

# Critical Reflections on Clinical Supervision: A Social Justice Issue for Social Workers

Inger Christensen

**Abstract:** *Clinical supervision, a central experience for social workers, is a requirement for clinical licensure in all 50 states, making it an essential component of social work practice. Clinical licensure indicates a higher level of expertise and provides more job opportunities and a higher professional status for social workers. When social workers encounter challenges to obtaining clinical licensure, professional inequities are perpetuated. This is a social justice issue for the social work profession. This paper explores clinical supervision in the context of clinical licensure. A discussion of the social work regulation system, functions of supervision, and factors influencing clinical supervision is presented. Recommendations for addressing social justice in clinical supervision are identified, including more emphasis on social work research, inclusion of leadership and supervision curricula in schools of social work, strategies to reduce costs of supervision, and implementation of supervisor training.*

**Keywords:** *Clinical supervision, clinical licensure, social work regulation, clinical social work practice, social justice*

Six core values guide social work practice: service, dignity and worth of the person, importance of human relationships, integrity, competency, and social justice. For social workers, the value of social justice is foundational when engaging with clients, communities, and society (National Association of Social Workers [NASW], 2021). However, while striving for social change in society, the profession has also neglected injustices within its membership.

The United States has faced a reckoning of its history of racism and oppression, forcing people and institutions to acknowledge, address, and change oppressive practices. The social work profession is not immune to this reckoning. The profession has historically been primarily White and female. A recent survey of new social workers shows that the profession remains predominantly female (Salsberg et al., 2020). Although the majority of new social workers are White, they are increasingly diverse in race and ethnic identities (Salsberg et al., 2020).

The social work profession ensures that social workers are properly trained and competent to practice through regulation by state licensing boards. Regulating social work practice protects the public by setting practice standards (Reay et al., 2022). Clinical licensure is a part of the regulatory process to ensure competent social workers (Nienow et al., 2023). Today, licensure has become nearly universal for social workers (Grise-Owens et al., 2016). Requirements for clinical licensure vary by each state's licensing board. However, commonalities across jurisdictions in all states include graduating from an accredited university, supervised post-graduate work, and passing a clinical licensing examination (Donaldson et al., 2014; Morrow, 2022; Reay et al., 2022).

In the United States, every state uses the Association of Social Work Boards (ASWB) clinical licensing exam. The ASWB (2024) explains that regulation through licensing examinations ensures that a social worker has the knowledge and practice competencies necessary for safe practice. Taking and passing the ASWB clinical licensing exam is the final step to obtain clinical licensure. According to ASWB (2022b), in 2021, 63% of clinical licensing test takers were White. This same group also had the highest pass rate for first-time test takers at 83.9% and an overall eventual pass rate of 90.7% (ASWB, 2022b). In comparison, Black social workers had a 45% pass rate for first-time test takers, Native Americans 62.9%, Hispanic/Latino 65.1%, Asian 72%, and multi-racial social workers 79.9% (ASWB, 2022b). Eventual pass rates followed this same trend (ASWB, 2022b). The ASWB recently acknowledged racial bias in its exams (ASWB, 2022a). These results are concerning for a profession that professes to strive for social justice. Nienow et al. (2023) argued that these disparities deny social workers of color the opportunity to become licensed and even deny job opportunities. In addition, a bias in the licensure process unduly burdens social workers of color emotionally and financially (Nienow et al., 2023).

According to Nienow et al. (2023), a deeper examination of the relevance and role of licensure examinations in the profession is necessary. The social work profession must face systemic racism in the profession and its regulatory boards (Nienow et al., 2023). Senreich and Dale (2021) also urged the social work profession to address the disparities in licensure in order to uphold its social justice value. While the ASWB has stated its commitment to addressing inequities and making changes, the social work profession must continue to examine its policies, educational settings, and practice experiences, including clinical supervision, which perpetuate and maintain inequities and exclusion of its members.

### **Problem Statement**

Clinical supervision is a key component in preparing social workers for competent practice and licensure; therefore, supervision is a central experience for all social workers. As clinical supervision is a core element of social work practice and for clinical licensure, it is imperative to examine its role in promoting equity and inclusion in the profession. Clinical supervision is also a critical practice area to address social justice issues (Asakura & Maurer, 2018; O'Neil & del Mar Farina, 2018). Studying the impact of clinical supervision on passing the clinical licensing exam will elucidate any social justice implications for social workers.

Professional standards for social work supervision put forth jointly by the NASW and the ASWB state, that in the context of licensing, supervision aids in protecting the public, and that the supervisory evaluation is a gatekeeping mechanism for competent practice (NASW & ASWB, 2013). Clinical supervision promotes professional development and learning and imparts ethical standards (Pack, 2015; Strickler et al., 2018). Clinical supervision also protects clients' safety (Pack, 2015). Kadushin and Harkness (2014) delineate the objectives of supervision to include increasing social workers' knowledge and skills, with an end goal of providing effective social work services to clients.

Clinical licensure is a pathway to career advancement for social workers, including professional status, job opportunities, and leadership roles. Frequently, new Master of

Social Work (MSW) graduates take the initial steps toward licensure shortly after graduating. Arndt et al. (2021) found that social workers pursuing licensure do so in the first three years after graduation. Similarly, a survey of the social work workforce found that nearly 80% of new MSW graduates intended to seek clinical licensure within five years (Salsberg et al., 2020). These trends illustrate the emphasis placed on clinical licensing.

Nevertheless, there is a lack of research about licensing in the social work profession (Grise-Owens et al., 2016; Miller et al., 2022; Reay et al., 2022) and a lack of discussion in the literature on the role, if any, that supervision plays in preparing social workers for taking and passing the licensing exam (Reay et al., 2022). Furthermore, Reay et al. (2022) note that prior entreaties for research on licensure and its surrounding factors have not been heeded. The lack of research heightens the need for further attention to the relationship of clinical supervision in clinical licensure.

Social justice is integral to the social work profession. However, despite social justice being a core value, the profession still needs to clearly demonstrate this commitment in its practice (Asakura & Maurer, 2018). O'Neil and del Mar Farina (2018) emphasize that clinical supervision is not exempt from acts of racial and social injustices in the supervisory relationship. Allowing social injustices in the supervisory relationship leads to negative consequences that not only impair learning but also perpetuate inequities and injustices (O'Neil & del Mar Farina, 2018).

In addition to weighing social justice issues in clinical supervision, inequities in clinical licensing must also be considered. Senreich and Dale (2021) discovered racial disparities in licensed social workers. In their study of licensure rates in New York, White graduates were more likely to be licensed than those from minority groups (Senreich & Dale, 2021). Considering this in light of recent revelations of racial bias in the ASWB licensing exam, it is imperative to examine the factors related to disparities in licensing (Senreich & Dale, 2021).

As supervision is a crucial part of social work regulation, it is necessary to understand its significance to clinical licensure, and its underlying relationship to the regulation of social work. If supervision influences a social worker's self-efficacy and contributes to positive client outcomes (Morrison & Lent, 2018), then it is reasonable to contemplate the implications of clinical supervision on a social worker taking and passing the clinical licensure exam, and importantly, to understand its role in professional achievement. Barriers to clinical supervision can lead to barriers to clinical licensure and, ultimately, barriers to career advancement. Social workers will be discouraged from career advancement if these barriers become insurmountable. In the current climate of addressing historical inequities, the regulation of the profession through clinical supervision and licensure is a prime target for scrutiny and re-imagining. This discussion addresses the problem of the paucity of literature exploring the role of clinical supervision in the context of clinical licensing. This paper contributes to the limited knowledge on the relationship between clinical supervision and clinical licensure through an exploration of the contributing factors with a social justice lens. Recommendations for ameliorating barriers and supporting social workers' professional attainment are offered.

## Social Work Regulation

The regulation of social work practice has evolved throughout the profession's history. The initial move toward supervision occurred due to the practical need to train new social workers in apprenticeship programs (Kadushin & Harkness, 2014). Although the movement toward regulation began in the profession's early years, it has been a slow process, and it was not until the 1990s that all 50 states and U.S. territories adopted some form of regulation (Nienow et al., 2023). NASW advanced regulation and licensure to protect the interests of the social work profession (Kadushin & Harkness, 2014).

As the social work profession worked to legitimize social work, it aligned with other health professionals by developing mechanisms for regulation. Passing a licensing exam is one of the mechanisms of regulation (Nienow et al., 2023). Regulation of social work with professional licensure enhances the profession's reputation as being legitimate (Thyer, 2011). Arndt et al. (2021) identified licensure as a form of title and practice protection for social workers. Moreover, Arndt et al. (2021) argued that clinical licensure policies essentially prioritize clinical social workers as more advanced, while those who choose not to pursue licensure are perceived as not as skilled, despite the lack of data to suggest this is the case. Donaldson et al. (2014) also suggested that the trend toward clinical social work licensing creates a perception that clinical social work is the only legitimate practice.

One aspect of licensure to consider is how social workers view licensure and the licensing process. Miller, Deck et al. (2015) determined in their study of graduate students' views of licensing that nearly all of the participants planned to seek licensure. They cited employment factors as an incentive to seek licensure (Miller, Deck et al., 2015). The participants also indicated that they valued obtaining a social work license. The study highlighted a need for more preparation about the licensing process in graduate programs, as the participants indicated this was lacking. However, they felt the education they received would help them to pass the exam (Miller, Deck et al., 2015). In a complementary study, Miller, Grise-Owens et al. (2015) implemented a licensure preparation initiative at a graduate school. The preparation program included the integration of licensure content throughout the curriculum, such as in tests and quizzes, and an overall emphasis within the program on licensure preparation. The preparation program also offered an academic seminar to students that focused on three pillars: licensing exam process, content of the exam, and study and test-taking strategies (Miller, Grise-Owens et al., 2015). The authors discovered that after completion, students felt more knowledgeable about the licensing exam process and more confident in their ability to pass the exam. Miller, Grise-Owens et al. (2015) followed up by analyzing student exam pass rates and found an increased pass rate. The authors recommended that graduate programs pay more attention to licensure preparation in their curriculum to increase students' confidence and competence to pass the exam.

Postgraduate social workers' perceptions of the licensing process are also essential to examine due to the trend toward licensing. Reay et al. (2022) surveyed participants after a training to educate social workers and other mental health professionals on Nebraska's updated regulations. The 1,143 participants included 519 social workers and 624 other mental health professionals. All social workers in this study reported they understood the

purpose of licensure, and nearly all (99%) believed that all mental health professionals should have a license (Reay et al., 2022). Other mental health professional participants responded similarly to these queries.

There was a disparity in responses between the two groups when comparing perceptions of the licensing process. More social workers found the licensing process confusing compared to other mental health professionals (Reay et al., 2022). Related to this, fewer social workers reported that their university prepared them for licensure compared with other mental health professionals (Reay et al., 2022). Social workers were also less likely to believe that passing the exam reflects the quality of their education than their counterparts (Reay et al., 2022). In addition, Reay et al. (2022) noted a significant difference in the perceptions of social workers of color regarding their university preparing them for licensure. Social workers of color were less likely to report feeling prepared by their university than White social workers and other mental health professionals (Reay et al., 2022). Their research prompted Reay et al. (2022) to recommend further research on the role of social work education and clinical supervision in preparing social workers for licensing.

### **Clinical Supervision**

The functions of supervision occur through the relational dynamics between the supervisor and the supervisee. The nature of the supervisory relationship is mysterious yet significant (Miehls et al., 2013). Strickler et al. (2018) contended that there is limited available knowledge about the mechanisms that establish a working alliance between supervisors and supervisees. Kadushin and Harkness (2014) described the supervisor-supervisee relationship as partially reenacting the parent-child relationship and potentially triggering anxiety associated with the parental relationship. However, empathy by the supervisor can alleviate this anxiety (Kadushin & Harkness, 2014).

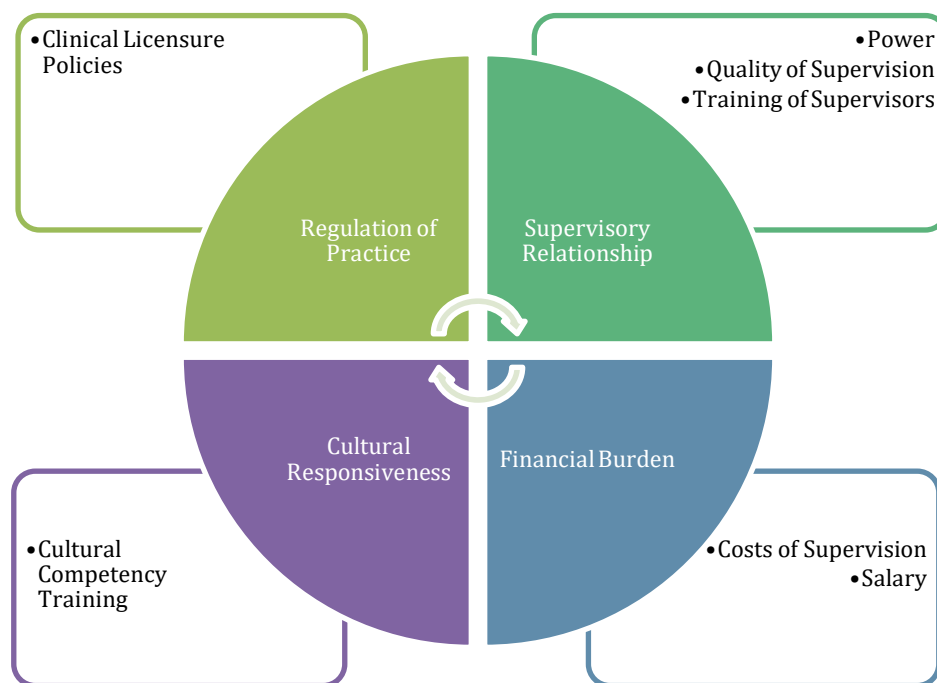
Trust is crucial in cultivating a working alliance within the supervisory relationship. Ketner et al. (2017) identified trust as necessary for supervision. Rankine (2019) examined factors related to successful supervision outcomes by comparing internal and external supervision models. Participants indicated that a good connection between the supervisor and supervisee was crucial whether the supervisor was internal within the organization or located externally from the organization (Rankine, 2019). Participants identified attributes in the supervisor, such as honesty and trustworthiness, as the most important to success (Rankine, 2019). The participants also identified the supervisor's ability to facilitate critical thinking and reflection as necessary (Rankine, 2019). Finally, Rankine (2019) observed that the relationship was essential to the success of supervision and recommended an ongoing examination of relational dynamics in supervision to understand the skills and knowledge necessary for the supervisor to be successful in supervision.

A strong working alliance between supervisor and supervisee can contribute to successful supervision outcomes. Strickler et al. (2018) created a study to test a feedback tool to facilitate conversations about the working alliance in the supervisory relationship. The researchers concluded that the tool could be helpful in relationship building and urged the social work profession to make an effort to study ways to strengthen working alliances.

Strengthening the working alliance in the supervisory relationship can also be a protective factor in coping with stress (Strickler et al., 2018).

In a survey of counseling graduate students, supervisees who reported a stronger working alliance with their supervisor were more likely to report positive self-efficacy beliefs (Morrison & Lent, 2018). These researchers also suggested that supervisors play an essential role in supervisees' confidence and, ultimately, in positive client outcomes (Morrison & Lent, 2018). These findings testify to the significance of the relational aspects of supervision and a social worker's success.

Figure 1. *Components of Clinical Supervision Impacting Social Workers*



### Factors Impacting Clinical Supervision

The supervisor-supervisee relationship is a significant factor in positive supervision outcomes. This working alliance creates a mechanism for the supervisee to develop professional skills, knowledge, and competence. Trust and rapport are necessary for a strong working alliance. However, there are impediments to establishing a relationship. Furthermore, even if there is potential for a strong working relationship, social workers also encounter substantial challenges to accessing competent and affordable clinical supervision.

## **Cultural Responsiveness**

The social work profession has emphasized the importance of having knowledge of culture and its influence in practice with clients. Logically, this should extend to valuing culture within its professional ranks, including supervisory relationships. Cultural humility is a part of cultural responsiveness and a part of competent supervision. Vandament et al. (2022) described cultural humility, such as being humble and acknowledging limitations, as an important factor in developing a working alliance and creating conditions for successful supervision outcomes.

In their research, Vandament et al. (2022) studied the experiences of 87 counseling supervisees of color who were supervised by White supervisors. They found that the supervisory working alliance was a mechanism to support the supervisee's counseling self-efficacy. A supportive environment allows the supervisee to develop their professional identity (Vandament et al., 2022). The researchers also determined that the cultural humility of the supervisor contributed to the working alliance. Furthermore, cultural humility helps supervisors initiate discussions about culture in supervision and allows supervisees to feel supported and respected (Vandament et al., 2022). If a supervisee experiences a lack of cultural responsiveness, this will hinder the working alliance and the supervisee's professional development.

A commitment to cultural humility is imperative in the supervisory relationship. According to Lusk et al. (2017), most social workers in their study perceived their supervisors as culturally responsive. However, some participants reported that they experienced incompetent social work supervision, 7.3% reported that their supervisors had made disparaging remarks about other cultures, and 14.5% perceived their supervisors as not adjusting supervision to meet their cultural needs (Lusk et al., 2017). In addition, participants reported that some supervisors lacked any knowledge of their supervisees' culture (Lusk et al., 2017). That this is even occurring is concerning, given the social work profession's values and ethics (Lusk et al., 2017).

Also noted was a lack of professional licensure by the supervisor was associated with participants reporting incompetent supervision (Lusk et al., 2017). Supervisees must feel supported and welcomed in their work environment, including respect for, and understanding of, their cultural needs (Lusk et al., 2017). These are essential conditions for developing a working alliance in supervision. Lusk et al. (2017) asserted that supervisors are leaders and role models for culturally responsive practice. Vandament et al. (2022) stress that cultural humility is the supervisor's responsibility. Supervisors should seek to understand the cultures and identities of their workers and engage in self-reflection of their own experiences and power to increase competent supervisory practice (Lusk et al., 2017; Vandament et al., 2022).

## **Power in Supervision**

In order to achieve the objectives of clinical supervision, discrimination in supervision must be addressed. Attending to social justice issues within the social work profession will increase equity and inclusion, which ultimately helps the profession fulfill its mission of

service to vulnerable populations. Considering the power differentials in supervisory relationships, the interaction of social identities, and the fact that clinical supervision is required for professional licensure and advancement, supervisees are in a vulnerable position ripe for discriminatory treatment (Howard et al., 2023). Blalock et al. (2021) affirmed that exploitation and abuse of power by the supervisor are possibilities in supervision. Analyzing power in the supervisory relationship provides insights into relationship dynamics. Power differentials are inherent in the clinical supervisory relationship (O'Neil & del Mar Farina, 2018). The supervisor and supervisee bring their own social identities to the relationship, influencing the supervision's relational dynamics and outcomes (Asakura & Maurer, 2018). The supervisor's multiple roles, such as manager, teacher, expert, and licensure gatekeeper, contribute to power differentials in supervision. In addition, social power and privilege conferred on individuals also add to the complex nature of the supervisory relationship (O'Neil & del Mar Farina, 2018).

Conversations about race in supervision provide opportunities for critical reflection on power and social justice in supervision and client relationships. Schen and Greenlee (2018) agreed that it is essential for discussions of race to occur in supervision, proclaiming that if these conversations cannot be undertaken among professionals, how can clinicians be expected to conduct these same conversations with clients? Additionally, when professionals cannot face acts of racism, institutional racism is maintained (Schen & Greenlee, 2018). White-Davis et al. (2016) stressed the importance of supervisors creating a safe relationship where supervisees are comfortable engaging in discussions of race. Rapport and a sense of safety in clinical supervision are factors for successful supervision (White-Davis et al., 2016). Supervisors must develop knowledge and skills to facilitate safe relationships and difficult discussions (White-Davis et al., 2016). Moreover, supervisors should acknowledge and value differences in personal, cultural, and racial identities in supervision (Schen & Greenlee, 2018).

Discussions about race in supervision contribute to establishing safe supervisory relationships, and discussions about sexual diversity are also meaningful to a supervisee's sense of safety. Supervisees with diverse sexual identities reported that safety in the supervisory relationship was elemental to the working alliance (Mauer, 2023). Mauer (2023) explored the postgraduate clinical supervision experiences of gay men in a qualitative study. Participants reported that experiencing discrimination by supervisors was a barrier to successful supervision. Discrimination by supervisors resulted in fewer gains in supervision and affected participants' mental well-being (Mauer, 2023). However, supervisees who described a stronger working alliance reported that supervisors were affirming and respectful of sexual diversity (Mauer, 2023). Similar to other findings about race and cultural discussions in supervision, participants experienced fewer discussions of sexual diversity with their heterosexual supervisors and expressed that they wished their supervisors had more knowledge about sexual diversity issues and culture (Mauer, 2023).

Another aspect of power dynamics in supervision is how the profession responds to discriminatory acts. Howard et al. (2023) examined the scholarship addressing discrimination in clinical supervision. In a review of literature from medicine, psychology, counseling, sociology, and social work disciplines, the authors found that the social work field was one of the least represented in the literature on addressing discrimination in



supervision. The research reflected a lack of regulatory frameworks for addressing discrimination and no clear structures for reporting discriminatory treatment (Howard et al., 2023). Furthermore, anti-discrimination language was absent in clinical supervision guidance (Howard et al., 2023). These findings show how inequalities are reinforced and perpetuated in the workplace for social workers (Howard et al., 2023). The profession has a duty to protect social work colleagues from social injustices in the workplace (Howard et al., 2023). For their part, Howard et al. (2023) echoed the call for cultural responsiveness training for supervisors and stress that supervisors should implement a cultural humility approach.

### **Quality of Supervision**

When securing clinical supervision, the quality of the supervision is an important factor for social workers seeking licensure. Social workers may lack choices in the availability or accessibility of competent supervision to match their needs. Whether the supervisor is located internally or externally, the quality of supervision is a factor in successful supervision (Rankine, 2019). Mauer (2023) explains that selecting a quality supervisor is a challenge faced by social workers with diverse sexual identities. When assigned an employer-provided supervisor, the supervisee has limited choice for a supervisor. A clinical supervisor in the agency may also be responsible for managing the supervisee, rendering supervision to be agency-oriented and even perceived as a form of surveillance (Newcomb, 2022). On the other hand, it can be challenging to locate an external supervisor to match the supervisee's needs (Mauer, 2023; Newcomb, 2022). A supervisor located external to the supervisee's agency may not have the necessary knowledge about the specific agency, which can jeopardize the quality of supervision (Blalock et al., 2021). In either case, the supervisee is disempowered in obtaining quality supervision to match their needs.

The repercussions of poor-quality supervision can affect supervisees' pathway to licensure. Supervisees can be harmed by the action or inaction of the supervisor or by inadequate supervision (Beddoe, 2017). According to Beddoe (2017), harmful supervision, such as inappropriate behavior and microaggressions by supervisors, caused distress and affected the well-being of the supervisees. The quality of supervision impacted supervision satisfaction but Blalock et al. (2021), also warned that incompetent supervisors modeled inappropriate professional behavior to supervisees. When supervisees emulate the behavior, they risk losing their license (Blalock et al., 2021). In another study, Boland-Prom (2009) analyzed data from 27 state licensing boards of social workers who were sanctioned. Although state boards differ on sanctioning policies and practices, social workers were sanctioned for offenses such as unprofessional behavior, practice deficiencies, and licensure-related problems. Boland-Prom (2009) suggested that this type of data analysis can be helpful for social work educators and regulators by informing them about policies and procedures. For clinical supervision, this data reinforces the importance of the supervisory relationship as a vehicle to impart ethical and professional practice. Moreover, experiencing harmful or incompetent supervision could impede a supervisee's ability to pass a licensing exam successfully.

## **Training of Clinical Supervisors**

Clinical supervision is a requirement in all 50 states as a component for clinical licensure. The requirements for a social worker to be deemed a clinical supervisor vary across states. Some states mandate a certain number of years of practice experience, define professionals who can supervise, or require specific training.

Not all states require clinical supervisors to have training in supervision. Many social workers have not been trained in supervision and thus tend to model their supervisory approach based on their own supervision experiences (Kadushin & Harkness, 2014). Lack of training in supervision can impact supervisory experiences and outcomes. Social work educators have a role in preparing social workers to be supervisors. A lack of preparation and training to be supervisors leaves social workers without the knowledge and skills for competent supervision.

A comparison of online and in-person graduate social work courses on leadership and supervision observed that students reported an increased interest in leadership and supervision as a part of social work practice (Vito & Hanbridge, 2021). Social workers have not historically been trained in leadership roles, leaving them unprepared to take on these roles. A lack of leadership training impacts their ability to provide quality supervision. Vito and Hanbridge (2021) advocated for a greater emphasis on leadership and supervision in education to prepare social workers to be more effective leaders and supervisors. Skilled supervision leads to positive supervisory relationships and satisfaction (Morrison & Lent, 2018; Rankine, 2019).

## **Financial Burden**

New social workers weigh job opportunities and career options upon graduation. Requirements for a job, such as holding a clinical license, are part of social workers' decision-making in career pathways. Social workers will consider the costs and benefits of licensure when weighing career options (Arndt et al., 2021). Securing a job as a new graduate without a clinical license may limit job choices. Some employers provide clinical supervision as an employment benefit, rendering the cost of supervision free (Mauer, 2023; Reay, 2023). If their employer does not provide it, a social worker must find a supervisor and bear the costs on their own (Reay, 2023). Social work is reported to be a low-paying profession (Zhao & Zhang, 2023). A low salary coupled with a new graduate likely at an entry-level pay scale further burdens the new social worker with the financial costs of supervision.

An examination of pay in the social work profession by Zhao and Zhang (2023) illustrated the racial disparity in pay, finding that social workers of color were paid less than White social workers. Racial pay disparities increase the financial barriers for social workers of color to obtain clinical supervision and clinical licensure. Clinical supervision is one of many costs social workers encounter in seeking licensure. Depending on each state's licensing board's policies, potential costs for licensing include fees for registering with the licensing board, required training courses, exam study materials, and licensing exam fees. Social workers of color have lower exam pass rates (ASWB, 2022b), meaning

if they do not pass the first time, they will have to pay again to take the licensing exam. Again, this only adds to their financial costs. Social workers who cannot bear the costs of supervision and licensure may not only lose career opportunities but also are prevented from achieving equity and inclusion in their profession.

## Discussion

This overview of the multiple aspects of clinical supervision and licensure illustrates their complex nature. The intersection of the social work profession's mission, code of ethics, values, university education programs, and state regulation boards interact to shape the context of clinical supervision and licensing. Analyzing the forces impinging on clinical supervision and licensure provides an understanding of potential barriers for new social workers. The literature demonstrates the importance of clinical supervision in training social workers for competent and ethical social work practice. Supervision increases practice knowledge and skill attainment and socializes the social worker to the profession's ethics and values (Kadushin & Harkness, 2014; Ketner et al., 2017; Pack, 2015; Strickler et al., 2018).

Examining the role of the regulatory system in social work practice is necessary to understand the context in which clinical supervision occurs. Clinical licensing is a part of social work regulation and is recognized in the literature as essential to the licensing process (Donaldson et al., 2014; Morrow, 2022; Reay et al., 2022; Thyer, 2011). Several researchers have studied trends in clinical social work licensing, seeking to understand the state of social work regulation (Arndt et al., 2021; Donaldson et al., 2014; Morrow, 2022; Reay et al., 2022).

The literature provides a broad picture of social workers' career choices and pathways. However, it needs to provide a more nuanced understanding of the factors contributing to or impeding career pathways. The literature noted that licensing boards have a powerful influence over social workers and the public's perceptions of what is deemed advanced practice (Arndt et al., 2021; Donaldson et al., 2014). Reay et al. (2022) recognized that state regulation is a part of social work practice; thus, it is necessary to investigate the licensing process, including clinical supervision.

Clinical supervision is a common experience in social work practice. Exploring the nature of the supervisory relationship is critical to understanding the factors that influence outcomes. The centrality of the supervisory relationship to positive supervision outcomes has been demonstrated repeatedly (Morrison & Lent, 2018; Rankine, 2019; Vandament et al., 2022; Vassos et al., 2018). The importance of safety, trust, and comfort in the supervisory relationship has been identified (Ketner et al., 2017; Lusk et al., 2017; Mauer, 2023; Rankine, 2019; Vandament et al., 2022; White-Davis et al., 2016). Understanding the relationship dynamics through research can aid supervisors and supervisees in investing more in clinical supervision. Brooks et al. (2012) found that supervisees expressed negative attitudes toward supervision, such as taking time away from their clients and not feeling the need for supervision. This indicates a need for more understanding of supervision and its functions.

In other studies of the supervisory relationship, some researchers considered the impact of a supervisor's cultural competence on the supervisory relationship (Lusk et al., 2017; Vandament et al., 2022). Cultural competence and cultural humility were found to influence positive supervision outcomes. Several authors emphasized that cultural competence was the supervisor's responsibility and urged supervisors to engage in training to increase their competence (Lusk et al., 2017; Mauer, 2023; Vandament et al., 2022). This knowledge can better inform social work educators, regulatory boards, and supervisors to develop best practices for supervision.

Another layer of clinical supervision examined in the literature was the role of social justice issues. Several authors noted that the social work profession needs to address social justice issues in its workforce, including within the supervisory relationship (Asakura & Maurer, 2018; Mauer, 2023; O'Neil & del Mar Farina, 2018). The influence of power and social identities on the supervisory relationship was identified frequently in the literature (Asakura & Maurer, 2018; Howard et al., 2023; Lusk et al., 2017; O'Neil & del Mar Farina, 2018; Vandament et al., 2022). Discrimination and bias in the supervisory relationship were experienced by supervisees (Lusk et al., 2017; Vandament et al., 2022). Significantly, the social work profession professes to work toward ending injustices. However, in fact, Howard et al. (2023) found that the field of social work was least represented in the literature in addressing discrimination in supervision compared to other disciplines. Furthermore, racial bias has been found in social work licensing exams (Nienow et al., 2023), heightening the call for social work to address racism in the profession.

Experiences of discrimination, bias, and incompetent supervision impact a supervisee's professional growth and development. Training of supervisors was noted as an important factor in supervision experiences. Schools of social work lack sufficient attention to the study of leadership and supervision (Vito & Hanbridge, 2021). State regulatory boards do not consistently require specialized training for clinical supervisors across states. Supervisors who do not have the necessary skills for supervision may engage in incompetent practice, which impacts supervisory outcomes.

Lastly, a significant barrier to clinical supervision and, subsequently, clinical licensure is the financial costs associated with it. If clinical supervision is not an employment benefit, the social worker must shoulder supervision costs on their own (Reay, 2023). This cost is on top of the burdens already carried by social workers in this low-paying profession and for social workers of color who are subjected to racial disparities in pay (Zhao & Zhang, 2023). Financial costs may become so great as to be insurmountable for some social workers to obtain clinical licensure, thus denying them equity and inclusion in their profession.

### **Gaps in the Literature**

Significant gaps in the literature on clinical supervision and clinical licensure were identified in this discussion. A dearth of literature on social work licensing and clinical supervision leaves a significant void in understanding the role of clinical supervision in taking and passing the clinical licensure exam. Although licensing has become central to a social worker's practice experience, there is a paucity of literature on licensing in social

work (Grise-Owens et al., 2016; Miller et al., 2022; Reay et al., 2022). Notably, there is a lack of specific research on the role of clinical supervision in preparing social workers to take and pass the clinical licensing exam (Reay et al., 2022).

Research has studied the supervisory relationship and its relation to positive supervision outcomes; however, there needs to be more knowledge on the mechanisms involved in establishing a strong working alliance (Miehls et al., 2013; Strickler et al., 2018). Additional research on the impact of the working alliance on a social worker's learning and preparation for taking the clinical licensing exam will enhance supervisory practices. Furthermore, research on racism and discrimination in clinical supervision and the licensing process is warranted to address social justice issues in the profession.

Attention in the literature will inform strategies to increase equity and inclusion in the profession. However, Reay et al. (2022) observed that prior calls for research on clinical supervision and licensure have not been answered. Neglecting this aspect of social work practice omits a central social work experience. This paper aims to contribute to the limited literature on clinical supervision's role in clinical licensure and offer recommendations to address this issue.

### **Implications for Social Work**

Clinical supervision and clinical licensure are realities in a social worker's professional experience. Examining the experiences of social workers is crucial in supporting social justice values in the profession. Regulation of practice through clinical licensure is the current model in the United States. Senreich and Dale (2021) called for the involvement of the profession's stakeholders in addressing disparities in the licensing process. Multiple entities are involved, schools of social work, NASW, ASWB, and state licensing boards all have roles in promoting a more just and equitable profession.

Professional organizations and state licensing boards are instrumental in advocating for social workers while also protecting the public through regulation of practice. State boards have the power to determine the requirements for licensing, and these may vary by state; however, clinical supervision as a condition to qualify to take the licensing exam is a common requirement (Donaldson et al., 2014; Morrow, 2022; Reay et al., 2022; Thyer, 2011). The trend towards clinical licensure is a common pursuit among social workers (Arndt et al., 2021; Donaldson et al., 2014; Salsberg et al., 2020). This trend emphasizes the importance of professional organizations and state licensing boards to undertake measures to foster supportive and accessible clinical supervision in clinical licensure.

Social work researchers also have a critical and an ethical responsibility to study the relationship between clinical supervision and clinical licensure to shed light on the challenges faced by social workers. Gaps in the literature surrounding clinical supervision and clinical licensure, specifically their impact on a social worker taking and passing the licensing exam, were noted. Future research exploring clinical supervision and clinical licensing will be a step toward closing this gap. Analyzing factors that enhance or impede career advancement will provide a greater understanding and inform supervision practices, social work education, and regulatory policies.

Schools of social work are critical entities in improving supervisory practices. Universities could be places to increase opportunities to train supervisors (Newcomb, 2022). For most social workers the MSW is their terminal degree and likely their last opportunity for formal social work education. Schools of social work focus on training novice social workers in the multitude of required competencies. This may leave little room for instruction on supervisory and leadership skills (Vito & Hanbridge, 2021). Social workers are then deprived of formal instruction on supervisory skills and unprepared to be future leaders (Vito & Hanbridge, 2021).

### **Recommendations**

Social work researchers can affect change through greater attention to clinical supervision and clinical licensure. Clinical supervision that is supportive is key to a social worker's professional development. In addition, supportive supervision is an important part of a social worker's well-being (Newcomb, 2022). Engaging in more research will lead to the identification of clinical supervision practices in the context of clinical licensing that provide safe and trusting spaces for social workers to learn and prepare for clinical licensing exam.

In schools of social work, potential target areas are incorporating leadership and supervision curricula in social work education to prepare social workers to be supervisors (Vito & Hanbridge, 2021). Supervision and leadership instruction can be integrated into existing practice courses or be a fully developed stand-alone course. Supervision and leadership skills will not just train social workers to be supervisors, but educating social workers-to-be on the dynamics of the supervisory relationship will also empower them as supervisees. Another recommendation is to include licensing preparation in schools of social work. Licensing preparation courses increase social workers' confidence to take and pass the exam (Miller, Grise-Owens et al., 2015).

Cultural responsiveness is essential to cultivating safe supervisory spaces. Culturally responsive supervisors deepen connections with supervisees. A strong supervisory relationship will promote learning and professional growth. Cultural responsiveness training needs to be a part of preparing social workers to be supervisors (Lusk et al., 2017; Mauer, 2023; O'Neil & del Mar Farina, 2018; Vandament et al., 2022). Cultural responsiveness training that emphasizes a cultural humility approach should be a mandatory requirement for supervisors prior to engaging in clinical supervision. Licensed clinical social workers are required to obtain continuing professional education to maintain licensure status. Cultural responsiveness training can be mandated when obtaining continued education hours. Additionally, consistent requirements for clinical supervisors should be implemented across all state regulatory boards. The NASW and ASWB can jointly advocate for the adoption of training policies.

Furthermore, regulation boards can re-imagine the licensing process and examinations to reduce disparities (Nienow et al., 2023). The NASW, ASWB, and state licensing boards can collaborate to promote equity and inclusion in clinical licensure. A recent illustration of re-imagining licensing occurred in Illinois. The passing of legislation in Illinois establishing an alternative to ASWB licensing to counteract barriers to licensing was

lauded by the NASW Illinois chapter as a step toward a more equitable profession (NASW-IL, 2023).

Innovating new ways to increase accessibility to supervisors, such as creating a registry of qualified clinical supervisors, is another way to re-imagine clinical supervision. Developing a network of qualified clinical supervisors that can be accessed through a registry with state licensing boards would help connect supervisees to supervisors and allow greater choice in selecting a supervisor. Furthermore, properly trained and experienced clinical supervisors could be solicited to offer low- or no-cost supervision. The NASW Code of Ethics directs social workers to fulfill their ethical responsibility to the profession, including contributing time and expertise to the profession (NASW, 2021). State licensing boards in collaboration with the NASW could offer an incentive program for clinical supervisors to provide low- or no-cost supervision for reduced or waived license renewal fees.

Lastly, NASW advocacy for higher salaries and title protection for social workers will increase the financial capacity for social workers to obtain supervision and licensure. Innovative efforts from professional entities working together will break down barriers to professional equity and inclusion.

## **Conclusion**

This exploration of clinical supervision and the licensing process sought to uncover their relationship and influencing factors. Clinical supervision is inextricably linked to licensing regulation. As the profession moved to legitimize its work, practice regulation became more institutionalized by state licensing boards. Clinical supervision has been used throughout the social work profession's history to train new social workers. Today, supervision is fundamental in social work education to support practicum and classroom learning. Importantly, in the context of this discussion, clinical supervision is component in postgraduate training and licensure.

While many new social workers plan to pursue licensure, some encounter barriers to licensure. Discrimination, bias, and incompetent supervision experiences deter social workers from pursuing licensure and may hamper their success in passing the licensing exam. Some social workers face a challenge in accessing a supervisor who meets their needs. Additionally, the financial costs of supervision and licensing can be a significant burden for social workers to carry. Disparities apparent in licensing exam pass rates and licensed social workers provide a picture of the effects of these barriers.

Recommendations for improving access to quality clinical supervision, include supervisory and leadership curriculum in social work education, cultural responsiveness training for supervisors, low or no cost supervision, and standard requirements for supervisors across state boards were offered in this discussion. In addition, the multiple entities involved in the regulation of social work practice are called upon to work together for a more equitable profession.

Understanding the connection of clinical supervision to the licensing process is imperative for ensuring competent social work practice. Even more pressing is to

understand the role of clinical supervision in the regulatory system and its impact on creating and maintaining inequities in the social work profession. The social work profession needs to challenge these injustices in its midst. *Social work means social justice.*

## References

- Arndt, R. G., Kreif, T. M., & Stotzer, R. L. (2021). [Pathways to social work licensure: An examination of Hawai'i's licensed social workers](#). *Social Work*, 60(4), 359-366.
- Asakura, K., & Maurer, K. (2018). [Attending to social justice in clinical social work: Supervision as a pedagogical space](#). *Clinical Social Work Journal*, 46, 289-297.
- Association of Social Work Boards [ASWB]. (2024). *Examination guidebook*. Author. <https://www.aswb.org/wp-content/uploads/2023/10/ASWB-Exam-Guidebook.pdf>
- ASWB. (2022a, August 30). [Beyond data: A call to action](#). Author.
- ASWB. (2022b). [2022 ASWB exam pass rate analysis: Final report](#). Author.
- Beddoe, L. (2017). [Harmful supervision: A commentary](#). *The Clinical Supervisor*, 36(1), 88-101.
- Blalock, S., Ybanez-Llorente, K., & Morman, M. (2021). [Helping beginning supervisors reduce barriers to licensure: Ethical roadblocks in supervision](#). *Journal of Counselor Preparation and Supervision*, 14(3), 1-33.
- Boland-Prom, K. (2009). [Results from a national study of social workers sanctioned by state licensing boards](#). *Social Work*, 54(4), 351-360.
- Brooks, C. T., Patterson, D. A., & McKiernan, P. M. (2012). [Group supervision attitudes: Supervisory practices fostering resistance to adoption of evidence-based practices](#). *Qualitative Report*, 17(1), 191-199.
- Donaldson, L. P., Hill, K., Ferguson, S., Fogel, S., & Erickson, C. (2014). [Contemporary social work licensure: Implications for macro social work practice](#). *Social Work*, 59(1), 52-61.
- Grise-Owens, E. Owens, L., & Miller, J. (2016). [Recasting licensing in social work: Something more for professionalism](#). *Journal of Social Work Education*, 52(S1), S126-S133.
- Howard, S., Alston, S., Brown, M., & Bost, A. (2023). [Literature review on regulatory frameworks for addressing discrimination in clinical supervision](#). *Research on Social Work Practice*, 33(1), 84-96.
- Kadushin, A., & Harkness, D. (2014). [Supervision in social work](#) (5th ed.). Columbia University Press.
- Ketner, M., Cooper-Bolinskey, D., & Van Cleave, D. (2017). The meaning and value of supervision in social work field education. *Field Educator*, 72, 1-18.



- Lusk, M., Terrazas, S., & Salcido, R. (2017). [Critical cultural competence in social work supervision](#). *Human Service Organizations: Management, Leadership, and Governance*, 41(5), 464-476.
- Mauer, J. (2023). [The stories of gay men in social work supervision: A qualitative exploration](#). *Journal of Feminist Family Therapy*, 35(2), 179-198.
- Miehls, D., Everett, J., Segal, C., & DuBois, C. (2013). [MSW students' views of supervision: Factors contributing to satisfactory field experiences](#). *The Clinical Supervisor*, 32, 128-146.
- Miller, J. J., Bode, M., Adcock, A., Niu, C., & Freeman, D. (2022). ["I know what I know...Unless I don't": Examining faculty knowledge about social work licensing](#). *Journal of Social Work Education*, 58(4), 640-651.
- Miller, J. J., Deck, S. M., Grise-Owens, E., & Borders, K. (2015). [Exploring graduate students' perceptions about social work licensing](#). *Social Work Education*, 34(8), 986-1004.
- Miller, J. J., Griese-Owens, E., & Escobar-Ratliff, L. (2015). [Preparing MSW students for social work licensure: A curricular case example](#). *Journal of Teaching in Social Work*, 35, 296-316.
- Morrison, M. A., & Lent, R. W. (2018). [The working alliance, beliefs about the supervisor, and counseling self-efficacy: Applying the relational efficacy model to counselor supervision](#). *Journal of Counseling Psychology*, 65(4), 512-522.
- Morrow, D. (2022). [Social work licensure and regulation in the United States: Current trends and recommendations for the future](#). *Research on Social Work Practice*, 33(1), 8-14.
- National Association of Social Workers [NASW] & ASWB. (2013). [Best practices standards in social work supervision](#). Author.
- NASW. (2021). [Code of ethics](#). Author.
- NASW-Illinois. (2022). [Advocacy at work: Governor signs HB2365 providing alternative to ASWB exam](#). Author.
- Newcomb, M. (2022). [Supportive social work supervision as an act of care: A conceptual model](#). *British Journal of Social Work*, 52(2), 1070-1088.
- Nienow, M., Sogabe, E., & Husain, A. (2023). [Racial disparity in social work licensure exam pass rates](#). *Research on Social Work Practice*, 33(1), 76-83.
- O'Neil, P., & del Mar Farina, M. (2018). [Constructing critical conversations in social work supervision: Creating change](#). *Clinical Social Work Journal*, 46, 298-309.
- Pack, M. (2015). ["Unsticking the stuckness": A qualitative study of the clinical supervisory needs of early-career health social workers](#). *British Journal of Social Work*, 45(6), 1821-1836.

- Rankine, M. (2019). [The internal/external debate: The tensions within social work supervision](#). *Aotearoa New Zealand Social Work Review*, 31(3), 32-45.
- Reay, S. (2023). [Guiding the way to clinical licensure: Creating a practical framework for the provision of clinical social work supervision](#). *Clinical Social Work Journal*, 52, 382-390.
- Reay, S., D'Souza, H., Tevis, K., & Fleck, A. (2022). [Start where the social worker is: Social workers' perception of clinical licensure in Nebraska](#). *Research on Social Work Practice*, 33(1), 132-142.
- Salsberg, E., Quigley, L., Richwine, C., Sliwa, S., Acquaviva, K., & Wyche, K. (2020). [The social work profession: Findings from three years of surveys of new social workers](#). Fitzhugh Mullan Institute for Health Workforce Equity.
- Schen, C., & Greenlee, A. (2018). [Race in supervision: Let's talk about it](#). *Psychodynamic Psychiatry*, 46(1), 1-21.
- Senreich, E., & Dale, T. (2021). [Racial and age disparities in licensing rates among a sample of urban MSW graduates](#). *Social Work*, 66(1), 19-28.
- Strickler, A., Valenti, M., & Mihalo, J. (2018). [Mechanisms for building working alliances in clinical supervision](#). *Clinical Social Work Journal*, 46, 361-373.
- Thyer, B. (2011). [LCSW examination pass rates: Implications for social work education](#). *Clinical Social Work Journal*, 39, 296-300.
- Vandament, M., Duan, C., & Li, S. (2022). [Relationships among supervisee perceived supervisor cultural humility, working alliance, and supervisee self-efficacy with supervisor and supervisee of color dyads](#). *Training and Education in Professional Psychology*, 16(3), 244-252.
- Vassos, S., Harms, L., & Rose, D. (2018). [Supervision and social work students: Relationships in a team-based rotation placement model](#). *Social Work Education*, 37(3), 328-341.
- Vito, R., & Hanbridge, A. (2021). [Teaching social work leadership and supervision: Lessons learned from on-campus and online formats](#). *Journal of Social Work Education*, 57(S1), 149-161.
- White-Davis, T., Stein, E., & Karasz, A. (2016). [The elephant in the room: Dialogues about race within cross-cultural supervisory relationships](#). *The International Journal of Psychiatry in Medicine*, 51(4), 347-356.
- Zhao, R., & Zhang, C. (2023). [Racial pay disparity of social workers in nonprofit, for-profit, and government human services organizations](#). *Human Service Organizations: Management, Leadership & Governance*, 48(4), 455-473.

**Author note:** Address correspondence to Inger Christensen, School of Social Work, California State University, Los Angeles, Los Angeles, CA, 90032. Email: [ichrist2@calstatela.edu](mailto:ichrist2@calstatela.edu)