Southern Regional Quality Improvement Center For Child Protection

Research and Demonstration Projects Regarding Structured Clinical Casework Supervision in Frontline Child Welfare: *Unique Features, Findings, and Program Impacts in Brief*

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ARKANSAS MENTORING SUPERVISORS

DEMONSTRATION PROJECT

Arkansas Department of Heath and Human Services
Division of Children and Family Services (DCFS)
and
MidSOUTH Training Academy, University of Arkansas at Little Rock
University of Arkansas at Fayetteville, Arkansas

Executive Summary

- **Background:** The Division of Children and Family Services (DCFS) recognized that quality supervision of frontline child protective services staff is critically important to the quality of services offered to children and their families. The Arkansas proposal was constructed on the belief that mentoring (i.e. one-on-one training and technical assistance) would help supervisors make the transition from theory to practice so that they would be able to impact appropriate knowledge and skills to their workers. The intervention is a model of supervision that incorporates the interactional and educational components reflecting the parallel process between worker-supervisor and worker-client relationship.

- **Funding and Operation***:* Children's Bureau/Southern Regional Quality Improvement Center funding initiative for supervisor training and conditions; mentoring, collaboration with the Division of Children and Family Services, MidSOUTH Training Academy and one of the IV-E partner universities; University of Arkansas, Fayetteville Arkansas; three year project life limited to demonstration areas

- **Project Goals***:* To test *s*tructured Child Protective Services casework supervision approaches will: positively affect child protection worker practice in assessment and intervention with families; positively affect client outcomes due in part to improved assessment and interventions; and positively affect preventable worker turnover due to increased sense of supervisory support as measured by increased regularity, standardized content and promotion of clearer understanding of core practice expectations.

- **Project Direction***:* Consisted of a partnership project with the Division of Children and Family Services providing the overall management of the grant by utilizing two (2) staff positions not funded by the grant, the grant funded one mentor supervised by the University of Arkansas at Little Rock's MidSOUTH Academy and one mentor from the University of Arkansas at Fayetteville, Arkansas – IV-E mentor paid by the grant. All were partners to provide oversight and direction; training, mentoring and on-going participant feedback for curriculum and process adjustment.

- **Sites***:* Three (3) of the ten (10) DCFS Areas – from 14 counties; and 30 supervisors from three (3) of the ten (10) DCFS Areas from 23 counties comprised the comparison groups. One mentor worked with 8 supervisors due to travel and distance and the other supervisor worked with 12 supervisors.

- **Participants***:* 20 project supervisors completed the three year program, along with two (2) mentors, Area Managers from the three (3) DCFS Areas. The caseworker sample consisted of all of the workers that were supervised by the project supervisors included 91 workers and the 30 comparison supervisors included 105 workers.

- **Model Employed:** Arkansas utilized a model of supervision that incorporate the interactional and educational components reflecting the parallel between worker-supervisor and worker-client relationships along with the support element provided through a mentor. Specific techniques were

implemented with the goal of improving the supervisor's knowledge and ability to teach supervises accurate assessment skills.

- **Project Activities***:* 2 day training for all project supervisors and the three (3) Area Managers, 6 initial on-line tutorials, quarterly project meetings, 2 retreats for supervisors, funding provided for all day workshop, Living with a Domestic Terrorist, and workshop on the understanding of these principals, individual weekly/biweekly visits between mentor and the supervisor, and monthly "peer to peer" meetings with project supervisors and mentor.

- **Content Emphasis:** The Arkansas Mentoring Project attempted to impart a comprehensive model of structured casework supervision as consisting of administrative, educational, and supportive components. Autotutorials were developed on structuring supervisory sessions, leadership styles, time management and organizational skills, the supportive role of the supervisors, conflict resolution strategies, and the educational role of the supervisor.

- **Instructors***:* University of Arkansas at Little Rock's MidSOUTH Academy for the two (2) day training and six (6) on-line tutorials, *Leadership Challenge* text and chapters were covered during the course of the project.

- **Measures***:* three (3) Child and Family Services outcome measures, eight (8) child welfare case compliance outcome measures; Structured Case Review ; Ellett Self Efficacy and Professional Organizational Culture scales; annual participant focus groups; and, employee turnover data analysis

- **Findings***:* It was hypothesized that regular exposure to and practice of structured casework supervision would improve the supervisory effectiveness of the project participants and lead to improved casework and client outcomes. Three waves of a longitudinal survey were administered to participants to attempt to measure attitudinal and behavioral change. Client outcomes were also measured directly using data from Arkansas' child welfare information system. Statistically significant differences were not found between groups, but the intervention group reported greater emphasis on case planning versus administrative tasks during supervision; staff intent to remain employed and efficacy expectations. Supervisors reported notable changes in their practice as well as staffs' in addition to client impact in focus groups conducted. A fiscal problem lead to the imposition of a hiring freeze in 2003, and the freeze was not thawed until 2004. This lead to high levels of staff vacancies throughout most of the project. It was employed at an all time high in the Division's vacancy rates which peaked in the project areas at 24%.

- **Impacts:** Many of the benefits expected from the project were counteracted by staff vacancies and corresponding higher caseloads. The intervention cannot be measured by statistics alone, but must consider the personal and professional growth of participants. To this end, participants were asked if they would like to share their view of what they received through participation. "At first I was a little reticent about the project and was volunteered for the project. I soon came to enjoy the visits from my mentor. "I'm very grateful for being in the Mentoring Program. I had a very helpful Mentor in teaching me ways to better Supervisor towards my staff, higher ups and people we were working with at the time. " The Department also benefits from administrative decisions based on the project including institution of mentoring for all new supervisors, and the establishment of new positions to assist areas experiencing significant shortages.

- **Products Generated:** Pilot curriculum; 6 on-line tutorials, adoption of the *Leadership Challenge* text in the supervisory training, adoption of the structured case review instruction in the supervisory training, presentations at three (3) national conferences on the process and results of the project; three (3) refereed publications specific to the Arkansas demonstration .

MISSISSIPPI CHILD PROTECTIVE SERVICES

CLINICAL CASEWORK SUPERVISION DEMONSTRATION PROJECT

University of Mississippi, Department of Social Work
&
Mississippi Department of Human Services – Division of Family and Children's Services
&
Family Crisis Services of Oxford

- **Background:** Previous child protection supervisor training involved compliance and administrative issues; needs assessment showed a need for strengthening the DFCS supervisor's clinical casework skills; no model was found for specific needs of clinical casework supervisors; supportive supervision was named innumerous studies as one important factor in the retention of child protection workers; supportive supervision was named but no research was found on what child welfare supervisory behaviors were supportive.

- **Funding and Operation:** Children's Bureau/Southern Regional Quality Improvement Center at the University of Kentucky College of Social Work Training Resource Center funding initiative for supervisor learning labs to improve clinical casework supervision; agency-university-community partner collaboration required; research element condition of funding which included cross-site research participation; three year intervention.

- **Project Goals: The purpose of the project was**
  - to create an organizational culture in the child welfare agency in which support, learning, clinical supervision, teamwork, professional best practice and consultation are the norm.
  - to create an environment in the child welfare agency that promotes lifelong learning.
  - to determine the elements of supportive supervision.
  - to determine the competencies needed to be a supportive supervisor in the filed of child protection.
  - to determine a model of structured clinical casework to be used in the field of child protection.
  - to allow participants to develop needed skills and to grow professionally in the area of child welfare supervision.
  - to add to the body of knowledge regarding good child welfare supervisory practice.

- **Sites:** Region I- East and Region I-West in north Mississippi (Intervention groups) Region II and Region IV Northwest and East Central Mississippi (Control Groups)

- **Participants:** 25 intervention and 20 control participants were included in the groups; 28 supervisors were continually involved in the entire program and completed surveys for research; regional directors were included in the learning labs with the supervisors; community partners were included in some learning labs.

- **Model Employed:** A participatory democratic approach that centered on dialogic learning was used as the supervisors determined the learning lab topics and offered true case scenarios to problem solve in a peer-to-peer learning atmosphere. The cultural consensus model (Romney, Weller, & Batchelder, 1986) was used to determine initial curriculum needs and shared values and behaviors of child welfare supervisors. Group leaders modeled interaction, group leadership and problem-solving techniques as parallel processes were highlighted in the learning process.

- **Project Activities:** Determination of shared values, behaviors, required competencies for good, supportive child welfare supervisors; individual and group needs assessment regarding supervisory knowledge and skills; individual professional growth plans, implementation, assessment, support and tracking of individual goal attainment; 360-degree evaluation of supervisors; peer accountability; team-building; individual consultation; development of a clinical casework supervision model that can be adjusted to fit individual units and supervisory styles; peer-to-peer problem-solving and learning; leadership and supervisory techniques were taught but attuned for child welfare supervisory situations.

- **Measures:** Individual Development Plans; 360 evaluations; Ellett Self-Efficacy and Professional Organizational Culture Scales; Annual Participant Focus Groups; Employee Turnover Data; Child Welfare Case Review; Child Outcome Data; Evaluation of Individual Learning Lab Modules

- **Findings:**
    o Significant Changes in supervisor's perceptions of quality of supervision and leadership in their regions
    o Significant changes in supervisor's perceptions of collegial sharing and support
    o Case review data provided results that slightly favored the intervention regions in most aspects longitudinally
    o Although findings were not significant, examination of baseline data compared to data for 2005, social worker turnover data analysis revealed less social worker turnover in the intervention group than the control group.
    o Qualitative data revealed that the supervisors and regional directors report a higher level of teamwork, individual growth in leadership and clinical supervision skills, and continued use of a clinical supervision model.

- **Impacts:**
    o 12 modules – 19 days of learning lab curriculum designed for future use by child welfare supervisors, social work educators and child welfare training units
    o Supervisors created an organizational culture for themselves and the social workers in which support, learning, clinical supervision, teamwork, professional best practice and consultation were the norm.
    o Supervisor recognized the need for outcome measurement and empirical research regarding best practices in child welfare.
    o A model for clinical supervision in child welfare was developed and implemented with reported success.
    o Child welfare supervisory competencies were developed along with a flow chart for supervisory contact with child welfare workers.
    o An isolated group of rural child welfare supervisors developed peer support and became more empowered to do the work of protecting children from abuse and neglect.

ROLE DEMONSTRATION MODEL OF CLINICAL SUPERVISION

DEMONSTRATION PROJECT

Missouri Children's Division
and
School of Social Work
University of Missouri – Columbia

Executive Summary

- **Background:** absence of supervisor training because of budget constraints; agency mission statement and performance expectations for supervisors includes clinical activities; worker needs assessments point to need for increased on the job training

- **Funding and Operation:** Children's Bureau/Southern Regional Quality Improvement Center funding initiative for supervisor training and conditions; agency – school collaboration required; research element as condition of funding; three year project life limited to demonstration areas

- **Project Goals***:* improving clinical competence of first-line supervisors and their workers; changing organizational culture to refocus on treatment orientation

- **Project Direction***:* joint Children's Division – School of Social Work Policy Board to provide oversight and direction; on-going participant feedback for curriculum and process adjustment

- **Sites***:* St. Louis County (21st Circuit) and Southeast Area (8 circuits, 24 counties)

- **Participants***:* 36 experimental and 36 comparison supervisors, 18 in each location; 30 completed the three year program

- **Model Employed:** a role demonstration approach to teaching clinical practice in which the supervisor models techniques in both actual and simulated intervention and provides the worker with specific technique demonstration of appropriate treatment processes

- **Project Activities***:* direct didactic and experiential teaching of supervision techniques, treatment process and clinical assessment; practice consultation to individual supervisors; individual professional development planning for each participant; organizational advocacy, supplemental training based on identified needs (managers and CISM)

- **Content Emphasis:** to operationalize the agency mission/values of family-centered and strengths based practice the instructional model of clinical intervention used is based on resiliency theory for the human behavior content and solution-focused brief therapy as the baseline strategy of intervention; crisis intervention and reality therapy components were incorporated as supplemental clinical tools

- **Instructors:** UMC-SSW (6), DSS/CD (7), outside agencies (7), adjuncts including agency administrators as facilitators and panelists (5)

- **Measures:** comparison of 360 evaluations and Individual Development Plans on each supervisor; Survey of Organization Excellence; twenty-four child welfare case outcome measures; Peer Record Reviews; consumer satisfaction survey; Ellett Self Efficacy scales; trainer ratings of participants, annual participant focus groups; employee turnover data analysis

- **Findings:** significant growth in worker perception of supervisor effectiveness; better overall case outcome results; lower burnout and dissatisfaction scores on the SOE; supervisor self-perception positive change; better external relations particularly with courts and schools; substantial change in clinically oriented case contact with workers; increased organizational morale

- **Impacts:** formal adoption of clinical performance expectation standards for front-line supervisors; introduction of solution-focused brief therapy as methodology to achieve stated goals of family-centered and strengths based practice; Critical Incident Stress Management teams established for state-wide use; forty hours supervisor clinical supervision curriculum designed from piloted materials; state-wide clinical supervision training for all supervisors beginning in Spring 2006.

- **Products Generated:** pilot curriculum; solution-focused therapy training institute for workers; presentations at seven national conferences on the process and results of the project; ten refereed publications specific to the Missouri demonstration .

THE TENNESSEE SUPERVISOR'S DEMONSTRATION PROJECT

Tennessee Department of Children Services and the University of Tennessee-College of Social Work

- **Background:** DCS seeking avenues to improve the quality of training received by frontline supervisors that would greatly enhance their ability to manage the job and improve the quality of service that their staff provided.

- **Funding and Operations:** Children's Bureau/Southern Regional Quality Improvement Center funding initiative for supervisor training and conditions; agency – school collaboration required; research element as condition of funding; three year project life limited to demonstration areas.

- **Project Goals:** To enhance and improve competence of front line supervisors and case managers; addressing decision-making process and organizational change issues, and its impact on the supervisory process.

- **Project Direction:** Joint venture—CPS unit, College of Social Work, and Citizen Review Panelist. On-going feedback from participants and project staff for curriculum modification and overall process.

- **Locale:** Project administered statewide. Tennessee divided in regions; six of 12 regions participated in intervention and the remaining six participated as the comparison group.

- **Participants:** Total of 63 supervisors; 33 in the experimental group and 30 in comparison group. Attrition was an area of concern as only half of the supervisors in the intervention group completed the project.

- **Model Employed:** Decision-making approach integrated into the interactional process posited by Shulman (1993) and Munson (1992) both who state that structured clinical casework supervision is an interactional process that occurs between the supervisor and the worker, which, if supportive transfers into a parallel process between the worker and the client. The uniqueness of the project's model included a mentoring component that was developed to reinforce application of information gleaned from the modules. The mentoring component, grounded in the key concepts of Munson (1992): regular, consistent, structured, case-oriented, and evaluative under girded the mentoring process.

- **Project Activities:** Experiential classroom training and didactic approaches used in delivering curriculum that included the following modules: educational supervision [with components of supportive supervisory techniques], ethical decision-making, cultural competency, and clinical decision-making. Each module included an individualized learning plan that supervisors were required to complete. All modules were peer-reviewed.

- **Content Emphasis:** As content for the project was developed it was expressed by all parties involved that a feeling of teamwork be emphasized, as well as the integration of decision-making skills and techniques among participants. A common knowledge related to adult learning theory, exploring the ways in which adults learn was key to implementation.

- **Trainers/Mentors:** Trainers and mentors were highly skilled practitioners and academics with a wealth of experience in child welfare practice, supervision, and administration.

- **Measures:** Comparison of mentor notes, Individual learning plans, Self-Efficacy Assessment-Social Work (SEA-SW), Professional Organizational Culture Questionnaire – Social Work (POCQ-SW), Intent to Remain Employed – Child Welfare (IRE-CW), Interpersonal Reactivity Index (IRI). Additional Measures: Secondary Traumatic Stress Scale (STSS), Burnout Measure; three child welfare case outcome measures, trainer rating of participants, annual focus group, every other monthly project meetings.

- **Findings:** Incremental change in supervisor effectiveness and professional development; positive interaction effect on the Quality of Supervision/Leadership. Mentoring process proved to be a positive and supportive function for supervisors.

- **Impacts:** Supervisors were able to connect on a level that had not happened before. Supervisors stated, just having the opportunity to come together with other supervisors across the state to share ideas and gain support from each other was very important to their professional growth. The Department has adopted a portion of the model tested in this project; the mentoring component is currently being integrated into the IV-E consortium and the Department has moved forward with hiring MSWs to serve as coaches to newly hired supervisors. The Department has also made a commitment to using the curriculums that were developed by this project.

- Product Generated: Pilot curriculum, presentations at four national conferences on project's process and findings, five refereed publications specific to the Tennessee Project.

Overview of Individual Project Interventions

Arkansas	Subject	Comments
Project introduction classroom training	• Structuring the supervisory sessions • Leadership styles • Time management and organizational skills • The supportive role of the supervisor • Conflict resolution strategies • The educational role of the supervisor	
Weekly 1-2 hr meeting w/ supervisor 4 hours contact per month	Structured On-the-Job Training and learning reinforcement focused on topics from the classroom training and autotutorials	Distance issues • Longer visits • Every other week or every other month • 3 DCFS Areas
4 hours per month peer group meetings	See above	
Quarterly project wide meetings • Conference calls • 5 hrs per supervisor and upper mgmt • Area managers, DCFS executive staff, university staff, deputy and CFO		Conducted with mentors, university partners and PI to discuss status of evaluation and agenda items for project meetings Supervisors expressed that they liked sharing of information and discussions about issues with executive staff and other central office staff Information sharing, guests speakers etc. Shared materials with mentors
1.5 day retreats (2)		Conducted off site with mentors and supervisors
Online tutorials	• The Supportive Role of the Supervisor or "Why Your Staff Might Stay" • The Educational Role of the Supervisor or "Is Training My Job Too" • The Administrative Role of the Supervisor or "Why You Were Hired" • Conflict Styles Research • Leadership Styles • Structuring the Supervisory Session	Each tutorial includes a pre-assessment on the topic, as well as case application exercise
Leadership Challenge Text Materials shared during project meetings i.e. NRC newsletters.		

Mississippi	Subject	Comments
12 Modules • Module 1-3 = 3 days each • Module 4-6 = 1 day each • Module 7 = 1.5 days • Module 8-12 = 1 day each • Conference = 1.5 days	• Attitudes, beliefs and values • Supervisory competencies • Leadership and management • Professional development plans • Supervision in a culturally diverse workplace • Development of community partnerships • Multigenerational supervision • Working with difficult staff members • Giving and receiving feedback • Coordination and improving casework by working together • Defining clinical supervision • Differences between clinical supervision and supervising for compliance • Critical moments in the life of a case: identifying critical questions for clinical intervention • Clinical casework decision-making • Leadership styles • Interactional supervision • Achieving balance: becoming more effective as a supervisor • Strength-based and family-centered practice • Using data to promote effective practice • Supervisor vicarious liability • Ethical decision-making	• Felt needs • Ed. Progression • TX modality focused on cultural consensus
Leadership Challenge, Changing Hats from Social Work Practice to Administration, and *Interactional Supervision* texts		Supervisors worked extensively with the *Interactional Supervision* text and were able to participate in an interactional skills-based workshop with its author at the close of the implementation.

Missouri	Subject	Comment
3 days/ 4 times per year		Training

Varying # of topics	• Legal and ethical aspects of supervision
	• Fundamentals of clinical supervision
	• Models of individual clinical supervision
	• Detailed baseline worker and unit assessment tool
	• Boundary concepts and issues in supervision
	• Conducting and analyzing worker clinical competence assessments
	• Individual development plans
	• Human resource/labor relations issues
	• Review and analysis of worker pre-service curriculum
	• Solution-focused brief therapy
	• 360 Evaluation—introduction to philosophy
	• 360 outcome analysis—group profile and implications
	• Crisis supervision
	• Clinical case assessment
	• Case consultation process and techniques
	• Group processes and team building
	• Basic conflict resolution training for child welfare supervisors
	• Formal mediation in child welfare supervision
	• Teaching through performance contracting
	• Clinical case treatment contracts
	• Treatment issues in child abuse and neglect
	• Time management for child welfare supervisors
	• 360 evaluation and personal development planning
	• Differential patterns of worker motivation and role of the supervisor in promoting job satisfaction
	• Cultural diversity for Children's Division supervisors
	• Worker motivation and managerial leadership
	• Resiliency base for CPS practice
	• Joint supervisor/administrators strategic planning conference
	• Content review and celebrating a success
	• (supplementary) Critical incident stress management and CISM team development
		2 sites
		   • St. Louis
		   • SE Missouri

156 contact hours = 10 graduate credit hours		3-day elements (participation required by contract)
		   • 6 hour
		   • 8 hour
		   • 6 hour

Tennessee	Subject	Comments
Monthly 1-2 hours mentoring meetings with supervisors	Review of information received at training—ways to integrate in daily practice	Time constraints: not enough time to use information…constantly putting out fires
4 Modules • Module 1 2 days; each delivered in two locations • Module 2 1 ½ days; each delivered in two locations • Module 3 2 days; each delivered in 2 locations • Module 4 3 parts: 1 ½ days for first part and 1 day for last two parts; First part delivered for combined group in Nashville; Parts 2/3 delivered in two locations	Educational Supervision Ethical Decision Making Cultural Competency Clinical Decision Making (I, II, III)	Regional • Nashville • West/Jackson • Supervisors expressed mixed feelings about involvement in the overall project • All training material well received • Time management major issue/Supervisors over extended due to new and changing policies as well as changes in administration
20 days total		Middle Management
12 times group met		Leadership Turnover
Online tutorials *Leadership Challenge* Text Materials shared during project meetings	Used tutorials developed by AR project	Tutorials not extensively used. 6 DCS Regions across the state

Comparison of Clinical Supervision Models and Emphasis, and Factors/Entities Contributing to Them

Missouri	Tennessee	Mississippi	Arkansas
Supervision as role demonstrator; emphasis on professional development and organizational improvement	*Supervisor as decision maker* (ethical/clinical practice), *decision mentor and role model*	*Supervisor as interpreter of organizational culture*; Supervision competencies identified through cultural consensus	*Supervisor as mentor*; as supervisors treat workers, workers treat families
Focus groups yielded perceived barriers to clinical practice in frontline child welfare, and model emphasized supervisors' ability to impact them	Supervisors' individual professional development, regarding enhancing and imparting best practice	Individual professional development, and group	Supervision individual professional development, enhance and impart best practice
Policy Advisory Board (decision makers & needs assessment) directed development OJT demonstrate competencies	Trainer identified focus on evidenced-based, parallel process – supervisor: mentor: client Mentors as role models	Research-based felt need of supervisors	Agency and trainer decision makers Evidence based and outcomes of what happens to children and families and workers they supervise, parallel process – supervisor: mentor: client
Advanced clinical teaching	Advanced clinical training through outside professionals	Learning organizational culture, and supervisor's role in effective practice with families	Content from autotutorials reinforced through one-on-one mentoring
Supplemental training (i.e. supervisor crisis management)	Discussions of leadership styles, utilization of DISC personal profiles to understand personalities and each other; interpersonal skills building	Discussions of leadership styles, use of data, group process and use of peer consultation/support to enhance culture.	Discussions of leadership styles, utilization of Meyers/Briggs to understand personalities and each other

Key Components of Project Implement Process

	Tennessee	Mississippi	Arkansas	Missouri
Factors Impacting Buy In	• Had to develop credibility • Out of state project faculty • Participants thought they had been singled out as bad supervisor • No prior relationship with academic side of the College	• Project lead came from DHS formerly • Cultural consensus approach	• Project lead within the system • Executive staff and university partners committed • Agency lacks trust of upper management/ understanding the constraints that upper management must adhere accountability, COA, funding, legislative approvals or not approval of agency budgets to hire more staff	• Required by administration/Assured credibility • Active involvement of policy board
Staff Morale at Start	• Victims • Resistance/ some acting out • Non-cooperation	• Clinically depressed • Passive aggressive • Stifled • Apathetic • Oppressed	• Suspicious • Distrustful • Curious • Concern • Interested • Honored	• Lack of professional identity • Passive Aggressive • Demoralized
Staff Morale at End	• Minimal change due to significant turnover, change in org. culture, constant change in leadership	• Empowered • Creative	• Hopeful • Empowered • Meeting with other supervisors in the other areas to share ideas and suggestions	• Professional identity • Empowered
Selection of Participants	• Random selection by area • Matched groups based on geography of the state-six intervention regions/6 control regions, i.e., rural to rural, urban to urban • Supervisors	•Research-based based on ability to match to comparison groups •Matched groups for 2 comparison regions	• Area manager volunteer • Experienced supervisors (≥ 1 year) • Metro/Rural • Comparison site matched	• State wide competition • Metro/Rural site based on administrative units • Comparison site and rest of state as comparisons

		Missouri	Arkansas	Mississippi	Tennessee
		maintained suspicion of problem-based reason for selection			

Key Implementation Activities

	Missouri	Arkansas	Mississippi	Tennessee
Pre-Project/ Orientation	Two-level supervision and mid/upper managers 2 hr conference w/ each supervisor • Required participation • Rules/Regulations (negotiation) • Graduate level – LCSW, etc. • Telephone consultation • Ethics	Upper mgmt mtgs. to discuss training needs, job functions of mentors, evaluation and surveying needs – what will the outcome of the project be? • 2-day initial training • online tutorials • leadership abilities and skills	Series of face-to-face meetings with agency administrators, regional directors, community partners to plan intervention. Group meetings with supervisors and their regional directors for each intervention and comparison group.	Series of face to face meetings with w/ key agency personnel—Regional Administrators to discuss • Project • Barriers • Goals
Organizational Change Measures	• State/region and local policy change • Clinical competency expectation • Statewide support/mgmt changes • Partnership w/ universities • Statewide taskforce to develop standards for supervisory practice	• Mgmt change influenced staff change (termination) • Peer consultation • Peer support	• Community development change • Strengths based approach to supervision • Better teamwork • Better communication and information • Policy changes w/ bottom-up/ frontline feedback • Interaction supervision • Resource sharing	• Policy changes influenced by project participants • Feedback to direction from project • Resource sharing • Peer support
Oversight	Policy Advisory Board Regional: • Manager & supervisor meet to assess strengths • Court agency liaison & joint training • Selection process team for interviewing	Project meetings to discuss activities and progress Focus sessions by PI and LARP AD to identify barriers, what works and what didn't at 2 of	• Phase I – Sr. Manager • Dean supportive within university	Citizen Review Panel members served as peer reviewers of training modules as they were developed

	new supervisors	the initial project meetings Executive staff involvement		

Curriculum Overview

	Commonalities	**Uniqueness**	**Tools/Activities**
Arkansas Supervisor as mentor as supervisors treat workers, workers treat families	**Topic Themes** 1. Critical Thinking 2. Role of Supervisor 3. Clinical Supervision 4. Leadership Styles 5. Cultural Competency 6. Ethics 7. Values/Attitudes 8. Adult Learning/Learning Styles 9. Conflict Resolution 10. Collaboration 11. Organizational Culture 12. Supervisory "boundary issues" 13. Time Management/Organizational Skills ------------------------------- **Method Themes** 1. Classroom teaching 2. 360 evaluation (*Not 360 but did receive feedback from staff on case consultation) 3. Individual Development Plans and/or Individual Learning Plans (**Mentoring Plan) 4. Skill practice 5. Parallel Process 6. Assessing performance	**1. Critical thinking** a) Online tutorials and case application exercises required critical thinking but didn't teach a process **2. Role of Supervisor** a) Educational role (staff development) b) Administrative role (managing time and work flow) c) Structuring the Supervisory Sessions d) Supervisory functions e) COA supervisory requirements **3. Clinical Supervision** a) Structuring the Supervisory Sessions b) Socratic questioning c) Structured time with mentors d) Five Concepts of Supervision (structure, regularity, consistency, case orientation and evaluation) **4. Leadership Styles** a) Steven Covey's "win-win" supervision style b) John C. Maxwell's "laws" of leadership c) George T. Fisher's model focuses on morale d) Harvard Business Review model includes five components of "emotional intelligence" **5. Cultural Competency** **6. Ethics** a) Online component on promoting ethics **7. Values/Attitudes** a) Online component on promoting self-actualization, professionalism **8. Adult Learning/Learning Styles** **9. Conflict Resolution** a) Conflict styles research (collaborator, compromiser, accommodator, controller, avoider) b) Conflict resolution styles research c) **10. Collaboration** a) Lessons on Collaboration (Final Evaluation Report) **11. Organizational Culture** a) Longitudinal survey (Professional Organizational Culture) a set of 23 items **12. Supervisory "boundary issues"** **13. Time management/Organizational Skills**	• Online tutorials and case application exercises • Online case review forms • Training manual • Structured case review forms • The Leadership Challenge by Kouzes & Posner • Handouts • Meyers/Briggs • One-on-one mentoring • Practice activities (online tutorials) • Socratic Questioning • Model/teach practice skills and strategies to enhance critical thinking • Provide and receive feedback • COA Supervisory Requirements

	Commonalities	Uniqueness	Tools/Activities
Mississippi _Supervisor as interpreter of organizational culture supervision competencies identified through cultural consensus_	**Topic Themes** 1. Critical Thinking 2. Role of Supervisor 3. Clinical Supervision 4. Leadership Styles 5. Cultural Competency 6. Ethics 7. Values/Attitudes 8. Adult Learning/Learning Styles 9. Conflict Resolution 10. Collaboration 11. Organizational Culture 12. Supervisory "boundary issues" 13. Time management/Organizational Skills -------------------------------- **Method Themes** 1. Classroom teaching 2. 360 evaluation (feedback) 3. Individual Development Plans and/or Individual Learning Plans 4. Skill practice 5. Parallel Process 6. Assessing performance	**1. Critical Thinking** a) Critical thinking and decision making b) Decision-Making/Contact Points for CW Supervisors and questions handouts (4) in the clinical supervisor section **2. Role of Supervisor** a) CW Supervisor Competencies b) Supervisory Strengths & Needs **3. Clinical Supervision** a) Defining clinical casework supervision b) Identification of strengths & weaknesses in clinical casework supervision c) Competencies of supervision d) Principle-Centered Leadership e) Seven Habits of Highly Effective People by Stephen Covey f) Secondary Traumatic Stress & Child (burnout, why people leave CW, etc.) g) Quality Improvement and determining measurable outcomes (review of CFSR review, PIP Plan, etc.) h) Interactional supervision **4. Leadership Styles** a) Leadership Characteristics & Behaviors-our Models b) Leadership & Management c) Professional Development Plans d) The Five Practices & Ten Commandments of The Leadership Challenge… Kouzes & Posner e) Leaders Behavior Analysis II (article) f) Interactive Supervision (Lawrence Shulman) **5. Cultural Competency** a) Cultural responsiveness b) Diversity among staff members & awareness of oppressive leadership c) Multicultural SuperVISION: A Paradigm of Cultural Responsiveness for Supervisors (article) **6. Ethics** **7. Values/Attitudes** a) Beliefs & attitudes about child welfare supervision, system, agency, and workers b) Attitude Belief and Formation **8. Adult Learning/Learning Style** **9. Conflict Resolution** a) Working with difficult people b) Identification of Difficult People c) Skills in working with difficult people d) What about ourselves makes us difficult for other people to work with? **10. Collaboration** a) Issues of community and stakeholder partnerships b) Needs related to community partnerships c) Action plans for strengthening community partnerships	• The Leadership Challenge by Kouzes & Posner • The Leadership Challenge Planner • On Becoming A Leader by Warren Bennis • Changing Hats from Social Work Practice to Administration by Felice D. Perlmutter • Enhancing Continuous Learning: Diagnostic Findings from Multiple Companies by Scott I. Tannerbaum • Culturally Competent Public Child Welfare Practice by Krishna Samantrai • Power points • Journaling • Professional Development Plans • Case scenarios • Leadership style survey • Decision-Making/Contact Points for CW Supervisors and questions handouts (4) • Supervisor competency tool (self-evaluation) • Training manual • Flow chart & corresponding questions for supervisors to use to determine when to have contact with social worker • Cultural responsiveness plan • Practice • Group work

	11. **Organizational Culture** a) Current situation and history of each agency and state b) Culturally Competent Public Child Welfare Practice by K. Samantrai c) Discussion of diversity and system/ecological theory **12**. **Supervisory "boundary" issues** a) Liability Issues regarding supervision b) Personal & professional boundaries c) Self-awareness and awareness of effects of actions on supervisees d) Liability Issues in Social Work Supervision (article) e) Teaching About Liability (article) f) The Management of Personal and Professional Boundaries in Marriage and Family Therapy Training Programs (article) g) Supervision of fear in social work. A re-evaluation of reassurance (article) h) The Nature and Causes of Bullying at Work (article) **13. Time management/Organizational Skills**	

	Commonalities	**Uniqueness**	**Tools/Activities**
Missouri Supervisor as role demonstrator, emphasis on professional development and organizational improvement	**Topic Themes** 1. Critical Thinking 2. Role of Supervisor 3. Clinical Supervision 4. Leadership Styles 5. Cultural Competency 6. Ethics 7. Values/Attitudes 8. Adult Learning/Learning Styles 9. Conflict Resolution 10. Collaboration 11. Organizational Culture 12. Supervisory "boundary issues" -------------------------------- **Method Themes** 1. Classroom teaching 2. 360 evaluation (feedback) & 360 outcome analysis 3. Individual Development Plans and/or Individual Learning Plans 4. Skill practice 5. Parallel Process 6. Assessing performance	**--Role demonstration** supervision (mutual investment, responsibility & accountability for the task) --Clinical curriculum that included **resilience theory and solution-focused theory** **1. Critical Thinking** a) Group problem solving b) Inhibiting Factors in Group Decision-Making c) Clinical case assessment requires critical thinking **2. Role of Supervisor** a) Role demonstration supervision b) Legal and ethical aspects of supervision c) Crisis supervision d) Differential patterns of worker motivation and role of supervisor in promoting job satisfaction **3. Clinical Supervision** a) Fundamentals of clinical supervision (management control and teaching functions; personal learning styles; skill assessment; worker performance; assessing personnel) b) Models of Clinical Supervision (apprentiship; collegial; role demonstration) c) Nature of clinical relationship d) Conducting and analyzing worker clinical competence assessments e) Clinical case assessment workshop **4. Leadership Styles** a) Group Leadership Styles b) Managerial Leadership c) Behavioral & Situational Approaches to Leadership **5. Cultural Competency** a) Agency and supervisor self-assessment instruments b) CWLA approach to Cultural Competence c) Cultural diversity for Children's Division supervisors **6.Ethics** a) Legal & Ethical Aspects of Supervision **7. Values/Attitudes** a) 360 Outcome Analysis: attitudinal aspects b) Awareness, attitude, and ability **8. Adult Learning & Learning Styles** a) Fundamentals of Clinical Supervision b) Personal Style in Supervision Inventory **9. Conflict Resolution** a) Basic Conflict Resolution Training for Child Welfare Supervisors b) Conflict resolution practices—do's and	• Managers and Supervisors Together Strategic and Action Planning Process • Videotape for recruitment selection? • Newsletter of Recognition? • Detailed baseline worker and unit assessment tool • Leadership styles questionnaire • Agency and self-assessment instruments around cultural competency • Dealing with conflict instruments/assessment • Supervisor Focus Groups • Role playing • Story telling as interactive process • Traditional assessment tools and shared process analysis • Role demonstration with process discussion • Conjoint demonstration with process discussion • Case examples • Group exercises • Supervisory Commonality-Based Leadership Model (SCBL) • Time use exercises • Time management quiz • Administrative style self-assessment • Managerial Grid Model: implications for CPS supervision • Strategic Planning Group Discussion Guide • Resource Needs Check List • Practitioner Questions to Uncover Survival Strengths

		don't (Human Resource/Labor Relations Issues) **10. Collaboration** **11. Organizational Culture** a) Elements of organizational change b) Learning principles & conditions in Human Service Organizations c) Interventions in Organizational Stress **12. Supervisory "boundary issues"** a) Clinical relationships as parallel process b) Duality of supervisor responsibilities c) Rewards/sacrifices of supervisor d) Boundary terminology e) Boundary setting and dilemmas **13. Time management/Organizational Skills** a) Time management as discipline b) Time management quiz c) Analysis of time-saving techniques d) Inventory of individual time wasters e) Work goals and priority setting f) Guidelines for effective delegation g) Time use exercises	

	Commonalities	**Uniqueness**	**Tools/Activities**
Tennessee Supervisor as decision maker (ethical/clinical practice), decision mentor and role model	**Topic Themes** 1. Critical Thinking 2. Role of Supervisor 3. Clinical Supervision 4. Leadership Styles 5. Cultural Competency 6. Ethics 7. Values/Attitudes 8. Adult Learning/Learning Styles 9. Conflict Resolution 10. Collaboration 11. Organizational Culture 12. Supervisory "boundary issues" 13. Time management/Organizational Skills ------------------------------- **Method Themes** 1. Classroom teaching 2. Individual Development Plans and/or Individual Learning Plans 3. Skill practice 4. Parallel Process 5. Assessing performance	**1. Critical Thinking** b) self reflection c) ethical decision making on the job d) clinical decision making e) evidence-based decision making **2. Role of Supervisor (Educative)** a) roles& responsibilities of supervisor b) educative supervision competencies c) Building staff capacity (teaching methods used in supervisor/staff learning experiences) d) Cps casework competencies (handout) e) Individual Decision Making Style f) Ethical decision making model g) Clinical decision making model **3. Clinical Supervision** a) Clinical decision making (evidence-based practice) b) Setting performance expectations c) Response Priorities Review d) Psychological Disorders in Children and Adolescents e) Closing cases f) Family conferencing g) Case staffing **4. Leadership Styles** a) Management styles (worker-centered, charismatic, compliance, minimalist, credibility) **5. Cultural Competency** a) Defining culture b) Importance of cultural competency c) Individual Learning Plans d) Oppressed Groups e) Terms describing discrimination f) Best practice—skills, values, ethics and knowledge **6. Ethics** a) Cultural competency module b) Educative supervision module (ethical decision making) **7. Values/Attitudes** a) Cultural competency module b) Educative supervision module (ethical decision making) **8. Adult Learning/Learning Styles** a) Adult Learning Principles b) Learning styles (self-awareness exercise) c) Average Retention Rate (handout) **9. Conflict Resolution** **10. Collaboration** **11. Organizational Culture** a) Establishing a positive work climate (worksheet) **12. Supervisory "boundary issues"** a) Making the transition (handout) b) Contrasting relationships between peer and supervisory (worksheet) **13. Time management/Organizational Skills**	• Leadership styles • Worksheets • Case examples • Six training modules • Management style grid • Self-awareness exercise • Drawbridge exercise (values) • Individual Decision Making Model • Ethical Decision Making model • Clinical Decision Making Model (tools) • Videos: "No Time to Lose" and "Ethnic Notions" • Practice • Role play • Case studies • Icebreaker • Handouts (**peer relationships vs. supervisory relationships) • Small group work • The Leadership Challenge by Kouzes & Posner

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