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# Clinical Supervision and the Helping Professions: An Interpretation of History

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*The published literature on clinical supervision in relation to the helping professions, particularly nursing, has been essentially contained to the past two decades and has largely rested at the level of description. This article traces the origins back to the pioneering charity work of European and North American social reformers of the eighteenth century. Historical documents are reviewed to posit a discussion of the historical development of clinical supervision, linked across continents and within and among helping professions and human service agencies, to establish a contemporary international relevance for the associated professions and to help establish a convincing evidence base for practice.*

*KEYWORDS clinical supervision, history, nursing*

## INTRODUCTION

> Who controls the past, controls the future; who controls the present, controls the past. (Orwell, 1949)

The interpretation of any history is often vexed, not least because only a part of what was observed in the past was remembered by those who

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observed it; only a part of what was remembered was recorded; only a part of what was recorded has survived; only a part of what has survived has come to the historian's attention; only a part of what has come to their attention is credible; only a part of what is credible has been grasped; and only a part of what has been grasped can be expounded or narrated by the historian (Gottschalk, 1962). Furthermore, records of most proceedings have often been compressed and otherwise edited; that when they become agreed versions, they will have become somewhat idealized, become abstracts of what speakers meant to say, or subsequently wished they had said, rather than what actually transpired. Barnes (2011) cites Patrick Lagrange who called history "that certainty produced at the point where the imperfections of memory, meet the inadequacies of documentation."

Set against this backdrop, this article is a methodical attempt to trace and then link telling accounts in the published literature over more than two centuries, of selected significant events associated with the historical and increasingly scientific development of clinical supervision (CS). The so-called scientific method has characterized natural science since the seventeenth century and consists of systematic observation, measurement and experiment, and the formulation, testing, and modification of hypotheses (*Oxford English Dictionary*). Until comparatively recently, such an approach in nursing research has been somewhat unfashionable (White, 2003). This is not a failure to recognize the important early work of scholars (say, Peplau, 1952, or Altschul, 1972), but rather to acknowledge that they were exceptional in their difference from mainstream nursing scholarship.

## Background

As Milne (2009) suggested, it seems likely that supervision has been practiced since ancient times; "how else would those with the necessary skills and the responsibility for providing specialist services, ensure that they had a skilled workforce, one that was doing their work to the required standard?" (p. 5). In general terms, although operational definitions have not been without ambiguity, contest, and international differences (White, Riley, Davies, & Twinn, 1993; Milne, 2007), clinical supervision is often accepted as a formal relationship-based system of support and practice development provided by approved supervisors to staff in human service agencies to maximize the best possible outcomes for their respective clientele. Moreover, although CS is usually regarded as an essential component of contemporary professional practice (for international multidisciplinary examples see United States Department of Health and Human Services, 2009; Australian Medicare Locals Alliance, 2013; British Psychological Society, 2010), evidence-based guidelines about how best it should be delivered and evaluated has remained insufficient and a historical context in which latter-day developments could be earthed has remained underreported. In relation to nursing, with rare exceptions, the

international published literature on clinical supervision has largely rested at the level of description and been essentially contained to the past two decades.

## Methods and Sources of Data

The six steps for conducting historical research suggested by Busha and Harter (1980) provided a framework for the present inquiry: a need for certain historical knowledge had been identified; as much relevant information about the topic as possible would be gathered; if appropriate, hypotheses that tentatively explained relationships between historical factors would be formed; the rigorous collection and organization of evidence, and the verification of the authenticity and veracity of information and their sources, would be undertaken; the selection, organization, and analysis of the most pertinent collected evidence would be drawn into conclusions, and these would be drafted into a meaningful narrative. Documentary accounts from multiple international media sources were located by a combination of the following approaches, as recommended by the Centre for Reviews and Dissemination (2008):

- Searching electronic databases
- Visually scanning reference lists from relevant studies
- Hand-searching key journals and conference proceedings
- Contacting study authors, experts, manufacturers, and other organizations
- Searching relevant Internet resources
- Citation searching
- Using a project Internet site to canvass for studies

The indexing journals in electronic databases (e.g., MEDLINE, Web of Science) have assisted those who conduct systematic reviews to more easily identify published studies. However, information technology and the processes associated with indexing are not infallible. Studies may not be correctly marked by study design, which may mean they are missed in the electronic searching process (Armstrong, Jackson, Doyle, Waters, & Howes, 2005). Hand-searching, characterized here as "retrospective snowballing" (also known as backward chaining, footnote chasing, pearl growing, reference harvesting, reference searching, and so on) has been found useful in the identification of grey literature publications; that is, nonconventional, fugitive, and often ephemeral works (Alberani, Pietrangeli, & Mazza, 1990). These include reports (preprints, preliminary progress and advanced reports), theses, conference proceedings, technical specifications and standards, noncommercial translations, bibliographies, and official documents not published commercially—primarily government reports and documents.

The process adopted in the present study closely examined each successive original (hard-copy) document in a stepwise fashion, and judged for relevance to the purpose of this manuscript. These primary sources, published in journals, magazines, newspapers, conference proceedings, and other platforms, were

sourced via online library facilities at the University of New South Wales, Australia, together with other cooperative libraries in universities and institutions elsewhere in the world, notably the United Kingdom and the United States. If an item of primary source material was judged as telling (see inclusions listed in References), salient features of the content were integrated into a chronology and linked with a summary of some of the biographical/policy issues associated with it. In so doing, it is acknowledged here that when any researcher has an interest in ascertaining broad trends, or detecting a shift over time, in the type of attention paid to a particular matter, the writings of others become, as it were, the original data of the integrator. In this, the problems of selection, coding, retrieval procedures, and the report of the findings and the like become as real for documentary research as for research in any other form (Feldman, 1971). Computer-assisted qualitative data analysis software (CAQDAS) was not used (see St. John & Johnson, 2000).

Even the most cursory online search for "clinical supervision" can yield close to a half a million hits (White & Winstanley, 2011). Some of these will be articles that contain data of some sort, not uncommonly the product of localized studies that involve small (even tiny) samples; for example, one recent publication had more authors than respondents (Cross, Moore, Sampson, Kitch, & Ockerby, 2012). Many will review attempts made by other investigators to produce primary evidential data. These frequently identify their methodological shortcomings, often fairly (Buus & Gonge, 2009), and then lament the inchoate nature of the evidence upon which clinical supervision practices continue to be based (see Scaife, 2012, for a polemical example). It has long been argued (Black & Champion, 1976) that whatever uses secondary data sources have for scientific activity will depend on the subjective ingenuity of the researcher to make use of them to make a point. Such a quality, present in all methodological approaches, is both a strength and a limitation. Any attempt to document a history of clinical supervision, therefore, is no different in each of these respects and behooves an appropriate level of parsimony from the reader. The scholarly contributions of previous authors to interpret history are readily acknowledged here (see, for example, texts by Kadushin, 1976; Munson, 1993; Bernard, 2006; Milne, 2009; Edwards, 2013), each of which have tended to dwell on the development of clinical supervision for social work and counseling and, to a lesser extent, psychology.

## INTERNATIONAL DEVELOPMENTS

### Substantive Events: Eighteenth Century

#### Germany

A popular impression has been created in which the origins of contemporary clinical supervision can be traced back to so-called scientific charity (a system of relief for the poor), developed in Elberfeld, Germany, in 1853, under the auspices of a prominent banker named Daniel von der Heydt. The city

authorities decided to entrust distribution of the poor relief funds to "150 unpaid respectable burghers [who] were each charged with watch and ward over the poor in his immediate neighborhood" (Rodgers, 1998, p. 212). Whilst this important event is not contested, even earlier beginnings have been asserted (Crooker, 1917). In preparation for a lecture to a large class in social science connected with his church work in Madison, Wisconsin, the Reverend Joseph Crooker happened upon several rare and valuable documents, including one titled "Account of the Management of the Poor in Hamburg between the Years 1788 and 1794." The author, Baron von Voght (1796), described "a real experiment" for a method of charity which was more comprehensive than that at Elberfeld, some 65 years earlier than the work of Daniel von der Heydt.

The city of Hamburg, then with a population of 110,000 inhabitants, had the "misfortune to feed seven thousand poor, besides two thousand five hundred in their different hospitals" (von Voght, 1796, p. 447). One hundred eighty "respectable gentlemen," so-called "overseers," had been employed for a 7-year period and "very ample instructions were published" for them (von Voght, 1796, p. 451). Further credence for this discovery was later provided during a search of the Hamburg city records, which revealed that, in 1802, the charity workers of Elberfeld had "become acquainted with the instructive history of the Hamburg Institution of poor relief" (Crooker, 1917, p. 191).

Crooker (1917) suspected that the Hamburg Institution was the product of a long philanthropic experience and that it was the first expression, in full and complete form, of the transition from medieval to modern methods of charity. He acknowledged (p. 191) that the influence of Elberfeld had been great and that honor should be given to that city for its noble work and to von der Heydt, who had revived and enlarged the original organization. However, if the truth of history was to be vindicated, he also argued, this modern method of charity ought to be known as the "Hamburg System" and noted that "if the charity organization societies of London, Boston and other cities are daughters of Elberfeld, let us remember that Elberfeld herself is the daughter, and that these are the granddaughters of Hamburg" (Crooker, 1917, p. 191).

## Nineteenth Century

### England and the United States

Crooker's mention of London referred to charitable work conducted under the leadership of English social reformer, Ms. Octavia Hill (1838–1912), which started in 1869. She was a founding member of the Charity Organisation Society (COS), which organized charitable grants and pioneered home-visiting services. The London-based COS workers were originally volunteers, but Hill

later maintained a paid workforce, and their work is said to have formed the basis for modern social work. In 1946, the COS was renamed the Family Welfare Association and still operates today as Family Action, a registered family support charity.

Coincidentally, the concept of caring for people in own their homes also resonated with the original mission of the first secular school of nursing in the world, the Nightingale School for Nurses, established in 1860 at St Thomas' Hospital, London. The school was named after Florence Nightingale, who was well-known for her pioneering work in the Crimean War (1853–1856) and for her reform of nursing (Nightingale, 1860). In childhood, she had found an aptitude in caring for the poor and the sick, as an antidote to the intense boredom and consequent depression she experienced during her privileged upbringing, and longed to be a nurse—an ambition not encouraged by her wealthy parents. In 1850, at 30 years old, she arranged a visit through friends to a Lutheran community at Kaiserwerth, Germany, located less than 50 kilometers from the aforementioned Elberfeld. At the Theodor Fliedner Foundation (http://www.fliedner.de/en/historie.php), she witnessed the charity work being undertaken and the training that local nurses received. This inspired her (Wakely & Carson, 2011). She made a second study visit, at the end of which her teachers endorsed her as a nurse, before she returned to London to take up the post of Superintendent of the "Establishment for Gentlewomen During Illness" on Upper Harley Street. A year later, in 1854, she was recruited by the Secretary of War (Sidney Herbert, whom she had met socially earlier in life), to join the efforts of the Crimean War and she and 38 other nurses were sent to Selimiye Barracks in Scutari—now Üsküdar, Istanbul, Turkey (National Women's History Museum, 2013; http://www.nwhm.org/education-resources/biography/biographies/florence-nightingale). There, in addition to her better-known work on sanitation, Nightingale fostered frequent informal meetings between all grades of nursing staff in which, through democratic process, ideas could be pooled for the general welfare (Newton, 1952) and introduced the concept of senior nurses guiding junior nurses in their clinical practice (akin to the erstwhile notion of apprenticeship; Russell, 2005) and a portend of contemporary clinical supervision (Emerton, 1999).

Later, in 1877, Nightingale met (and subsequently mentored) Linda Richards, the first professionally trained American nurse. After a period of seven months of intensive study in England, including two months at the Nightingale School for Nurses, London, Richards returned to Boston in 1878 to work at the Boston College Hospital, where she established a nurse training school. Richards continued to establish nurse training programs and nursing schools in Philadelphia, Massachusetts, and Michigan, together with the first nurse-training program in Japan in 1885.

Nightingale had earlier also counseled William Rathbone, a wealthy merchant and philanthropist, from Liverpool, England. He had employed a

nurse (Mary Robinson) to care for his wife at home, during her final illness. After her death in 1859, he decided to employ Robinson to nurse people in their own homes who could not afford medical care (Queens Nursing Institute, 2012). Rathbone deemed this early experiment a success and was not only encouraged to campaign for more nurses to be employed in the community but, after taking advice from Nightingale, to also set up his own nursing school at Liverpool Royal Infirmary in 1862. Other cities followed suit, including Manchester. The Metropolitan and National Nursing Association was set up in 1874.

The Nightingale School for Nurses in London also made efforts to specifically train so-called "District Nurses, to care for the sick poor in their homes," which eventually culminated in the establishment of the Queen's Institute of District Nursing (QIDN) founded in 1887 (London Metropolitan Archives, 2008, p. 2). Following a name change to the Queen's Nursing Institute in 1973, and, exactly a century after the QIDN was established, it endowed a Chair of Community Nursing in 1987. The inaugural incumbent was Professor Tony Butterworth of The University of Manchester, England, who later became a leading British advocate of clinical supervision.

Crooker's (1917) other reference (to Boston) was echoed in the writings of Mary Richmond, General Secretary, Charity Organization Society of Baltimore, Maryland, who recalled that these radical European ideas had spread to the Boston Associated Charities in December 1878, after being introduced in Buffalo, New York, a year earlier (Richmond, 1899). Also established in 1878 was Family Counseling of Greater New Haven, Inc., in Connecticut (Yale University, 2012). Within a few years, it had adopted the name Organized Charities Association (OCA) and operated as an emergency measure to deal with the growing population of unemployed transient individuals. It also shifted emphasis from unemployed people to providing relief to the "worthy poor," in the form of food and fuel assistance, housing, and employment, and served as the clearinghouse for charity organizations in the New Haven area. It sought to teach families how to be self-sufficient, educate the community in the "correct" principles of relief, and eradicate poverty.

By 1881, the OCA had adopted the same functions and goals of the London-based Charity Organization Society and had itself instituted home visiting and sent out visiting agents to the poor. It had also set up centralized records and administrative services. Thus, by the late nineteenth century, OCA had already developed a strong scientific emphasis and the charity visitors had begun to organize their activities and "learn principles of practice and techniques of intervention from one another" (Hansan, undated, p. 3). These features not only signaled the origins of modern methods of scientific charity, but also set out the essential parameters of contemporary clinical supervision, as a vehicle for staff support and practice development.

## TWENTIETH CENTURY AND FORWARD

### United States

The first visiting nurse joined OCA in 1913, by which time it had shifted from a benevolent society to a professional family relief organization. A case study committee was formed to supervise the work of "friendly" visitors and to discuss individual cases. By the 1920s, a small staff of trained social workers assumed casework responsibilities. Later on, now set within the historical context of the emerging Great Depression, local war chests were formed across the United States to meet the needs of individuals who had begun to outpace the ability of friends and neighbors to meet them in a coordinated fashion.

One such war chest was the Community Chest of Greater New Haven, Connecticut. In 1926, the then-Secretary, John B Dawson, published a generic list of duties as they related to the supervisors of case workers in his family agency (Dawson, 1926), which included the following:

- The promotion and maintenance of good standards of casework
- The coordination of casework practice with the ideals of the administration
- Making available the results of casework experience necessary for the formulation of policies and methods
- The educational development of each individual worker on the staff in a manner calculated to enable her to fully realize her possibilities of usefulness in her chosen field of work
- The cultivation of *esprit de corps* and loyalty on the part of the staff

Thus, these beginnings of contemporary clinical supervision practice can be seen to owe provenance to the foresight of a number of key figures in east coast American charitable organizations and, in turn, to their European heritage. The psychoanalytic culture in Europe had long since recognized the process of supervision as one of the essential elements of its development. Urlic and Brunori (2007) made the assumption, for example, that the Wednesday night meetings held at the Vienna home of Sigmund Freud, which began informally in 1902 (Wednesday Psychological Society, later The Vienna Psychoanalytic Society), were the beginnings of what would later be referred to as "supervision"; "psychotherapy supervision, as we know it today, began in the 1920s when Berlin psychoanalyst Max Eitingon proposed that a psychoanalyst in training should undergo supervised psychoanalysis sessions" (Urlic & Brunori, 2007, p. 163). Eitingon went on to cofound the Berlin Psychoanalytic Polyclinic in 1920 (Watkins, 2013), the forerunner of the Berlin Psychoanalytic Institute (later the Göring Institute). Leddick and Bernard (1980) cite the earlier doctoral scholarship of Burns (1958) to concur with the date stamp of such a beginning: "supervision, as we know it today, began to develop between 1925–1930" (p. 187). It was also during this period of modern history when the

fundamental principles of supervision were increasingly understood to be applicable and transferrable to other fields of human activity, "whether it be teaching, nursing, commerce and industry, or other professions and occupations, where Supervisors are expected to achieve instrumentality of other workers" (Day, 1925, p. 469).

This public commendation to apply supervision practice to nursing, therefore, was made in New York nearly 90 years ago. It was soon carried to Saskatchewan, Canada, where Anna Wolf (1927), then Associate Professor of Nursing at the University of Chicago and later of Johns Hopkins University, prophetically asked a Canadian audience, "Does not this newer conception of supervision hold a challenge for those of us entrusted with the education of student nurses?" (p. 308). Other university academics also began to broach the possibility of a crossover of the principles of supervision from social case workers to nurses because, it was argued, they shared a common need for a supervisor "who must slowly and gently lead her workers on, broadening their understanding, deepening their acceptance and strengthening their capacity to limit themselves to the area of work for which they are professionally qualified" (Hollis, 1938, p. 461). Namesake and contemporary, Lulu Wolf (later, Wolf-Hassenplug), was the founding Dean of the School of Nursing, University of California, Los Angeles (UCLA). She shared common ties to Johns Hopkins and to nursing schools in China as Anna Wolf, but is not thought to be a sibling (B. Lusk, personal communication, July 3, 2013). In 1936, Lulu Wolf won a year-long Florence Nightingale Foundation International Fellowship to study at Bedford College for Women, University of London, England (Online Archive California, 2013). She was only the second American to do so. She later argued (Wolf, 1941) that in the decade between 1930 and 1940, American nursing changed markedly and that "in many institutions a Clinical Supervisor has been appointed to plan and organize the work and to help the head nurses in planning their programs of supervision" (p. 55). A decade on, high-quality supervision was already recognized to play an important role in service improvement (Freeman, 1952).

## England

At about the same time (1935) in England, Dr. Thomas Percy Rees (TP Rees, as he was known) became the Physician Superintendent of Warlingham Park Hospital, Surrey, England. He has been widely credited for his avant garde "open door" policy of inpatient psychiatric care (see http://europepmc.org/articles/PMC2124271/pdf/brmedj02502-0089.pdf). In 1954, driven by "a lack of trained social workers," he seconded two pioneering psychiatric nurses (Lena Peat and Arthur Groves) from the hospital wards to an embryonic community-based mental health service (Moore, 1961; May, 1961). Community psychiatric nurses, as they were first called (CPNs; Kirkpatrick, 1967), were early adopters of clinical supervision not least because, whilst they remained members of a wider

multidisciplinary team, they were frequently required to work on their own outside institutional settings (as were social workers) and manage complex emotional interactions with their clients (Oxley, 1995). A clinical practice group of the Community Psychiatric Nurses Association (CPNA), convened under the leadership of Mike Smith, grasped the active and educational and administrative usefulness of CS and soon publicly acknowledged that, although supervision was "more familiar to social work" and was still a "fairly new concept to nursing, supervision should be an in-built component of the nursing structure and that nursing management has a responsibility to provide the facility for adequate supervision" (CPNA, 1983, p. 8). By 1990, of the estimated 3,971 community mental health nurses (CMHNs) in the United Kingdom, 77% reportedly received CS; by 1997, this had increased to 87% of the 6,739 CMHNs in England and Wales (White, 1990; Brooker & White, 1997).

Similarly, Dr. David Clark, Medical Superintendent of Fulbourn Hospital, Cambridge, England (http://www.guardian.co.uk/society/2010/may/11/david-clark-obituary), was also a very strong advocate of the British "open door" policy. He described (Clark, 1996) not only the introduction of "ward meetings by Eric Raines, Nursing Officer, to discuss problems of life together" with patients "to develop a system of open justice," but also the start of staff-only meetings (p. 123). Later, these were called (to the personal memory of present lead author, who was a student under Clark, 1973–1976) "staff sensitivity meetings"; aka, embryonic *clinical supervision* sessions. Clark, Rees, and like-minded medical colleagues, Maxwell Jones, then of Dingleton Hospital, Scotland, and Bertram Mandelbrote of Littlemore Hospital, Oxford, were all regular visitors to both seaboards of the United States and Canada (see http://archive.pettrust.org.uk/pubs-dhclark-maxjones.htm) and, within the context of the participative and group-based approach of the "therapeutic community" movement, were *tours de force* in modern British psychiatric practice.

The transatlantic adoption of clinical supervision by mental health nurses, per se, was not only derived from a shared historical relationship with other helping professions that followed therapeutic and counseling approaches to care (Gadell, 1986; White, 1990), but also with (say) midwives. This, given the gradual development of autonomous practice, had characterized their respective histories, particularly in relation to significant and shared points of difference with general nursing (see, for example, White et al., 1993), which is usually conducted in public, rather than private, settings. When the midwifery profession in Britain was in its infancy, the public was safeguarded by so-called "lady inspectors" (akin to von Voght's *respectable gentlemen*) who were nonprofessional women of high standing in the community. By way of example, a detailed account of the first Lady Inspector of Midwives appointed in the county of Hertfordshire, England, on September 1, 1906, Ms. E Margaret Burns, came from a family with "a fair sprinkling of vicars and surgeons" (Davidson, 1997). Burns was paid an annual salary of £120 (equivalent to about £12,365/$18,810, in 2013). From December 1906 to June 1907 she reportedly

made some 313 visits and noted that "the cyclometer on her bicycle registered 1593 miles" (about 2,564 kilometers) for the period! The role of lady inspectors was subsequently transformed into a statutory post bearing the name "Supervisor" (Kargar, 1993) and the *mandatory* supervision of midwives became enacted well over a century ago with the Midwives Act 1902. This followed a 20-year lobby led by English nurse and social reformer Zepherina Philadelphia Smith (née Veitch), under the auspices of The Midwives' Institute.

These historical affinities among charity work, social work, nursing, and midwifery allowed a cross-pollination of professional practices, on both sides of the Atlantic. In a published retrospective, Brown (1994) observed that until the early 1970s, British social work academics and practitioners relied heavily on the North American social work literature. It seemed to Brown that, with the exception of the published work of Lawrence Shulman (1993), Emeritus Professor of the University of Buffalo, New York (a cofounder institution of the First International Interdisciplinary Conference on Clinical Supervision in 2005 and former Editor of *The Clinical Supervisor*), "the pendulum then swung the other way, with a tendency to underuse transatlantic texts, perhaps due to the substantial British literature, difficulties in obtaining books, and price" (p. 118). Brown later made his own contribution to the literature (Brown & Bourne, 1995), believed to be the first comprehensive British text on the supervision of staff who worked in social work, community care, and social welfare settings.

An early example of the benefits that were derived from sharing ideas among the helping professions occurred with charity work and social work. When Dawson published his embryonic list of de facto supervisor duties for charity workers in 1926, Jewish New Yorker Alfred Kadushin was a precocious 10-year-old elementary schoolboy who had been selected to join the experimental Dalton Plan (Parkhurst, 1922) and was about to enter a rapid advancement educational program for gifted children (Osgood, 2000). A half a century later, and by then a distinguished left-wing Professor of Social Work at University of Wisconsin-Madison, Kadushin realized that his earlier training as a social worker had not prepared him for the job. As an academic, therefore, he decided to devote himself to what he called "the professionalisation of helping and to the probabilities of increasing the effectiveness of what is taught for professional Social Work" (Morgenbesser, 2011). He acknowledged Dawson's list of duties in his own seminal text (Kadushin, 1976, p. 12) and recast them into three functional domains of a model of supervision, as they could be applied to social work; the so-called administrative, supportive, and educational.

Here, too, around the same time in the United Kingdom, the Standing Conference for the Advancement of Counselling (SCAC; a grouping of such organizations) was noteworthy. The SCAC was inaugurated in 1970 at the instigation of the National Council for Voluntary Organisations (NCVO). Long-time CS scholar and trainer Brigid Proctor was associated with the early development of the SCAC. With a background in social science from the

University of Oxford and the London School of Economics (LSE), she has recently recalled (B. Proctor, personal communication, July 1, 2013) that the development of professional casework and the training of caseworkers was greatly influenced by developments in the University of Chicago School of Social Service Administration, now one of the most highly rated schools of social work in the United States (see http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-health-schools/social-work-rankings). Proctor's own training at the LSE, in 1954, was created by (Dame) Eileen Younghusband, herself an LSE alumna, and was called the "Carnegie Course in Social Casework." Modeled on the Chicago course, it became the prototype for professional social work training in other universities. In 1955, the Ministry of Health, England, invited Younghusband to chair a working party on the role of social workers in the health and welfare services, an outcome of which was the establishment of the National Institute for Social Work Training (see Hansard, 1960). The generic LSE course "took for granted that intensive supervision of casework practice was at least half of the training" (B. Proctor, personal communication, 22 May 2013).

In 1977, with the aid of a grant from the Home Office Voluntary Service Unit, SCAC became known as the British Association for Counselling (BAC), chaired by Proctor's brother, Nicholas (Nick) Tyndall. The BAC annual training conference later evolved into the Standing Conference for the Advancement of Training and Supervision (SCATS) and ran between 1979 and 1995. For many years, SCATS was coordinated by Caro Bailey (a counselor and associated with Cascade Associates; itself, a British not-for-profit organization, dedicated to the advancement of good practice in supervision). M. Lockett (personal communication, June 4, 2013) described this conference as "an excellent opportunity, each year, to try out ideas in supervision."

The headquarters of the BAC moved from London to Rugby, Warwickshire, in 1978 to occupy free accommodation provided by the National Marriage Guidance Council (NMGC; known as Relate since 1988), to help it become established. The immediate former chief officer of the NMGC was again Nick Tyndall (McNeal, 2006). In September 2000, the BAC recognized that it no longer represented counseling alone, but also psychotherapy. It changed its name, therefore, to the British Association for Counselling and Psychotherapy (BACP) and is currently the largest and broadest body within the sector. The principal remit is to ensure public protection (BACP; www.bacp.co.uk) and a clear expectation now exists for all clinical psychologists to supervise others from an early stage in their career (Fleming & Steen, 2012).

Proctor developed one of the most widely adopted and influential frameworks of clinical supervision in modern health care practice, particularly among nurses and allied health staff (Proctor, 1986, 2008). With a professional career in probation work finding an echo with Kadushin's professional background, and with similarities to his three-function model, her own organizing framework also nominated three functional domains: the

normative, formative, and restorative (NFR). So-called normative and formative functions were already well-established terms in general management, and concerned the promotion of standards and clinical audit issues, and the development of knowledge and skills, respectively. B. Proctor (personal communication, May 22, 2013) recently disclosed she "wanted to add something else that rhymed" to complete her emerging 1986 trilogy and chose *restorative* as the term to convey the attention given by supervisors to personal well-being of the supervisee. Later, in collaborations with Francesca Inskipp, whom she first met at a trainers' consultation of SCAC in 1973 and with whom she co-founded the Cascade organization in 1994, she marketed early multimedia clinical supervision professional development resources (Inskipp & Proctor 1993, 1995).

Other media platforms had begun to distribute clinical supervision-specific publications even earlier; for example, the *Counselor Education and Supervision* journal was founded in 1961 (Foundation Editor, Kenneth B. Hoyt, Distinguished Professor of Counseling and Educational Psychology Emeritus, Kansas State University) and *The Clinical Supervisor* in 1983 (Foundation Editor, Carlton Munson, now Professor of Social Work, University of Maryland). The debut addition of the World Wide Web to the Internet occurred in 1991 and Microsoft pioneered the home computer a year later with the release of Windows 3.1. By 1995, with release of Windows 97, the ownership and use of personal computers became mainstream and made information far more readily, quickly, freely, and internationally accessible (see, for example, an automatically curated online CS newspaper; http://paper.li/meta4RN/1354692993). Indeed, "NHS Evidence" at the Health Information Resources (formerly, the National Library for Health), recently listed more than 8,000 references to clinical supervision; half of them published within the past three years (http://www.evidence.nhs.uk).

These monumental technological events coincided with the release of findings from the Allitt Inquiry (1991) in the United Kingdom, which had investigated the events in an English hospital where patient safety had been compromised, with tragic consequences (a scenario which still finds a contemporary echo; White & Winstanley, 2013). This was followed by the Clothier Report (Department of Health, 1994). These, when taken together, provided one of the most significant catalysts for the development of clinical supervision within all areas of nursing and other helping professions, in the United Kingdom and beyond. Both reports raised concerns about the standards of supervision and training for nurses and prompted the United Kingdom Central Council for Nursing, Midwifery and Health Visiting to issue a position paper (UKCC, 1996), on the back of a review of the substantive literature (Faugier & Butterworth, 1994), which upheld CS as a means to ensure the safe delivery of nursing care (Bulman & Schutz, 2004). While it was recognized that clinical supervision was more likely to occur in mental health nursing (especially in the United States), influenced by a "small but expanding

body of literature from the field of psychiatric nursing" (Rolfe, 1990, p. 193), Farrington (1995) suggested that models could be adapted and underlying principles be developed for use in general nursing contexts. Clinical supervision quickly became a central plank of the national health clinical governance agenda (Department of Health 1999, 2000).

An American academic (Jones, 2006) has argued that contemporary clinical supervision in nursing in the United States was largely defined by practicing nurses in the United Kingdom, Australia, New Zealand, and the Scandinavian countries. Telescoped into little more than the past two decades, early published accounts of CS developments from authors in each of these countries (see Butterworth et al., 1997; Winstanley & White, 2002; Yegdich, 1999; Consedine, 2000; Severinsson & Borgenhammar, 1997; Hallberg & Norberg, 1993; Hyrkäs, Appelqvist-Schmidlechner, & Paunonen-Ilmonen, 2003) attest to a comparatively steep learning curve in the acceptance and application of clinical supervision. Other published accounts have since related to disparate locations elsewhere in the world in, say, Northern Ireland (Kelly & McKenna, 2001), Wales (Edwards et al., 2005), Trinidad (Lakeman & Glasgow, 2009), and Portugal (Cruz, 2011). However, the present review of a selected literature has shown that a number of essentially unnoticed American nurses were already at the vanguard of these international CS developments, some 65 years earlier. Indeed, an innovation in West Africa (Jacobson, Labbok, Murage, & Parker, 1987) predated many, if not most, of the better-known European/Australasian CS texts. These American authors, and others who followed in their turn, had the perspicacity to draw on the published scholarship of those drawn from other disciplines (Critchley, 1987), particularly social work, counseling, and psychotherapy (see Ellis, 1991; Ladany, Hill, Corbett, & Nutt, 1996; Watkins, 1997; Goodyear & Bernard, 1998; Milne & Westerman, 2001).

## IMPLICATIONS FOR PRACTICE

Historical evidence is fragmentary, intractable, and imperfect. Individual books and articles may clash with one another; there will always be areas where uncertainty persists, but steadily agreed knowledge emerges (Marwick, 2001). The contemporary challenge for clinical supervision still remains how to establish a convincing empirical evidence base to demonstrate the degree to which CS is efficacious. In this discrete regard, yet another set of geo-political connections has revealed that Elberfeld, now a municipal subdivision of the German city of Wuppertal, had already achieved some notoriety four years before von der Heydt's innovation of "scientific charity." Friedrich Engels, the father of Marxist theory, was born 5 kilometers away in Barmen. In 1849, he joined an uprising in Elberfeld against Prussian authorities. His first book (Engels, 1845) was a detailed analysis of the appalling social conditions of the

**TABLE 1** Timeline of Selected Significant Events in the Historical Development of Clinical Supervision

| Date | Event/Organization | Location | Key Individual/Author |
|---|---|---|---|
| 1788 | Institution of Poor Relief | Hamburg, Germany | von Voght |
| 1853 | Scientific Charity | Elberfeld, Germany | von der Heydt |
| 1853 | Crimean War | Crimea, Ukraine | Florence Nightingale |
| 1869 | Charity Organisation Society | London, England | Octavia Hill |
| 1878 | Charity Organisation Society of Boston | Boston, USA | Mary Richmond |
| 1902 | Wednesday Psychological Society | Vienna, Austria | Sigmund Freud |
| 1902 | Mandatory supervision of Midwives (Midwives Act) | England | Zepherina Smith |
| 1913 | First nurse appointed to Organised Charities Association | Connecticut, USA | Family Counseling New Haven |
| 1920 | Berlin Psychoanalytic Polyclinic | Berlin, Germany | Max Eitingon |
| 1925 | Transferrable CS principles from education to nursing | New York, USA | Grace Day |
| 1926 | Community Chest of Greater New Haven | Connecticut, USA | John Dawson |
| 1938 | Principles of CS from social case workers to nurses | Ohio, USA | Florence Hollis |
| 1941 | Appointment of clinical supervisors in U.S. institutions | Tennessee, USA | Lulu Wolf |
| 1952 | Health service improvement achieved by high-quality CS | Baltimore, USA | Ruth Freeman |
| 1954 | Similarity of social worker and psychiatric nurse roles | Surrey, England | Thomas Rees |
| 1970 | Standing Committee for the Advancement of Counselling | London, England | Brigid Proctor |
| 1976 | Publication of supervision in social work | Wisconsin, USA | Alfred Kadushin |
| ~1980 → | Proliferation of groundbreaking international clinical supervision publications | USA; Finland; England; New Zealand; Sweden; Australia; Portugal | Ellis; Ladany; Leddick; Munson; Watkins; Shulman; Bernard; Goodyear; Hyrkäs; Milne; Butterworth; Consedine; Severinsson; Yegdich; White; Winstanley; Cruz |
| 1983 | Community Psychiatric Nurses Association | Kingswinford, England | Mike Smith |

(*Continued*)

**TABLE 1** – Continued

| Date | Event/Organization | Location | Key Individual/Author |
|---|---|---|---|
| 1986 | Publication of an influential framework for CS | London, England | Brigid Proctor |
| 1994 | Clothier Inquiry Report | London, England | Beverly Allitt |
| 1997 | Clinical Supervision Evaluation Project | Manchester, England | Tony Butterworth |
| 2000 | The Manchester Clinical Supervision Scale© | Manchester, England | Julie Winstanley |
| 2010 | Randomized controlled trial of CS outcomes | Queensland, Australia | Edward White |

world's first industrialized city; Manchester, England. As a 22-year-old, Engels had observed these conditions on the streets of Manchester whilst he worked for two years in a cotton sewing thread factory (Ermen & Engels, which was part-owned by his father;now demolished), located in the inner city area of Weaste. Coincidentally, less than 5 kilometers away from his workplace already stood The University of Manchester, which was not only the alma mater of both present authors, but also later became the host institution of the landmark Clinical Supervision Evaluation Project (CSEP; Butterworth et al., 1997), funded by the Departments of Health in England and Scotland. Furthermore, the CSEP provided a platform for the development of the leading international CS research instrument; The Manchester Clinical Supervision Scale© (now The MCSS-26©; Winstanley & White, 2011), later used as an outcome measure in a rare randomized controlled trial of clinical supervision, conducted in Queensland, Australia (White & Winstanley, 2010).

This selective review of a historical literature has contributed contextual knowledge about the international development of clinical supervision. It has confirmed linkages across continents and within and between a number of human service disciplines and agencies which, each in their turn, have helped to improve welfare delivery systems. It has established temporal linkages among individual philanthropists, key academic scholars, and practitioners, and their respective achievements have now been publicly recognized and chronicled (see Table 1). By their deeds, clinical supervision has become an established imprimatur of most latter-day helping professions and organizations; in particular, nursing and health care systems.

The future international endeavor for clinical supervision will be to build on the cutting-edge scholarship of individuals and organizations readily identified in this review, to ensure demonstrable efficacy of CS arrangements in the constant quest to improve the outcomes for service users. Here, like Kadushin and Proctor after him, Donabedian (1966) had already described three similarly related domains for measuring quality in health care. His

structure, process, and outcome trilogy has since become one of the best-known frameworks in health services research. Of these, Donabedian regarded *outcomes* as the ultimate validation of the effectiveness and quality of health care. This position has since been shared by Ellis and Ladany (1997), who also regarded long-term improvements in clinical practice and better client outcomes as "the acid test of good supervision"; a sentiment increasingly embraced by nursing and other helping professions.

In this respect, the primary source material identified and discussed in the present review serve as historical benchmarks to increase the design capability of new outcome research studies, to help evidence-base all aspects of clinical supervision. Three empirical CS studies have recently been identified which "provide the best and clearest directions for further thought about conducting future successful research" (Watkins, 2011, p. 251). Two of these were conducted by mental health nurse academics and involved cohorts of nurses. Moreover, new scientific methods of evaluation have already been developed, that can be specifically tailored for a range of contexts. Such methods utilize real MCSS-26© clinical supervision data, together with sophisticated statistical software, to predict the likelihood of the most effective model of delivery, given the unique characteristics of the particular service agency and the commitment of individual members of staff within it (Winstanley & White, in press). As if to come full circle, therefore, in the parlance of more than two centuries ago, "where there is a will, there is a way: local habits and circumstances must be the guides" (von Voght, 1796, p. 444).

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