and providing positive and constructive feedback

- Assessing gaps between prior experience and/or education and the job requirements
- Implementing [coaching](#) skills and strategies with supervisees as a supervisory technique or agency wide, as a formal model
- Focusing on professional concerns to improve understanding of child welfare philosophy, self-awareness, and to build knowledge and skills
- Learning about assessment, treatment and intervention options
- Supervisee self-reflection towards improving practice
- Increasing knowledge and skills around cultural awareness, family engagement, family dynamics, interviewing, child development, and other topical areas

(CWIG, n.d.; CWIG 2015; Kadushin, 1992; The Bouverie Centre, 2013; NASW 2013; Collins-Camargo & Millar, 2010; Dill & Bogo, 2009; Kadushin & Harkness, 2014)

The **clinical** dimension includes:

- Enhancing supervisees' skills and competencies by providing a reflective space for emotional support
- Working to ensure services to children and families are safe, ethical, and competent
- Applying knowledge of human behavior to decision making with supervisees, children, and families through case reviews
- Promoting a [trauma-informed approach](#) to supervising supervisees and to casework

- Strategies for applying supervisee knowledge to agency practice through focus on supervisees' actions, responses, and decisions in their work with children and families
- Collaboration with the supervisee while exploring practice issues and working towards positive outcomes
- Ensures effective case practice through case reviews, observations, assessing safety, and conducting supervision sessions

(CWIG, n.d.; CWIG 2015; Kadushin, 1992; The Bouverie Centre, 2013; Ferguson 2009)

Just as competencies influence all tasks and responsibilities, so do the four dimensions of supervision: administrative, supportive, educational, and clinical. Supervision and its value may be compromised if workload requires supervisors and supervisees to primarily respond to the immediate demands of direct service to children and families or administrative functions, while pushing other dimensions aside.

Reference information is available at

<http://pacwrc.pitt.edu/Curriculum/Foundations/RolesAndBoundariesOnlineReferences.pdf>.