Chapter 14
Towards an Evidence-Informed Approach to Clinical Social Work Supervision

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ABSTRACT
This chapter discusses how research evidence may be used to inform clinical social work supervision and explores how an evidence-informed approach may be applied in practice in a scenario. The chapter concludes by encouraging supervisors to be mindful about the evidence that informs their supervisory practice and to ask their supervisees about the evidence that relates to the issues they are presenting in supervision.

INTRODUCTION
The aim of this chapter is to discuss the question of what constitutes effective clinical social work supervision. In order to provide an informed background for the discussion, the research evidence related to clinical social work supervision is overviewed before an exploration of how an evidence-informed approach may be applied in clinical supervision practice. The chapter concludes with a scenario and exploratory reflection that considers how evidence-informed practice can inform supervision.

BACKGROUND
The term clinical social work supervision was coined by Munson (1983) in order to link social work supervision to the interdisciplinary field of clinical supervision and to also emphasise an interactional approach to social work supervision (O’Donoghue, 2007). In recent years, the term clinical supervision has been used and understood to be synonymous with the term professional supervision. What both these terms have in common is that they are concerned with the supervision of client practice and the supervision of the
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well-being and development of the practitioner (O’Donoghue, 2010). Where these two terms differ is in regard to the frame that is applied to supervision, with clinical supervision applying a focus on the clinical interactions, dynamics, processes, and outcomes, whereas professional supervision is focused on the professional approaches, ethics, and standards. For the purpose of this chapter, clinical social work supervision is supervision that is concerned with the supervisee’s practice with clients and the supervisee’s development and well-being as a social work practitioner.

The term evidence-based practice entered social work from medicine in the 1990s, with several social work publications (e.g. Gambrill, 2001; Gibbs & Gambrill 2002; McNeese & Thyer, 2004; Webb, 2001) drawing from Sackett, Rosenberg, Gray, Haynes, and Richardson (1996) which stated that “evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” (p. 71).

Over the course of the last decade there has been debate about what constitutes evidence and evidence-based social work. Witkin and Harrison (2001) asserted that “evidence” is just a word and that its meaning is derived from its use in any particular context. They argue that “evidence is the name given to a culturally preferred reason for an existential claim or the performance of an action” (p. 295). In the first case, evidence functions as factual proof, in the second, evidence functions as an authoritative justification. Factual proof is established through direct evidence derived from the credible reporting of personal experience or the credible observation or recording of an experience. The credibility of the witness or the report is derived from its reliability, the reputation of the witness, and its degree of corroboration with other evidence. In contrast, the function of evidence as an authoritative justification pertains to the role of evidence in authorising and justifying a particular action. This means that the evidence provides the authorisation and rationale for decision-making and subsequent actions. It is this meaning of evidence that is used in evidence-based practice with evidence from research providing the authorisation for assessment and intervention in practice with clients. Gray, Plath, and Webb (2009) argue that evidence is one form of knowledge used in social work, and they note that there is a range of views within social work about what counts as evidence and knowledge for practice. This range includes, on the one hand, those who adopt the scientific research hierarchy of systematic reviews, random controlled experimental trials, quasi-experimental studies, single-system case-studies designs, surveys, and qualitative research (McNeese & Thyer, 2004). On the other hand, there are those, like Rosen (2003), who acknowledge the limitations of the evidence-based approach and propose that the application of generalist knowledge to a specific client situation needs to be critically weighed against practice wisdom and local knowledge, as well as reflexively evaluated in terms of its contribution to practice outcomes. Overall, there is a consensus that evidence-based social work is best described as a practice model wherein practitioners are informed by research evidence when working with clients.

The notion of being evidence-based within social work has recently been described as misleading by Nevo and Slonim-Nevo (2011) who argue in support of an evidence-informed social work that is more inclusive than evidence-based practice. The essence of this argument is that evidence informs practice, rather than provides the basis for practice. According to Nevo and Slonim-Nevo, in an evidence-informed approach it is the client’s needs and the dynamics of interactive social work practice that influence how evidence contributes and enriches practice rather than evidence shaping the practice, as is the case with evidence-based practice. An evidence-informed approach is not constrained by the scientific research hierarchy or the five stage evidence-based model comprising: a) an individual assessment and well-formulated practice question; b) searching for the best
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