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Ethical Dimensions of Supervision in Community Assistance of Chronic Patients

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Abstract

The supervision process of community care services offered to individuals suffering from chronic illnesses, beyond an exchange of information between professionals in different power relations should be conducted on a formal basis, to be conducted under a partnership between the multidisciplinary team intervention, the intake supervisor and community where the intervention takes place, in accordance with the requirements of the domain in which the supervision is realized, and on a specific ethic base which has as central the value of social and personal autonomy of social service recipients of community-based rehabilitation. Supervision, as a method of support for professionals, aims to improve workplace performance by removing stress that can occur and affect work performance. The supervisor support and increase the supervisee's motivation, developing a performance work environment, following the highest professional standards and ethics of intervention. In this paper we propose to

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evaluate a series of supervisory practices, for the ethic point of view, and also relating them to value self-respect and strengthening the client's autonomy, and specific consent from this group, and its particularities in the social services.

Keywords:

rehabilitation based on community, supervision, social services, ethical standards

Introduction

The quality of community care services, regardless of the target group these services are addressed to, is conditioned to the same extent by supervision of professional activity and by compliance with ethical standards in the relationship between professionals and clients. This paper treats, from descriptive-analytical perspective, the ethical dimensions of the process of supervision in the community care of chronic patients. Supervision of community care services given to clients with chronic illnesses should be developed on a formal basis, under a partnership between the intervention multidisciplinary team, the supervisor and community on whose contribution the intervention is based. According to specialized literature, supervision is defined as the educational (Robinson, 1949: 53), administrative (Barker, 1995: 371-372) process to support professionals, to ensure the quality of services, making decisions for the organization, promoting directions, rules and values by guiding employees (Cojocaru, 2005: 92-93), and the ethical dimension comes to shaping a new concept of interest and unexplored. Ethical supervision comes as an innovative element in the social services system, the relationship with the human client of service providers being mediated by compliance with fundamental ethical principles.

It is intended for this process to be conducted in accordance with the requirements of the field and on a specific ethics which has in center the value of personal and social autonomy of recipients of community-based rehabilitation services. Social services is a complex of measures and actions designed to meet the

individual, social, family or group needs in order to overcome some difficult situations, to prevent marginalization and social exclusion and to promote social inclusion. The methods used in social services are developed from theories specific to the field: care theory, change theory, attachment and loss theory, or from others derived from practice, based on exploratory research.

In order to present the ethical implications of supervision in the community care of chronic patients, we exposed a series of principles of good practice which through their ethical character, they fold on principles in bioethics developed in the Belmont report, transforming the process of supervision in an ethical one.

Social services and community- based rehabilitation

Social services sector in the domain of quality of life of people with chronic psychical disorders include along with social psychiatry a range of community services, social work, sociology, psychology, social policy, pedagogy and psycho- pedagogy, cultural anthropology, legal sciences, social medicine, logic and social hermeneutics, communication sciences (Ballon, Waller-Vintar, 2008). Useful interventions can and must come from interdisciplinary cooperation of all these professionals.

The model achieved by U.S. Professor Charles Zastrow shows us a clearer view on the interconnections between social work and other disciplines in the social work systems (Zastrow, apud Sandu, 2008)

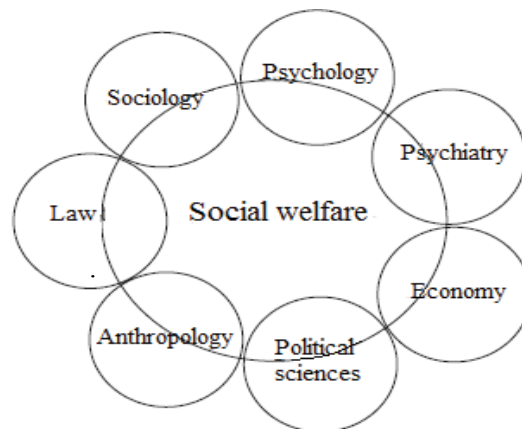


Fig 1. The paradigm of interconnection between professional areas within the Social Welfare system, adaptation by Antonio Sandu after Charles Zastrow, 2002

In contemporary social services two work models are favored with the client, coming from two distinct theories, *Theory of care* (Miftode, 2003) and *Theory of change* (Zastrow, 2002). The two theories are intertwined in social practice. Defined as a qualified and systemic intervention, care aims to provide long-term independence of clients towards the help from other, by providing the resources necessary to obtain client's welfare he could not access without a special care (Sandu, 2009a). It is necessary to name a few of the basic principles of building the national system of social services such as: ensuring a high professionalized level in social services, improving work procedures and incorporate new techniques and knowledge of social work and social mediation, focusing on international/ national/ local trajectory within the development and dynamics of social services, development of a national professional paradigm around own institutional structures, focusing on local/ community area, base services supplemented by specialized services around local units under local authorities, development and control of minimum standards of functioning for specialized social services.

From a positive perspective, professionalism can be explained as the aspiration to high standards, set of values and principles that guide practice, when a professional focuses on

personal intuition (to feel / perceive the beneficiary) and less on compliance with bureaucratic rules and formal knowledge (theory), being a part of obtaining maximum/ efficient results (Ailincai et al, 2010).

Caspi and Reid (2002) identify nine “unsatisfied needs depending on the factors of influence: interpersonal conflict, dissatisfaction in social relations, problems (conflicts) with formal organizations, difficulties in achieving tasks, problems in making decisions, excessive emotional reactions, inadequate resources, psychological and behavioral problems (etc).

Promotion of autonomy within social services

The methods used in social services are developed from theories specific to the field such as care theory, change theory, attachment and loss theory, or from others derived from practice, based on exploratory research.

A professional in social services develops a system of knowledge and professional skills and competencies, competencies directly affecting work with beneficiaries, communication skills, including the overcome of communication barriers under stress, emotional problems, mental and psycho-physical disabilities, cognitive vulnerability, skills and abilities to relate to people from all social and cultural environments, promoting cooperation, achieving an effective management of diversity, skills and abilities to express empathy, empowerment skills for clients mainly in communicating needs, feelings, understanding differences between desirable and possible, understanding the consequences of decisions taken, showing an autonomous and responsible behavior, to promote and encourage clients to solve problems they face, in avoiding social exclusion by supporting the elements that give them power by using all resources available, including family, friends, community.

The skills and abilities to support (advocacy) through his intervention the legitimate and legal interest expressed by the client, including by signing a service contract (informed consent) between the beneficiary (client) and the professional in social services for community-based rehabilitation are complementary with those of

evaluation of initial situation and elaboration of an intervention plan together with other possible actors in achieving it: the client, his family, other professionals as well as with working skills in the multidisciplinary team, case management.

In his professional activity, the specialist develops skills and abilities to monitor the implementation progress of intervention measures and case management, of case management and/ or supervision of other colleagues, and in the direct relationship with the client, knowledge about the services offered by public or private organizations in the field, existing resources for intervention, alternative resources that the client can use. The ability and desire to continuously develop the skills and abilities system, through training programs, study, research and collaboration with the supervisor are desirable aspects of professional development under the influence of supervision.

These dimensions require a team social work, change management having more opportunities, thus the quality and high ethical standards are common factors of the superior-supervised relationship in the best interests of the client.

In terms of the World Health Organization, the term disability should be retained with its specific sense of disadvantage, unfavorable difference of situational consequence that arises from deficiencies and debilitating disease, says Professor Constantin Rusu (1997). People with special needs are the target of processes such as exclusion, marginalization and discrimination (Haynes, Corey, Moulton, 2003). People with special needs are those that “require too much” of others, are seen as a burden, as a barrier to others and nobody, or very few of us, sees them as our peer (Ponea, 2009; Cojocaru 2006). Bogdan Iovu argues that “in terms of their status, at the level of common sense, it is estimated that disabled people are among the most vulnerable in the society. Research in this area argue very well that assumption” (2007). We reach these radical and also negative phenomena because of vulnerability of people, seen by Stefan Cojocaru “as a result of hostile environment on the individual [...] or as a maladaptive of the individual to external conditions” (2005).

Professor M. Preda defines the term of social exclusion as evocative, ambiguous, multidimensional and expansive. However, the difficulty of defining it consists mainly of the fact that is interpreted and defined in different contexts, which can be seen as an opportunity for its theoretical analysis (Preda, 2002). Through the process of exclusion individuals and their families experience the deprivation of resources (such as income) and social links with the community or wider society (Nylund, Lindholm, 1999; Ponea, 2009; Cojocaru 2010a). This term is linked with social rights and barriers or processes by which people are prevented from exercising them; exclusion is also seen as a state of social or normative isolation from the rest of the society, directly attached to situations of extreme marginalization (Alavi, et al, 2007). Neculau Adrian states that unequal treatment of individuals who are essentially equal, is practiced in all societies; it varies depending on the society and era. In today's society, the new forms of discrimination are the symbolic, the latent and regressive (Neculau, Ferreol, 1996).

Stefan Cojocaru considers that at the policy level is necessary to change those reactive, which do nothing but to provide solutions to problems but the effects are negative, with the proactive approach which by offering solutions they want to prevent in advance the conditions that can lead to increased acute problems in the Romanian society (Cojocaru, 2005). Alois Ghergut believes that "in a broad sense, integration involves placing/ transfer of a person from an environment more or less separated from the regular one, aimed at a set of measures that apply to various population categories, and aims to remove segregation in all its forms" (Ghergut, 2001; Cojocaru, 2007). Likewise, Ursula Schiopu defines the integration process as "an inclusion, assimilation, closure of an element into a whole that becomes part of the whole and acquires specific properties from the interaction and interdependence with other parts" (1997). The term social integration "describes a type of relationship between parts of a system by which they act together, on one hand, to avoid dismantling the system and maintain stability and, on the other hand, to cooperate for its functioning as a unit" (Ponea, Sandu,

2011; Cojocaru, 2010b). Social services are aimed at maintaining, restoring and developing individual abilities to overcome situations of need, chronic or emergency, if the person or family is unable to solve it by itself. The state organizes and sustains financially and technically the social services, promoting a partnership with local community and civil society representatives. Community social services have a basic, general character, and they are provided at home, in the family and community. Specialized social work services are provided for special needs both at home and in specialized institutions or other institutions such as: schools, hospitals, prisons and other facilities (Tifoi, 2009).

Supervision. Conceptual delimitations

The term of supervision first appeared, according to Kadushin (1992), in the title of a book, since 1904. According to specialized literature, supervision has evolved, changed and developed over time. Robinson, author of the first book on supervision in the community social services, "Supervision in Social Casework", defined supervision as "an educational process whereby a person, possessing certain materials, skills and knowledge, assumes responsibility to train a person less skilled" (Sandu 2009b; Baciu et al, 2010).

From the perspective of the beneficiary of community care services, the purpose of supervision and intervision is to help participant members in fulfilling professional duties effectively, for maximum benefit of the client (Gavrilovici, 2005). Supervision should provide conditions for individuals, families and groups assisted to receive maximum benefits and to prevent inappropriate responses that they might receive from the staff (Shulman, 1995; Smith, 2005).

Supervision is an intervention provided by an experienced professional to a less experienced professional in the same field. This relationship is evaluative, extends over time, and simultaneously aims to increase professional activity of young professionals, monitoring the quality of professional services

provided to clients, to act as gatekeeper for those who are initiated in different professions (Bernard, Goodyear, 2004).

Kadushin (1992) estimated that the ultimate goal, on long term, of supervision is to ensure efficient services of the assisted, and on short term, the goal of administrative supervision aimed at ensuring an appropriate context for professionals to be able to perform appropriately, effectively the work tasks. The objective of supportive supervision aims at job satisfaction of supervised. Researchers in the field define supervision as a review of another's work, with the authority to monitor and direct performance, in order to ensure efficiency and customer safety (Caspi, Reid, 2002). Supervision allows them to question their own practice, to continue the training, to secure a good ethical and deontological position (Baciu et al, 2010; Muntean, 2007; Tsui, 2010).

Supervision is often seen as the key tool for the professional beginner and for the student which helps him integrate theory, methodology and practice in various occasions such as, for example, teamwork, project, fieldwork (Fransehn, 2006; Muntean, 2006). Simona Ponea (2009) believes that the supervision process also helps practitioners to improve "skills of reflection", narrowing the "gap" between theory and practice (Kadushin, Harkness, 2002).

Supervision as professional development. Ethical dimension

The supervised can be motivated to use the supervision relationship to learn, gain experience and to seek confirmation of personal skills, but the supervisor must take into consideration the feeling of inferiority that may affect the supervised, in order to minimize any negative effects. The supervised are directed by the supervisor to work, to examine or even to change their points of view, to acquire new knowledge and skills, to change behavior and even to change comfortable, familiar patterns of action, with new ones, which requires taking risks. Thus, they can become addicted, aggressive, provocative, passive, to go beyond trying to transform supervision relationship in a social relation rather than professional (Dolgoft, 2005). Gabriela Irimescu (2003) stated in her article *The*

importance of supervision in Social Work, that “supervision helps the supervised to reflect on its own situation or attitude in a given situation, acting as a mirror” and “performances occur depending on the skills and degree of motivation of the individual”. In the context of supervision, reminded Ladany and colleagues (1999), the purpose of ethical standards is to provide behavioral models to supervisors, to protect the supervised from undue harm or neglect and not least the care towards the client (Ailincăi et al, 2010).

Relationship with the supervisor may depend on the perception that the supervised has on the supervisor, his reaction to ethical violation of regulations and satisfaction at work. The supervised declare that violation of ethical standards by the supervisor occurs most frequently when assessing. They believe that their performance is not adequately assessed by the supervisor. Ladany (1999) claims that the unsatisfied supervised may tend to spot and punish any violation of ethical rules, while satisfied supervised to ignore or minimize their effects.

This may be possible and is due to the dual situation in which both the supervisor (advisor and administrator) and the supervised (therapist, psychologist, sociologist, etc. and subordinate) are placed, the lack of resources and assessing tools for practical activities, psychometric tests; the experience of supervisors comes from the fact that they were supervised themselves and not from active participation in specialized trainings (Minnes, apud Ladany, 1999). Another situation that can lead to conflict in the supervision relationship is the lack of receptiveness of the supervised to other theoretical approaches (such as those exposed by the supervisor) rather than personal approaches (Ailincăi et al, 2010).

Tsui's study (2005), conducted on a group of supervisors and supervised, suggests that the supervised agree that the second purpose of supervision is to teach them how to do their work on a legal and methodological framework known by them. Supervision provides the opportunity to support the supervised (Kadushin, Tsui, apud Tsui, 2005), allows supervisors to show appreciation or possible critics of their activities. Also, in the same study, a consensus was found between the supervised and supervisors, that

supervision may be used to reach any consensus of communication between team members, to close interpersonal relationships and to restore autonomy of staff, to stimulate and develop managerial skills.

Principialist approach of supervision - good practice principles

Supervision relationship has a huge impact on the development of the supervised and on the efficiency of supervision. Thus, a positive relationship is likely to lead to productive learning through experience, and in this regard, supervisors should implement strategies to maintain a productive supervision relationship, a context in which the supervised is challenged to try new skills, behaviors, attitudes (Caspi, Reid, 2002). Supervisors also set performance standards for certain requirements, cases and roles for employees, realistic and appropriate goals, providing feedback to employees regarding their performance.

Taking into account the professional requirements expressed in the specialized literature and as a result of a research concerning the supervisor's competencies in social services, the following principles of good practice in supervision were formulated (Sandu et al, 2010):

- The principle of partnership between supervisor and supervised;
- The principle of professional collegiality between supervisor and supervised;
- The principle of focus on the client's interest;
- The principle of providing feedback;
- The principle of maximizing professional efficiency;
- The principle of professional confidentiality;
- The principle of respect towards professional ethics;
- The principle of emotional non-involvement;
- The principle of rejection of negative action.

The concern for moral issues involved in the relationship between employees, practitioner-client, supervisor-supervised, and

adaptation of ethics to community, group, and person in question represents a basic condition for qualitative success of any social program and of any type of relationship based on trust.

In order to create a collaborative relationship, standards of practice must be sufficiently clear so that people who are in a position to be supervised, especially those working in the social environment, to receive advice and know the limits of proper professional conduct and an incorrect one and any penalties that may apply for their failure (Congress, McAuliffe, 2006).

Actors involved in a social work program and even in a chief-subordinate relationship type, employer-employee, etc. need to build the relationships on a number of principles: respect for individual, social justice, work in the interest of others (Lucaciu, Minulescu, 2006), absence or reduction of physical and psychological discomfort caused by the relationship of subordination, confidentiality, giving feedback and freedom to communicate freely, respect, responsibility as duty and professional attitude (Lunden, 2007) etc.

Social work practice is based on a social ethic based on equity and social distributive justice, one of the functions of social work is to achieve this equity by ensuring minimum standards of disadvantaged groups. Minimum standards as set out in the Belmont Report (1979) appear as a set of principles, *the principle of autonomy*- respect for persons, *the principle of beneficence*- research should make a positive contribution, welfare, progress, *the principle of non-injury, nonmaleficence*- principle according to which beneficiaries of social services should not be caused any harm, *the principle of justice*- the benefits of research should be distributed equitably on the basis of justice and *the principle of impartiality* which aims at impartiality in the distribution of benefits for all categories of beneficiaries.

Taking as reference the Belmont principles, we will try to transpose the values and principles of supervision practice in the context of determination of ethical supervision principles. According to specialized literature, and also as a result of a research concerning the supervisor's competencies in social services, a set of principles for good practice in supervision were formulated,

principles with a strong ethical character. It is necessary that the supervisor has skills acquired during professional training and knowledge about the fundamentals of philosophical and ethical foundations, various forms of supervision and different concepts, possibilities and limits of the supervision process (Sandu, Ponea, Unguru, 2010).

1. The principle of partnership between supervisor and supervised. During the process of supervision, the two professionals must consider themselves as partners in providing social services to the client and not hierarchically subordinate. Regardless of the professional status of each of the two parties, within the supervision relationship they have to consider each as equal partners and not to apply a chief-subordinate relationship type. The control dimension of supervision must be exercised in the meaning of correct use of methodologies, and not in the meaning of administrative control. Thereby the introduction of supervision in an organization levels the coordination relationship separating it from the control.

2. The principle of professional collegiality between supervisor and supervised. This principle aims at treating the partner either supervisor or supervised with respect, courtesy, fairness and good faith.

3. The principle of focus on the client's interest. Supervision is carried out neither to solve any emotional issues of the social worker (however, they are not neglected), or of the supervisor. During the supervision meetings, the two specialists will focus their activity on analyzing each social case/ client, where the supervised requires support and guidance.

4. The principle of providing feedback. Both supervisor and social worker should provide feedback to their dialogue partner regarding the process of supervision. The role of the feedback is to assure the two partners that supervision is following the same line, avoiding "supervision games" (Cojocaru, 2005). This feedback can be achieved through techniques such as paraphrasing, active listening, etc.

5. The principle of maximizing professional efficiency. The supervisor must pay attention to the social worker's presentation in order to identify the management of the case under investigation, and to seize any methodological adequacy that can be made. For example, in case of a pregnant teenager counseling which was given only possible solutions after childbirth (adoption, foster care, support

for family reintegration of the child), the supervisor may find that the counseling process did not explore enough the opportunities and risks of abortion option.

6. The principle of professional confidentiality. It refers to keeping confidential data both on social worker's clients and the experiences the supervised which were reported to the supervisor. For example, the narration in a process of supervision of difficulties in solving a case should does not attract administrative sanctions, unless the social worker commits errors in managing that case.

7. The principle of respect towards professional ethics. The supervisor must adhere to professional ethics. The following ethical dimensions of professional practice must be taken into consideration: ethical standards and values, specialized practice standards, standards for reporting the case, standards of accessibility to clients, standards of confidentiality, supervision and consultation standards, standards for the working environment and procedures, standards for professional development, standards for cultural competence, standards for private practice, standards for use of technology in care practice.

8. The principle of emotional non-involvement. The relationship between supervisor and supervised must be maintained at a professional level based on empathy rather than compassion towards the social worker or his clients.

9. The principle of rejection of negative action. In essence this principle corresponds to the Hippocratic Oath "first, do no harm". In the process of supervision and case management, worsening the social situation of the clients, their vulnerabilities and dependencies should be avoided (Sandu et al, 2010)

In a principialist approach of ethical supervision we can exemplify the ethical character of supervision principles which can be found in the first instance in the principle of focus on the client's interest. The ethical implications of this principle are given by the characteristic of utilitarian paradigm, according to which an act is morally right if and only if that act produces "the greatest happiness for the greatest number of individuals". In this case the principle of beneficence responds, emphasized by the principle of non-injury,

nonmaleficence, to some necessary conditions to fulfill by supervised specialists in working with clients. The actions of specialists must bring a positive contribution, welfare, and progress to the situation of beneficiaries of social services. People are treated in an ethical manner, not only by respecting their decisions and protecting them from evil, but also to strive for their welfare. Such a treatment falls under the principle of beneficence. The term beneficence is understood in a stronger sense, as an obligation, under the efficient operation in favor of individuals. In this regard, two general rules have been formulated as complementary expressions of beneficial actions: (1) does not affect and (2) maximize possible benefits and minimize possible damage. The principle of non-injury, nonmaleficence can be transpose in the principle of rejection of negative action specific to supervision practice. In this sense, the negative action can be interpreted in the context of the intervention of the supervised specialist in favor of the client but also in the supervision relationship.

The principle of justice found in the Belmont report is developed, previously, in Rawls' theory of justice in a positive manner. Positive vision of justice is primarily concerned with justice of institutions or, as called by the researcher, the basic structure of society: justice as an individual virtue is derived from justice as a social virtue defined by several principles of justice. The theory of justice as fairness has moral nature, in Rawls' vision, because its core is defined by a set of principles, standards, ideals, defining political values. Rawls is against what utilitarianism would aim - focusing attention on the differences between people, and also against the tendency to state that individuals can be treated as means to achieve goals and welfare of other individuals (Nozick, 1997: 10).

It is important to note that the relationship between the ethical dimension of supervision practice and the quality of life of social services clients is mediated by these theories, through whose application the supervisor becomes a distributor of justice. Justice approaches issues of distribution of limited medical resources, respect for human rights and respect for laws morally acceptable.

Justice is one of the most difficult problems to address that a country may face.

Crossing from the social sector to health, a fundamental question is, is there a universal right to healthcare? If not, how can we provide care services for those who, for whatever reason, can not afford it; if there is, to what extent can these care services be offered and how these can be financed? How can we ensure fairness of the process (Swendiman, 2010)?

The autonomy of the individual is understood as his ability to master himself, to live his life according to his own reason and own motives, rather than under the manipulative and distorted nature of any external forces. Autonomy is the central value in Kantian tradition of moral philosophy but is also the fundamental status of utilitarianism of John Stuart Mill (Kant, 1993; Mill, 1975). Examining the concept of autonomy is a central point debated in educational policies, in biomedical ethics, in a variety of legal rights and freedoms (freedom of speech and the right to privacy) as well as in political and moral theories.

In the field of moral theory, seeing autonomy as a central value can be contrasted with alternative frameworks, such as care ethics, utilitarianism, as well as an ethics of virtue. In all these contexts the concept of autonomy is the subject of many controversies and debates, disputes which focus on the fundamental elements of moral and political philosophy and the Enlightenment conception of the person, more generally. The respect for persons incorporates at least two ethical convictions: first, the fact that individuals should be treated as autonomous agents and second, that persons with diminished autonomy are entitled to protection. Thus, the principle of respect for persons divides into two separate moral requirements: the requirement to acknowledge autonomy and the obligation to protect those with diminished autonomy. An autonomous person is an individual capable of deliberation about personal goals and of acting under the direction of such deliberation. In order to respect autonomy it is necessary to grant importance of opinions to autonomous persons, to take into account at the same time the options to refrain from obstructing

their actions unless they are clearly detrimental to others. Lack of respect for an autonomous agent is manifested by rejection of decisions of the person concerned, to deny an individual the freedom to act based on those decisions or to withhold information necessary to make a considered decision when there are no reasonable grounds to do so. However, not every human being is capable of self-determination (Belmont Report, 1979). Transposed in the principles of supervision, the principle of autonomy can be identified both in the principle of partnership between supervisor and supervised and in the principle of professional collegiality between supervisor and supervised and the fact that the partnership, cooperation itself is an ethical value before a practical value should be taken into account.

Ethical perspectives on supervision in community services

Numerous professional organizations have developed standards and codes of ethics for supervisors in the hope that they will act with integrity, respect differences in the supervision relationship, will not use the position of influence to exploit subordinates and will separate, clearly, supervision of evaluation (Jourdan-Ionescu, 2006).

Some of the problems identified in the supervision relationship are stipulated by the ethical guide, discussed by Ladany (1999), which started from the models of Association of Counselors in Education, but also from the Association of Supervision of America, published in 1993. It stated: performance evaluation and monitoring the activity of the supervised, the issue of confidentiality in supervision, ability to work from different perspectives, equal treatment between partners of supervision process, issues of competence and expertise, crisis intervention, sexual problems (Popa, 2010).

The same Ladany (1999) recalled that despite the complexity of this guide, some issues have been overlooked, such as: multicultural sensitivity (ethnicity, race, cultural background) towards supervised and towards the client.

The basic structure of the supervision relationship, mentioned Tsui (2008), can be detailed as follows: the supervised reports and the supervisor listens and offers advice. Therefore, the supervised discusses

what happens during therapy sessions with his patients, as well as the problems that concern him, and the supervisor provides feedback and focuses on two objectives: to protect the client of any adverse effects from the lack of experience of the supervised and improve the latter's capacity as a therapist.

In the following lines, we will try to develop an ethical guide of the supervisors, based on Ladany's table (1999) and the works of Alina Ailincăi and colleagues (2010):

The ethical guide of the supervisor (additions to Ladany's table, 1999)	
Orientations	Definition
Performance assessment and monitoring the activity of the supervised	Appropriate communication between supervisor and supervised. The supervisor provides verbally/ written feedback and works with the supervised in setting the objectives. The supervisor reviews the counseling session (video or audio recordings) and reads regular notes on cases of the supervised.
The issue of confidentiality in supervision	The institution's policy is acquainted, concerning the disclosure in the process of supervision, limits of confidentiality in supervision. Obtaining the consent of the client regarding the recording of therapy sessions, the use of information and confidentiality limits (Congress, McAuliffe, 2006). Listing the circumstances under which information may be disclosed in the absence of the person concerned (Congress, McAuliffe, 2006).
The ability to work from different perspectives	The information that the supervisor has regarding theory and practice are updated with the point of view of the supervised.
Organizing the	The protection of conditions of a supervision

supervision meetings	meeting (privacy, appointment etc.) are provided by the supervisor.
Time allocation for each supervision meeting	The responsibility of the supervisor to distribute time and effort for the group of supervised he is in charge of (Brehm, Gates, 1994).
Orientation towards professional roles	Roles and responsibilities of both supervisor and supervised are clearly defined from the beginning.
Expertise and competence issues	The supervisor must have the ability to speak openly whenever he considers the supervised does not have the necessary competence to deal with a certain case, to present solutions and to coordinate the activity.
Multicultural sensitivity towards the supervised and the client	Managing issues of racial nature, ethnic, cultural, gender, stereotypes.
Sexual issues	Managing issues of sexual/ romantic nature.

Table 1. The ethical guide of the supervisor, Ladany, 1999, apud Ailincăi, 2010

It is important to mention that one must take into account the fact that both the supervisor and the supervised helped found the supervision relationship and each has responsibilities that lead to the success of this process. Tsui (2008) states that the ideal of supervision practice, for the supervised, is represented by situations where the supervision sessions are regularly scheduled, planned in advance and conducted in a comfortable and pleasant physical environment, where supervisors listen to their opinions and try to understand the difficulties they face in solving the case (Ailincăi et al, 2010).

Conclusions

Supervision may be a step towards improving the quality of social services, mental health and rehabilitation, towards the professional development of specialists working in these fields, towards solving the problems faced by clients, as a result of the

intervention performed. Quality of supervision in social work is important for developing and maintaining high standards of social work practice, the main purpose of supervision is to facilitate a practice not only competent but also independent.

Supervision means a way of communication and cooperation between the supervisor and supervised, together forming, in fact, a team. The ethical implications of research in supervision are present by establishing relationships between research principles established in the Belmont Report and principles of supervision as well as how the ethical principles of research claim themselves as principles of ethical supervision.

Ethical supervision comes as an innovative element in the social service system, the relationship with the human client of the service providers being mediated by compliance with fundamental ethical principles. Approach of ethical supervision in terms of the supervisor as gatekeeper of ethical principles in supervision practice of community services and its relationship to social practice determines the presence of control of ethical compliance of social work practice.

References

- Ailincăi, A., Cleminte, A., Cluci, A., Dorneanu, A., Ghica, E., Ionel-Andrei, C., Mazilu, A., Militaru, A., Plăcintă, A., Popovici, S., Raveica, C., Țifoi, P., (2010) Analiza stilului de lucru al supervizorului. Comunicare prezentată în cadrul seminarului Sandu, A., (coord., 2010), *Supervizare de grup în asistența socială*, în cadrul Programului Masteral Supervizare și Planificare Socială, Universitatea “Al. I. Cuza” Iași.
- Alavi, N., M., Ghofranipour, F., Ahmadi, F., Emami, A., (2007) Developing a culturally valid and reliable quality of life questionnaire for diabetes mellitus, *Eastern Mediterranean Health Journal*, vol. 13, no. 1, pp: 177-185.
- Baciu, C., Varvarei, C., Martinică, A., Unguru, E., Chiriac, S., Vârlan, M., Măntăluță, D., (2010) Analiza scopurilor practice de supervizare, comunicare prezentată în cadrul seminarului Sandu, A., (coord., 2010) *Supervizare de grup în asistența socială*, în cadrul Programului

- Masteral Supervizare și Planificare Socială, Universitatea “ Al. I. Cuza” Iași.
- Ballon, D., Waller-Vintar, J., (2008) *Clinical Supervision Handbook. A guide for clinical supervisors for addiction and mental health*, Centre for Addiction and Mental Health, Canada.
- Barker, R., L., (1995) *The Social Work Dictionary*, SUA: NASW Press.
- Belmont Report, (1979) *Ethical Principles and Guidelines for the Protection of Human Subjects of Research*, U.S Department of Health, Education and Welfare, DHEW Publication, Available online at: <http://ohsr.od.nih.gov/guidelines/belmont.html>
- Bernard, J., M., & Goodyear, R., K., (2004) *Fundamentals of clinical supervision* (3rd Ed.), Boston, Allyn & Bacon.
- Brehm, J., Gates, S., (1994) When Supervision Fails to Induce Compliance, *Journal of Theoretical Politics*, July, Vol. 6, No. 3, pp: 323-343.
- Caspi, J., Reid, W., (2002) *Educational supervision in social work: a task – centred model for field instruction and staff development*, Columbia University Press, New York.
- Cojocaru, S., (2005) Metode apreciative în asistența socială. Ancheta, supervizarea și managementul de caz, Editura Polirom, Iași.
- Cojocaru, S., (2006) *Proiectul de intervenție în asistența socială. De la propunerea de finanțare la proiectele individualizate de intervenție*, Editura Polirom, Iași.
- Cojocaru, S., (2007) Supervizarea de grup apreciativă, în Munteanu, A (coord.), *Supervizarea- Aspecte practice și tendințe actuale*, Editura Polirom, Iași, pp: 211-224.
- Cojocaru, S., (2010a) *Evaluarea programelor de asistență socială*, Editura Polirom, Iași.
- Cojocaru, S., (2010b) Appreciative supervision in social work. New opportunities for changing the social work practice, *Revista de Cercetare și Intervenție Socială*, Vol. 29, pp: 24-91.
- Congress, E., McAuliffe, D., (2006) Social work ethics: Professional codes in Australia and the United States, *International Social Work March*, Vol. 49, No. 2, pp: 151-164.
- Dolgoff, R., (2005) *An Introduction to Supervisory Practice in Human Services*, Chapter 3: The Supervisory Process: Beginnings, Middles and Endings, Boston, MA, Allyn & Bacon.

- Fransehn, M., (2006) *The importance of supervision in social work – the example of Sweden*, available online at: www.eassw.org/html/regionalSeminars/BRNO/Supervision
- Gavrilovici, O., (2005) *Introducere în supervizare și intervizare*, available online at: <http://www.scribd.com/doc/15887244/4-SUPERVIZARE-INTERVIZARE>
- Gherguț, A., (2001) *Psihopedagogia persoanelor cu cerințe speciale. Strategii de educație integrate*, Editura Polirom, Iasi.
- Haynes, R., Corey, G., & Moulton, P., (2003) *Clinical Supervision in the Helping Professions: A Practical Guide*, Pacific Grove, CA, Brookes/Cole.
- Iovu, B., M., (2007) Familia cu handicap/Familia fără handicap. Studiu asupra experienței victimizării, *Revista de Cercetare și Intervenție Socială*, Vol. 16, Editura Lumen, Iași, pp: 46-52.
- Irimescu, G., (2003) Importanța supervizării în asistența socială, *Revista de Cercetare și Intervenție Socială*, Vol. 3, Editura Lumen, Iași.
- Jourdan-Ionescu, C., (2006) Supervizarea un instrument esențial pentru o intervenție eficace, in Ionescu, O., (coord.) *Copiii de azi sunt parintii de maine*, nr. 17, pp. 19-22.
- Kadushin, A., (1992) *Supervision in Social Work* (3 rd. Edn.), Columbia University Press, New York.
- Kadushin, A., Harkness, D., (2002) *Supervision in Social Work* (4th Edn.), Columbia University Press; New York.
- Kant, I., (1993) *Grounding for the Metaphysics of Morals. On a Supposed Right to Lie because of Philanthropic Concerns*, translated by Ellington, J., W., Indianapolis, IA: Hackett Publishing Co.
- Ladany, N., Waterman, L., D., Molinaro, M., Wolgast, B., (1999) Psychotherapy Supervisor Ethical Practices: Adherence to Guidelines, the Supervisory Working Alliance and Supervisee Satisfaction, *The Counseling Psychologist*, Vol. 27, No. 3, pp: 443-475.
- Lucaci, B., Minulescu, M., (2006) Condiția supervizării în România, în Ionescu, Ovidiu (coord.) *Copiii de azi sunt parintii de mâine*, nr.17, pp: 11-15.
- Lunden, K., (2007) Supervizarea ca sprijin pentru profesioniști, in Muntean, A., (coord) *Supervizare. Aspecte practice și tendințe actuale*, Editura Polirom, Iași.
- Miftode, V., (2003) *Tratat de metodologie sociologica*, Editura Lumen, Iasi.

- Mill, J., S., (1975) *On Liberty*, David Spitz, ed. New York: Norton.
- Muntean, A., (2006) Romania si Supervizarea, in Ionescu, Ovidiu (coord.) *Copiii de azi sunt parintii de mâine*, Nr. 17, pp: 29-39.
- Muntean, A., (2007) *Supervizarea. Aspecte practice și tendințe actuale*, Editura Polirom, Iași.
- Neculau, A., Ferreol, G., (1996) *Minoritari, marginali, excluși*, Editura Polirom, Iași.
- Nozick, R., (1997) *Anarhie, Stat și Utopie*, Editura Humanitas, București.
- Nylund, L., Lindholm, L., (1999) The Importance of Ethics in the Clinical Supervision of Nursing Students, *Nursing Ethics*, Nr. 6, pp: 278-286.
- Ponea, S., (2009) Introducere în domeniul supervizării, în Ponea, S., Porumb, E., Racles, A., Rogoian, C., *Deschideri postmoderne în sociologie și asistență socială*, Editura Lumen, Iași.
- Ponea, S., Sandu, A., (2011) New Approaches in Personal Development Field -Appreciative Socialization Group, *Postmodern Openings*, No. 5, March, pp:147-157.
- Popa, F., (2010) Comunicarea nonverbală și competența culturală. Publicată în *Studii și Cercetări Științifice.Seria Filologie. No 23/2010, Plurilingvism și Interculturalitate, Revista Facultății de Litere, Universitatea "Vasile Alexandri" Bacău*. ISSN 1224 – 841 X.
- Preda, M., (2002) *Politica socială românească, între sărăcie și globalizare*, Editura Polirom, Iași.
- Robinson, V., (1949) *The dynamics of supervision under functional controls: A professional process in social casework*. Philadelphia, University of Pennsylvania Press.
- Rusu, C., (1997) *Deficiența, incapacitate, handicap. Ghid fundamental pentru protecția, educația specială, readaptarea și integrarea socio-profesională a persoanelor cu dificultate*, Editura Pro Humanitate, Bucuresti.
- Sandu, A., (2008) *Tehnici in asistenta sociala*, Editura Lumen, Iasi.
- Sandu, A., (2009a) *Tehnici afirmativ-apreciative. O sociopedagogie a succesului*, Editura Lumen, Iași.
- Sandu, A., (2009b) Ghid de elaborare Standarde Ocupaționale-Supervizor în asistență socială, Suport de curs *Supervizarea de grup în asistența socială*, Master de Supervizare și Planificare Socială, Universitatea "Al. I. Cuza" Iași. Available at: <http://www.scribd.com/doc/24696538/Ghid-Elaborare-Standard-Ocupational-Supervizare>

- Sandu, A., Ponea, S., Unguru, E., (2010) Metodologii calitative în analiza fenomenelor educaționale, in *Școala Europeană-școală a viitorului*, Editura Lumen, Iași.
- Sandu, A., S., Unguru, E., Ponea, S., Cojocaru, S., (2010) Analysis of professional competencies in social services supervision, *Social Research Reports*, Vol. 17, pp: 3-56.
- Shulman, L., (1995) *Supervisions and Consultation Encyclopedia of Social Work*, NASW Press, Washington DC.
- Smith, M., (2005) *The Functions of Supervision*, available online at: http://www.infed.org/biblio/functions_of_supervisions.htm.
- Swendiman, S., K., (2010) *Health Care: Constitutional Rights and Legislative Powers*, Congressional Research Service, Penny Hill Press, available online at: <http://www.ncsl.org/documents/health/LegPowers.pdf>
- Șchiopu, U., (1997) *Dicționar enciclopedic de psihopatologie*, Editura Babel, București.
- Tifoi, P., (2009) Nevoile și problemele persoanelor vârstnice, comunicare prezentată în cadrul seminarului Sandu, A. (coord.), *Supervizare de grup în asistența socială*, în cadrul Programului Masteral Supervizare și Planificare Socială, Universitatea “ Al. I. Cuza” Iași.
- Tsui, M., (2005) Functions of social work supervision in Hong Kong, *International Social Work*, vol. 48, no. 4, pp: 485-493.
- Tsui, M., (2008) Adventures in Re-searching the Features of Social Work Supervision in Hong Kong, *Qualitative Social Work*, September 2008, Vol. 7, No. 3, pp: 349-362.
- Tsui, M., (2010) Functions of social work supervision in Shenzhen: Insights from the cross border supervision model, *International Social Work*, Vol. 53, No. 3, pp: 366-378, Sage Publication, London.
- Zastrow, C., (2002) *Introduction to Social Welfare, Social Problems Services and current Issues*, University of Wisconsin-Whitewaters, Wadsworth Publishing Company, Belmont, California USA..