

How Does Clinical Supervision Affect Job Satisfaction?

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ABSTRACT. This study examined 84 professionally trained workers in order to better understand the supervision of workers who serve seriously mentally ill persons and their relation to job satisfaction. The results demonstrated that workers satisfied with the quality and style of supervision evidenced greater overall job satisfaction and had specific preferences among four supervisory styles. Variables that influenced choice of supervisory style included increased time in practice and the supervision of others. The longer workers remained in their position the less satisfied they became with their supervision. Workers were generally more satisfied with their jobs when they were more satisfied with their supervision and liked their supervision better when it matched their preferred style. Implications to practice include to what extent the style, quality, and effectiveness of supervision affects supervisee job satisfaction and to what extent this may impinge upon the effectiveness of clinical services. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com <Website: <http://www.haworthpressinc.com>>]

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SUPERVISION AND JOB SATISFACTION

There is remarkably little data available in relation to the consolidation and restructuring of agencies and the loss of supervisory support

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of workers who serve seriously mentally ill persons. This is of concern for both clinical and fiscal reasons. The purpose of this study was to examine to what extent clinicians who serve this population are impacted by the quantity, quality, and style of their current supervisory experiences.

The cost for treating schizophrenia alone in the United States is over \$30 billion annually (National Institute of Mental Health (NIMH), 1998). The fiscal costs for all mental disorders in the United States, including treatment, social services, disability payments to patients, and the loss of productivity and premature mortality, totals over \$150 billion each year (NIMH, 1998). An analysis conducted for the Senate Appropriations Committee projected that appropriate and timely treatment of severe mental disorders would produce a 10 percent decrease in the use and cost of medical services, a savings greater than the cost of providing the actual treatment (NIMH, 1998). To what extent the inclusion of appropriate and timely supervision influences efficient service to this population is unknown, although the results of this study suggest that the quality of supervisory practice may be an important factor. Unfortunately, there has been a dearth of empirical literature related to the supervision of those workers who serve this population (Tsui, 1997) and the available information is often anecdotal, sparse, and disjointed. In addition, although this study did not examine the supervision of interns, a recent proposal by the State of California's Board of Behavioral Science Examiners described the following concern regarding the supervision of marriage and family counselors: "Enforcement complaints filed against marriage, family, and child counselor interns reinforced an increasing occurrence of client harm as a direct result of inadequate supervision and oversight by the supervisor" (State of California Board of Behavioral Science Examiners, 1998, p. 1). The proposed change in regulations may be seen as a first step in identifying the relationship between a lack of supervision and inadequate client care.

The Reduction of Clinical Supervision

By the 1990s, with the advent of managed care and the restructuring and consolidation of agencies for the stated purposes of efficiency and profit, the supervisor's function decreased in its clinical form and increased in its administrative form (Borenzweig, 1981, Munson, 1993, and Ross, 1992). There is currently less agency support for

weekly, consistent, individual sessions between the supervisee and supervisor (American Board of Examiners in Clinical Social Work (ABE), 1995). There has been a supervisory shift from a mentoring and professional development model to an administrative and production model. This shift has affected the job satisfaction of workers in that productivity and systemic survival within agency practice are increasingly pursued at the expense of the promotion of professional value systems (ABE, 1995). For example, Kadushin (1992a) noted that of those agencies that continue to provide a consistent level of supervisory support, supervision remains both consistent and available. According to this study, however, the clinical supervisor no longer spends most of his or her time managing clinical issues, as indicated by the fact that less than one-tenth of these supervisors spend at least three-fourths of their time within their supervisory role.

Borenzweig (1981), Munson (1993), and Ross (1992) all point to the fact that for many workers, supervision is now primarily administrative with workers receiving little or no client related supervision. A significant and unexpected finding in Borenzweig's (1981) examination of 134 social workers was that 75% of these workers, all of whom had graduated from schools of social work after 1967, stated they had received little or no supervision. To the extent that this loss of supervision is influenced by the restructuring of agencies may help explain some of the reasons for the loss but does not address the impact upon those affected workers.

Organizational Structure and Job Satisfaction

Agencies often reduce or eliminate clinical supervision during times of organizational restructuring. McKendall (1993) questions the overall, generalized benefits of organizational change, citing such consequences as an increase in worker uncertainty, informal organizational interference, and a resultant reinforcing of the position and purposes of an entrenched management. Typically, despite the rhetoric, the net result is that planned organizational change induces compliance and conformity among its members, thereby increasing the power of management (McKendall, 1993).

Organizational reductions have already resulted in an increase “. . . in downward initiatives of communications and directives, which in turn, have tended to exacerbate the existing problems, especially those of employee morale, trust, depression, and productivity” (Curtis,

1989, p. 671). Fiscal resource allocation often drives organizational structure. The two positions most frequently eliminated, reassigned, or simply replaced during organizational restructuring involve the clinical supervisor and the professionally trained worker. While the rationale for such cuts is to maintain basic direct services to the neediest clients at the lowest possible cost, the quality of care being provided and the quality of long-range results for this population is questionable.

Another rationale for the reduction of clinical supervision is the assumption from a purely medical model perspective that all serious mental illness is purely biochemically based. With such a presumption there may be little need for professionally trained workers and even less need for clinical supervisors. If one accepts the argument that the best way to “manage” the problem of the seriously mentally ill is to treat it from a purely biological perspective, then the only real clinical needs involve physician availability to prescribe and paraprofessional case managers to assist with basic secondary needs. Within such a paradigm that includes a significant reduction of clinical intervention, supervision is indeed superfluous. The flaw in this argument is that most seriously mentally ill people do not respond in such a simplistic fashion. The optimal treatment for seriously mentally ill persons, at the least, includes the psychological, social, and environmental domains as well as the biological (Leung, 1994).

Purpose of Study

Given the lack of research on supervision among workers serving seriously mentally persons, this study was designed to examine the following questions: Was there a systematic relationship between the availability and style of individualized supervision or team-group supervision and job satisfaction as seen by the supervisee? Was there a systematic relationship between the qualities of individualized supervision or team-group supervision and job satisfaction as seen by the supervisee? What type or types of supervision, based on the work of Cherniss and Egnatios (1978), did workers prefer and was there any systematic relationship to workers' level of job satisfaction when these types and preferences were either in accord or out of accord with what they received? Finally, were there identifiable key supervisory characteristics that influenced job satisfaction?

Sample

One hundred and seventy surveys were sent to eligible persons throughout the State of California with 84 surveys returned and completed resulting in a 49% response rate. Demographic questions were asked about workers' salary and benefits, working conditions, full-time or part-time employment status, degree and training backgrounds, caseloads, the number of years in current position, age, gender, ethnicity, and marital-relational status. Additional demographic questions not related specifically to the worker but relevant to the study included the degree, training, ethnicity and gender of the worker's primary supervisor as well as the length of time under the worker's current supervisor. Agencies chosen for this study all served seriously mentally ill adults, were non-profit, and utilized a variety of clinical personnel.

This study used a non-random, purposive sampling technique to sample workers who served seriously mentally ill adults. Both physicians and interns were excluded from the study due to the unique and varied natures of their supervisory experiences. Access to this sample was achieved through direct contact with five separate county agencies throughout the State of California which served this population and also expressed an interest and willingness to participate. By using a range of agencies, the sample included participants who received varying amounts and styles of clinical supervision. The sample was thus designed to reflect a broad representation of the supervisory process in order to better understand the phenomena of clinical supervision in relation to job satisfaction.

Data Collection and Analysis

This study utilized an anonymous questionnaire. The reason for this choice was to minimize risk to participants who believed that any negative responses could somehow jeopardize their standing within their agency or their relationship to their supervisor. Beyond demographic inquiries, other questions to measure the availability, quality, frequency, and perceived need for clinical supervision among workers were developed for this study. These questions were used to examine satisfaction with supervision as well as workers' current and preferred style of supervision.

Questions specific to supervision included the amount of weekly individual and group-team clinical supervision received and its degree

of helpfulness and adequacy in relation to the amount of clinical supervision received. The survey also asked whether or not workers preferred that supervision be provided routinely, at the request of the supervisee, and/or at the request of the supervisor. Questions inquired about workers' general level of overall satisfaction with supervision and any associations with career development, agency commitment, absences, tardiness, and client relationships. One question inquired as to the preference of having a separate clinical and administrative supervisor available. Eight questions involving workers level of satisfaction were included specific to four types of supervisory styles, based on the work of Cherniss and Egnatios (1978). These questions related to the potential influence of particular stylistic supervisory characteristics and to the descriptively defined preferred styles and current styles of supervision, also based on the work of Cherniss and Egnatios (1978).

Job satisfaction was defined as one's overall sense of gratification with one's job even though not every wish was fully realized within that capacity. For the purposes of this study, job satisfaction was primarily measured through the combined Job Descriptive Index (JDI) and the Job in General Index (JIG) (Balzer et al., 1997). Supervisory availability was based on the amount of time spent per week in individual meetings with a consistent person for the purpose of discussing clinical cases or clinically related material and during times of a significant clinical dilemma or crisis.

Supervisory quality was based on the perceived importance of selected supervisory characteristics as seen by workers both within their current job assignment as well as their preference for such qualities, regardless of whether or not their current supervisor fit those categories.

Supervisory style was based on four supervisory styles as defined by Cherniss and Egnatios (1978). While the authors defined five supervisory styles in their study, for this study "Feelings" and "Insight-oriented" supervision were integrated and combined as "Insight-oriented" supervision in that the researchers found the two terms to be perceived by participants as similar.

Questions regarding supervisory qualities involved one pair of 25 identical check-off questions. These questions related to the perceived ideal characteristics of a supervisor and the perceived level of importance of these same characteristics in relation to workers' current supervisory experience. In addition, participants were asked, if deemed as significant, to identify one or two of these qualities and

characteristics that overwhelmingly influenced the worker's level of job satisfaction and client outcome, either positively or negatively. The purpose of this inquiry was to determine if any one or two particular characteristics were so important as to influence one's overall sense of job satisfaction and in turn influence client outcome. There was also one open-ended question at the conclusion of the survey.

Job Descriptive Index (JDI) and the Job in General Index (JIG)

The JDI standardized Job Descriptive Index (Balzer et al., 1997), is an index designed to measure job satisfaction that was first used in 1969 and later revised in 1985 and 1997. The JDI used a total of 72 items and assessed satisfaction with five facets of job satisfaction: work itself (18 items), pay (9 items), promotional opportunities (9 items), co-workers (18 items), and supervision (18 items). The JDI could be completed in about five to ten minutes by most workers. Internal consistencies of the JDI have remained high, averaging .89 across the five facet scales (Balzer et al. (1997). Coefficient alpha values of the JDI subscales were as follows: Work (.90), Pay (.86), Opportunities for Promotion (.87), Supervision (.91), and Coworkers (.91). The coefficient alpha value of the JIG, designed to measure overall job satisfaction, was (.92).

Each of the five JDI facets and the JIG were scored separately. The survey was analyzed to determine to what extent satisfaction with clinical supervision related to job satisfaction. The actual and preferred supervisory style of each worker as determined by workers indicated preferences was correlated with the worker's level of job satisfaction with supervision as determined by the JDI as well as his or her overall sense of job satisfaction as determined by the Job in General Scale (JIG). Cronbach's alpha was used to determine the internal consistency of all scale scores obtained in this study.

The results of the study are based on the responses of 84 professionally trained mental health workers who serve the seriously mentally ill population. In terms of the professional training of workers in this study, 57.4% of all workers were qualified as LCSWs (Licensed Clinical Social Worker); 25% as MFCCs (Marriage, Family, and Child Counselor); 4.4% were RNs (Registered Nurse); or 13.2% were Ph.D.s (Licensed Psychologist). The mean time that workers had been in practice was 15.5 years and their mean age was 46.2 years. Thus the respondents constituted a seasoned and experienced group of

professional workers. Four workers (4.9%) received an average of 60+ minutes of weekly individual supervision; 10 workers (12.2%) 45+ minutes; 17 workers (20.7%) 30+ minutes; and 24 workers (29.3%) received 15+ minutes of individual supervision per week. Twenty-seven (32.9%) of all workers received no individual supervision, and 25 workers (30.1%) received no group supervision.

RESULTS

The results of the study are based on four primary hypotheses involving the quantity, quality, style, and key attributes of supervision. In addition, the survey examined the degree of helpfulness of supervision and key supervisory characteristics that were most influential from the lens of the supervisee. There were some significant correlations of demographic variables with satisfaction with supervision as measured by the JDI. There was a significant positive correlation between satisfaction with supervision and the year the workers received their license ($r = 0.27$, $p = 0.34$) suggesting greater satisfaction for people who received their license more recently. There was also a significant negative correlation between satisfaction with supervision and the number of months a worker had been in their current position ($r = -0.39$, $p = 0.001$) and their number of years in practice ($r = -0.24$, $p = 0.050$). This suggested the longer respondents were in their position, the less satisfied they became with their supervision.

Amount of Supervision

The first question posed was whether or not workers' level of job satisfaction would be greater among those workers who received more clinical supervision. The results of this study found no significant correlation between the amount of individual clinical supervision workers received and their level of job satisfaction. There was a statistically significant but weak correlation between the amount of group supervision, based on actual minutes of time, and job satisfaction ($r = 0.28$, $p = 0.015$). This was a surprising finding, so we examined this response more closely and discovered that the correlation between the amount of time spent in group supervision, based on actual minutes of time and job satisfaction based on the JIG only approached significance when controlling for months in current position ($r = 0.28$, $p =$

0.053). Overall there was little evidence that the amount of supervision received correlated with a significant increase in job satisfaction.

Quality of Supervision

This study found that satisfaction with the quality of supervision correlated with all other JDI subscales with the exception of pay. Satisfaction with the quality of supervision correlated positively with the JDI subscales of Work on the Present Job ($r = 0.39$, $p = 0.0004$); Opportunities for Promotion ($r = 0.33$, $p = 0.006$); People on Present Job ($r = 0.27$, $p = 0.025$); and the JIG: Job in General ($r = 0.36$, $p = 0.002$). There was no significant correlation between satisfaction with the quality of supervision and the JDI subscale measuring satisfaction with pay. Satisfaction with the supervisor's helpfulness correlated positively with the JDI subscale Work on the Present Job ($r = .35$, $p = 0.002$). Satisfaction with the supervisor's helpfulness also positively correlated with the JIG ($r = .32$, $p = 0.005$).

Style of Supervision

There were 4 possible supervisory styles including authoritarian, laissez-faire, didactic-consultative, and insight-oriented. Over one-half of the respondents (56.6%) described their current style of supervision as insight-oriented with an additional 15.7% describing it as didactic-consultative. The remaining respondents (27.7%) described their current style of supervision as either authoritarian or laissez-faire. When asked for their preferred supervisory style, 78.3% indicated a preference for the insight-oriented style of supervision, 13.3% preferred the didactic-consultative, and 8.4% indicated a preference for either the authoritarian or laissez-faire style of supervision. Workers whose current supervisor demonstrated a style of supervision similar to their preferred style had a significantly greater sense of job satisfaction as measured by the JDI scale for supervision ($t(22) = 4.00$, $p = 0.001$). Workers with concordant supervisory styles also had a greater sense of job satisfaction as measured by the JDI subscale Work on the Present Job ($t(35) = 2.29$, $p = 0.028$) as well as with their job in general as measured by the Job In General scale ($t(74) = 3.10$, $p = 0.003$). There were no statistically significant differences between the two groups of workers on the JDI subscales of Pay, Opportunities for Promotion, or People on the Present Job. It appeared that workers who

received the style of supervision they preferred were generally more satisfied with their overall job as well as more satisfied with specific aspects of their current job.

In that there were significant correlations related to age and length of service in the analysis of the amount of supervision and job satisfaction, these variables were also examined in relation to supervisory style and communications. In order to look at this question, Pearson correlations were used to correlate these demographic variables against the 10 measures of actual and desired supervisory styles and communications. There was a statistically significant negative correlation between the amount of time in one's current position and the rating of the supervisor's communication skills ($r = -0.23$, $p = 0.039$). It appeared that the longer a person remained in his or her position, the less positively that worker viewed the supervisor's ability to communicate clearly. There was also a significant correlation between hours worked in a week with the rating of the supervisor's communication skills ($r = -0.28$, $p = 0.014$). In addition, the more workers supervised others the more they preferred being supervised by a supervisor who provided a laissez-faire style of supervision ($r = 0.41$, $p = 0.017$). As measured by a Pearson correlation related to the extent workers supervised others and the type of supervision this group preferred, the analysis found that the more workers supervised, the more they rated their current supervisor as providing little of the laissez-faire style of supervision they wished to receive ($r = -0.36$, $p = 0.038$). There are a number of possibilities for this finding. It is perhaps not surprising that when these workers supervised other workers they themselves preferred to be supervised in a very indirect manner, if at all. Workers may feel a sense of competition or dissatisfaction with a primary supervisor. In addition workers may think that they lack the time or lack the need for supervision.

Helpfulness and Key Attributes of Supervision

When asked how helpful workers found their individual supervisory experiences, 64.1% indicated that it was either "always helpful" or "very helpful." When asked the identical question about their group/team supervisory experiences, 44.8% of workers indicated group supervision to be either "always helpful" or "very helpful" (see Table 1). In relation to specific indicators of key identifiable supervisory characteristics, there was significant disparity between supervisees'

current experience with what they preferred. For example, 79.8% indicated that “enhancing staff cohesion” was “very helpful” on the part of an ideal supervisor yet only 31.3% said that they experienced this characteristic on the part of their current supervisor. There were significant disparities in relation to supervisory responses to emergencies, communications, and methods of clinical evaluations (see Table 2).

At the conclusion of the survey, respondents were asked if there was anything else they would like to add about supervision and their job. Accordingly, 38 individuals added comments. While there was no consistent theme, many of these comments were poignant and may be helpful in better understanding workers’ needs. A number of partici-

TABLE 1. Helpfulness of Supervision

Subscale	Always Helpful	Very Helpful	Sometimes Helpful	Rarely Helpful	Never Helpful
1. Individual Supervision	29.5%	34.6%	29.5%	5.1%	1.3%
2. Group Supervision	19.2%	25.6%	46.2%	9.0%	

TABLE 2. Valued and Actualized Supervisory Characteristics

Subscale	Helpful or Important	Experience Currently
Enhances Staff Cohesion	79.8%	31.3%
Confronts Problems Quickly and Effectively	79.3%	26.5%
Communicates Effectively	77.4%	35.4%
Stimulates Independent Thought	71.4%	37.3%
Exemplifies Open-Mindedness	83.1%	43.8%
Helps Manage Emergencies	62.7%	32.9%
Closely Evaluates Clinical Performance	39%	8.8%

pants commented on the lack of supervisory availability. Workers also commented on the value they placed on individual and team consultation and back-up. One worker commented on good supervisors by stating, "I'm not sure how they do it but they have increased my self-confidence by affirming that I have the skills and knowledge to solve the problems without abandoning me." Another worker commented that "Supervision is the most critical element to being able to work in the mental health field without burning out." Finally, a worker noted that their supervisor was ". . . overworked in management, paperwork, and non-clinical responsibilities to allow them time for employees to benefit from their experience and expertise. I sense they would enjoy doing more clinical supervision and that they do in fact have knowledge and insights that would help us work better with clients."

DISCUSSION

The respondents to this study constituted a seasoned and experienced group of professional workers. The results indicate that it is not the amount of supervision but the quality of that supervision that is most important among workers who serve seriously mentally ill persons. This study also found that satisfaction with the quality of supervision correlated with all JDI subscales with the exception of pay. This finding suggests that workers who are satisfied with the quality of their supervision are also more satisfied with most aspects of their job. To what extent this affects client care and efficient service delivery are areas worthy of further examination. It is perhaps not surprising that according to Poulin (1994), "Dissatisfied workers are more likely to provide lower quality services than those more satisfied with their jobs" (p. 21).

While there was a statistically significant, but weak correlation between the amount of group supervision, based on actual minutes of time, and job satisfaction ($r = 0.28$, $P = 0.015$), there are a number of unknown variables that may have influenced this outcome. Further research into the formation and functioning of groups and the quality of supervision workers receive within these groups appears warranted.

One finding of the study suggested the longer respondents were in their position, the less satisfied they became with their supervision. This finding raised a series of questions. Is it possible that with the

passage of time and enhanced competency, workers no longer need supervision? Is it also possible that these workers no longer want or need the type of supervision available? In addition, workers who supervised others appeared to prefer the laissez-faire style of supervision yet were not receiving this type of supervision. These results suggest that agencies should have policies and practices about the amount and modality of supervision that are designed to meet the differing needs of more experienced and beginning workers.

The disparity between those supervisory traits workers most value and the extent to which they currently experienced these traits on the part of their supervisors appears most telling. Based on the results of this study, workers stated they wanted and were often not receiving supervision that enhanced staff cohesion; provided clear communication; included availability during times of urgent need; and stimulated independent thinking. Supervisors and supervisory trainees should be aware of the importance workers attach to the enhancement of staff cohesion and be available and supportive during times of conflict and crisis. In addition, supervisors and trainees should be aware of the importance workers attach to being open-minded, communicating effectively, supportively, and stimulating workers' independent thinking processes.

The finding that with increased age and years of practice workers preferred either the didactic or insight-oriented forms of supervision suggests a need to address this within agency practice. In addition, the longer a person remained in their position and the more hours worked, the poorer these workers viewed their supervisor's abilities to clearly communicate. Thus, there is a group of highly experienced workers who seem to be saying that they want to achieve greater in-depth clinical awareness. These workers seemed troubled by what they saw as inadequate communications on the part of their supervisors. It is possible that with the passage of time supervisors assumed that such seasoned workers want and need less attention. While such a lack of attention may be intended as a way to validate worker competency, it may be perceived by workers as a form of benign neglect in the form of a laissez-faire supervisory style.

While there is some debate in relation to the need for on-going supervision (Brashears, 1995; Fisher, 1989; Greenspan, Hanfling, Parker, Primm, & Waldfogel, 1991; Kadushin, 1992b; Raiff & Shore, 1993; Veeder, 1990; Watkins, 1993), as well as the type of supervision

(Hart, 1982), there appears to be little research in terms of what type of supervision or alternative styles of support more seasoned workers prefer. It may be helpful that managers over time not assume that workers who appear to function efficiently and effectively lack the need for on-going dialogue and recognition. Such workers may benefit from an institutionalized process of advancement that recognizes their competencies and rewards them in a way that is beneficial to both these individuals and the agency. It appears that further research involving the quality of supervision and its relation to job satisfaction and treatment efficacy could benefit clients, workers, supervisors, and agencies.

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