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Ideals In Practice

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Returning to Effective Supervision Practices in Child Welfare

Clinical case supervision in the field of child welfare has a distinguished tradition of establishing standards of accountability, providing effective developmental support to workers, as well as ensuring the on-going safety and well-being of clients served (Jones & Gallop, 2003). However the field of child welfare has faced tremendous obstacles and change during the last fifty years that has resulted in increased administrative demands on frontline supervisors, as well as greater accountability in the administration of public funds when providing services to abused and neglected children (Gibbs, 2001). As a result, supervision in this setting has deviated from the traditional educative and supportive functions and instead has moved to a chiefly administrative role where there is a greater focus on institutional accountability and implementation of agency policy and procedure (Gibbs, 2001). This focus has resulted in alienation of front-line child welfare workers and lagging recruitment and retention efforts due to increased burnout and inadequate training (Sharma, McKelvey, Epstein, et al., 1997). The importance of adequate supervision is further emphasized in a study conducted by Rycraft (1994) in which child welfare caseworkers were surveyed regarding factors that encouraged longitudinal commitment to employment in child welfare settings. Adequate supervision was rated as the third most cited factor related to retention. In order to address this and other concerns, supervision practices in child welfare settings must return to the roots of its origin and seek to provide workers with a supportive environment that enables emotional support of the worker as well as a method for monitoring and evaluating practice (Lister & Crisp, 2005).

The first step in restoring the value of supervision in field and practice of child welfare is the restoration of "reflective space" (Jones & Gallop, 2003, p. 101). As child welfare supervisors have been forced to act in the crucial roles of budget management, data collection for state and federal audits, and making family-centered practice mandates a priority for clients served; this has resulted in the decrease of time allocated for reflection on cases and client concerns. The absence of reflective space within the supervision framework limits the ability of clinical supervisors to "generate competing hypotheses about the nature of the presenting concern; and what to do about it" (Jones & Gallop, 2003, pp. 103). In addition lack of reflective space also prevents linkage of relevant theory and research to the assessment and evaluative process conducted by frontline clinicians. In order to restore reflective spaces within child welfare agencies two fundamental interventions are required: First, utilize an action-research supervision model in which supervision is provided in a group context and case solutions are developed utilizing a team approach; and second, create an interoffice holding environment in which critical learning and integration of theory into practice is encouraged within inter-colleague dialogues

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among peers and in supervision (Jones & Gallop, 2003).

In addition to the creation of reflective space within child welfare agencies, supervision must be viewed as an effective process in managing high levels of worker burnout and premature attrition rates associated with child welfare practice. Effective supervision has been identified as a primary intervention in the prevention of employee burnout and eventual resignation (Gibbs, 2001). Clinical work within child welfare agencies is often emotionally charged and taxes both the personal and professional functions of the individual caseworker. A lack of appropriate supervision can therefore result in the clinician adopting unconscious defense mechanisms in order to compensate for the high levels of stress. These defense mechanisms, when unchecked by the process of effective supervision, can result in the undue influence of negative countertransference in case decisions. The process of supervision mitigates stressors associated with child welfare practice and in addition encourages best practices when dealing with the impact of countertransference within case dynamics (Gibbs, 2001). Effective supervision thus creates empowerment within the worker, which will likely be reflected within a parallel process in the clinician/client relationship. In essence, supervision that identifies and supports the needs and goals of the clinician will likely result in the clinician basing their interventions on the family's perception of needs and goals (Cearley, 2004).

In an effort to prioritize supervision within child welfare agencies and to provide a reflective space for clinicians some states have started utilizing university partners as a primary, clinical supervisors (Young, 1994). In this model agency supervisors provides clinicians with the administrative functions of supervision including the assurance of appropriate case outcomes and compliance with applicable state and federal regulations that guarantee maintenance of funding. In an adjunctive process, university partners review case presentations in both individual and group settings. Case presentations incorporate a three-generational genogram, a summarization of the family's developmental history, vulnerabilities, strengths and resources, and the clinician's observations of the client including clinical challenges (Young, 1994). Through these case presentations supervisees are able to learn to effectively deal with clinician/client dynamics, define the practice of clinical social work, integrate clinical social work and case management skills, develop a conceptual framework for family-centered practice, and manage countertransference (Young, 1994).

In summary despite child welfare's long history of providing effective case supervision, legislative, administrative, and fiscal demands have resulted in a decreased emphasis on the importance of this practice. In order to recruit and maintain staff, as well as ensuring appropriate and effective case outcomes, supervision must be restored as a priority goal of agency practice.

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Utilizing Solution Focused Models in Child Welfare Supervision

Solution-Focused Therapy models (De Jong & Berg, 2002; LipChik 2002) have been heavily utilized in child welfare practice during the last decade. Solution focused models of practice are also useful in the context of clinical supervision in child welfare agencies. Solution focused supervision models are based upon the theoretical construct that the supervisee is an active participant in the construction of his or her own reality of professional practice (Maturana, 1975). Based upon this premise supervision focuses on what the supervisee does correctly in promoting client well-being and clinical competency, versus the traditional problem-centered focus of clinical supervision. Theoretically this strengths-based approach to clinical supervision enables the supervisee construct his or her professional and clinical self for the purposes of fostering a positive sense of self as child welfare worker, developing a strategic framework for coaching families, and to enabling a practical focus on the development of essential skills to promote successful collaboration with families (Wetchler, 1990).

In order to provide solution-focused supervision, the supervisor must first recognize agency and systemic obstacles that prevent full integration. In traditional models of supervision the child welfare worker is exposed to an plethora of new information that runs counterintuitive to traditional cause and effect thinking (Wetchler, 1990). This bombardment can lead to confusion by the supervisee who then within the scope of parallel process (Friedlander, Siegel, & Brenock, 1989) demonstrates this confused schema in client relationships, which is manifested via overly vigilant and disorganized behaviors when working with clients. As a result clients become unconsciously and consciously aware of the social worker's confusion and distrust in the social worker's ability to competently direct positive outcomes for everyone involved within the case planning process (Wetchler, 1990).

A second element that contributes to the child welfare worker's clinical confusion and lack of professional confidence is the hierarchical nature of the clinical supervision relationship. When a supervisor dictates or provides direct commands to a supervisee without exploring what they are doing well with clients this can often reinforce the supervisee's sense of clinical confusion and inadequacy. Instead, solution-focused supervision seeks to provide an egalitarian approach to seeking solutions. In order to facilitate a sense of competence by the supervisee the supervisor utilizes key questions to identify strengths and to identify exceptions that demonstrate how the social worker is demonstrating competence when working with the family. Through the recognition of the social worker's successful strategies with clients, the social worker begins to develop a new schema based upon their success and newly found competencies.

Conducting a Solution-Focused Supervision Session:

The supervisor in solution-focused supervision sessions focuses on two key areas: solution seeking and clinical education (Wetchler, 1990). In solution seeking the supervisee will generally begin by presenting a case problem or will be seeking guidance from the supervisor. The supervisor may at this stage be tempted to provide guidance or advice, but instead should take this opportunity to seek out what the supervisee is doing well in the case. This focus on the supervisee's strengths lessens anxiety and helps the supervisee to reorganize their professional schema to reflect a sense of competence.

The next stage of solution seeking is to ask the supervisee to clearly define what they believe would be a successful outcome in the presenting case. After clearly defining what the case goal is, the supervisor and supervisee then discuss how the previously identified strengths are contributing to this case outcome and then begin to discuss "exceptions" where the supervisee has seen this goal or outcome reflected through his or her interaction with the client. No matter how small the exception is to the presenting problem; it is crucial that the supervisor emphasizes the role of this exception in reaching both the supervisee's clinical goal as well as the overall case plan goals.

The supervisor in solution-focused supervision sessions focuses on two key areas: solution seeking and clinical education

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The second process of a solution-focused supervision framework is to clinical education. At times the presenting problem in supervision may actually be due to the lack of practice knowledge, instead of the supervisees inability to recognize solutions (Wetchler, 1990). In this framework the supervisor provides education on the relevant agency policies, state laws, and theoretical models (e.g. family-centered practices, brief-solution focused, therapy, family theory models) that are related to the case plan. Again, the supervisor is not directly confronting the social worker mistakes, but instead ask critical thinking questions such as, " I am aware of this agency policy, let's review it together and then I would like you to tell me how you believe this policy impacts your presenting concern in supervision?" or "When considering our agency model of family-centered practices, how do the five principles speak to your presenting issue?" Through asking critical thinking questions the supervisor reinforces clinical mastery and competence, while fostering a greater sense of independent decision making by the supervisee.

In summary, solution-focused supervision models enable child welfare workers to recognize their own strengths and abilities within the case planning and intervention process, while allowing the supervisor to provide case input in egalitarian, non-directive ways. This approach empowers the child welfare worker to not only find resolution to case concerns, but also helps the social worker develop a professional schema that reflects success and competence. This sense of mastery is then translated through parallel process to clients, leading to an increase in successful outcomes when working with clients and their families.

Want to Become a Better Clinical Supervisor? Here is a new Tool Just FOR you!

Supervisors have a pivotal position in the child welfare workforce: they recruit and retain the best employees; move agencies to best practice frameworks; and create a sustaining positive organizational climate. Child welfare supervisors must lead a stressed workforce operating in a bureaucratic environment, and always with the knowledge that children's lives are at stake. They need and deserve a book oriented to the reality of their work. Child Welfare Supervision connects theory and practice to provide an overview of the most relevant and sound approaches to supervision. In thirteen illuminating chapters, Child Welfare Supervision translates generic principles of supervision and management and organizational theory to the specifics and reality of the child welfare practice environment. The result is a comprehensive, integrated resource for child welfare supervisors that gives them the tools and information to succeed in the fast-paced and intense world of child welfare.

- Covers a wide range of must-have skills for supervisors including leadership, developing worker performance, managing the Child Welfare unit, working beyond the agency, managing performance, providing clinical supervision, and respecting diversity
- Features case studies and scenarios that illustrate key points and competencies
- Brings together the latest research and literature review with a pragmatic approach to child welfare supervision and case studies illustrate key concepts.
- Each chapter concludes with reflection questions that can be assigned for a class or used in an agency to generate thoughtful discussion.

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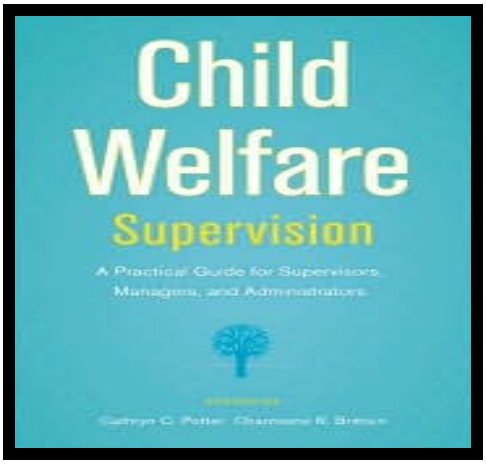

TIPS FOR A SUCCESSFUL SUPERVISION EXPERIENCE

- **Create a safe place for supervision.**

  In fast paced child welfare agencies clinical supervision is often put on the back burner in order to allow for administrative tasks and other systemic demands. Every supervisee is entitled to a quiet time set aside for them every week, where the supervision session will not be disturbed by others.

- **Utilize Supervision Agendas**

  Have the supervisee develop an agenda before and email it to the supervisor one day before supervision. This will enable the supervisee to clearly identify what is most important for them to talk about in supervision and provides time for the supervisor to prepare.

- **Set Supervision Goals:**

  It is important to set goals for supervision. Usually it is best for the supervisee to reflect on three to five practice based knowledge, skill, or values goals they would like to work on. The supervisor and supervisee will then collaborate on a plan to accomplish these goals and then set target dates for check-in or completion (Note: the CBLC might be good place to identify these goals and integrate them into the supervision process).

- **Get Your Supervisees Feedback & Evaluation**

  Allow the supervisee opportunities to evaluate and provide feedback on their supervision experience. Do they feel they are getting adequate time in supervision, do they feel the supervisor fully listens and understanding their presenting concerns, how has the supervisor been helpful to them, or when has the supervisor not been so helpful. There are multiple forms and formats available to the supervisor to allow the supervisee to assess his or her supervision practice. These can usually be found in clinical supervision textbooks and manuals and may be adapted for your use at the agency.

- **Utilize a specific model of supervision.**

  There are multiple models of supervision that are available for supervisors to be trained on. Some of these models include: psychodynamic, behavioral, cognitive, Adelerian, existential, family therapy, solution focused models, and developmental models just to name a few. Supervisors should educate all supervisees on their approach and techniques utilized in their supervision practice in order to allow the supervisee to fully understand the expectations placed on them within the supervision process.

- **Recognize you may not be the best supervisor for this supervisee**:

  Although you may be administratively in charge of your supervisor, you may not be the best fit to provide clinical supervision. In fact, it may work better for you simply be a supervisees administrative supervisor, while another supervisor in the agency provides case support and clinical supervision. Part of being a good clinical supervisor is the recognition that you may not be the best fit for all social workers, and to know recognize that other colleagues can play an valuable role in providing clinical supervision to staff.

Format for a Solution Focused Supervision Session

(Adapted from DeJong & Berg 2002).

Step 1: Check-in/ Opening the Dialogues

During the first step the supervisor asks the social worker and opening question, such as, "How can I be most helpful to you today?" The supervisor then continues utilizing exploratory questions to fully understand the supervisees presenting concern. It is important to ask the supervisee what intervention strategies they have tried in the case and take note of which have been most helpful so far.

Step 2: Goal Formulation:

In this step the supervisor asks the supervisee explore what they would like to see happen in the case. Helpful questions may include the miracle question (If you woke up tomorrow and this case was exactly how you wanted to be what is the first you notice would be different?). A more direct approach may include a question like, "What do you want to see different in this case as a result of our supervision session today?"

Step 3: Explore Exceptions:

In this stage the supervisor helps the supervisee explore times in the case where the presenting problem was not a problem or was less of a problem. Key questions might include: "Are there times when the problem does not happen or is less serious," or "Are there times where this case reflects the miracle you describe above, even just a little bit?" The supervisee is then encouraged to explore what was different through exploratory questions posed by the supervisor?

Step 4: Scaling:

Another important tasks for the supervision session is to have the supervisee scale their feelings of competence in the case or family, their actual skill or knowledge level in working with this family, and even their own belief in the families potential for positive outcome. Scaling also provides the supervisor and supervisee a method for evaluating progress in clinical supervision. Another aspect of scaling is it is a tool for problem solving. If a worker indicates they are a 4 out 10 in their skill level when working with a family, the supervisor may utilize this opportunity to identify needed supports and resources by saying, "You note that you are 4 out of 10 in relationship to your skills when working with this family, what resources and supports might you need to make your number a 5 or 6 by next weeks supervision session?"

Step 5: Compliments

During this part of the session the supervisor discusses the particular strengths, resources, abilities, and interventions the social worker is doing right in fostering positive outcomes in the case process.

Step 6: Clinical Education:

Following up on the scaling question, the supervisor introduces relevant policy, state law, and intervention strategies in the areas that the social worker identified as needed supports and resources. The supervisor and supervisee review these materials together and then the supervisor asks key questions such as, "Now that we have reviewed this material, how does this material change you thoughts or direction in this particular case?"

Step 7: Task and Suggestions:

The last step is to develop a particular plan for the supervisee in the coming week. Ideally the supervisee was able to formulate various options during the supervision process and this part of the session is utilized to discuss how to implement these strategies. The supervisor may also introduce particular task via suggestions by saying, "May I offer you a suggestion?" or "Have you thought about?"

References

Cearley, S. (2004). The power of supervision in child welfare services. *Child & Youth Care Forum, 33*(5), 313-327.

Gibbs, J. (2001). Maintaining front-line workers in child protection: A case for refocusing supervision. *Child Abuse Review, 10*(5), 323-335.

Dejong, P., & Berg, I.K. (2002). *Interviewing for Solutions (2nd Edition).* Pacific Grove, CA: Brooks & Cole.

Friedlander, M.L., Siegel, S.M., & Brenock, K. (1989). Parallel process in counseling and Supervision: A case study. *Journal of Counseling Psychology, 36, 149-157.*

Jones, J. & Gallop, L. (2003). No time to think: Protecting the reflective space in children's Services. *Child Abuse Review, 12*(2), 101-106.

Lipchik, E. (2002). *Beyond Technique In Solution-Focused Therapy.* New York, NY: The Guildford Press.

Lister, P. & Crisp, B. (2005). Clinical supervision in child protection for community nurses. *Child Abuse Review, 14*(1), 57-72.

Maturana, H.R. (1975). The organization of living. A theory in the living organization. *Interactional Journal of Man-Machine Studies. 7,* 313-332.

Rycraft, J. (1994). The party isn't over: The agency role in the retention of public child welfare caseworkers. *Social Work, 39*(1), 75-80.

Sharma, J., McKelvey, J., Hardy, R., Epstein, M., Lomax, R., & Hurby, P. (1997). Job Satisfaction of child welfare workers in an urban setting: Status and predictors. *Journal of Child & Family Studies, 6*(2), 209-219.

Young, T. (1994). Collaboration of a public child welfare agency and a school of social work: A clinical group supervision project. *Child Welfare, 73*(6), 659-671.

Wetchler, J. L. (1990). Solution-Focused Supervision. *Family Therapy 17,(2),* 129-138.

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