Child Welfare Education and
Training Partnership

Supervisor Core
Clinical Supervision

Indiana Department of Child Services

Trainer Manual

Acknowledgements – Trainer Guide

Special Appreciation:

We would especially like to thank Indiana Department of Child Services Clinical Consultant *Jennifer Lee, MSW,* for her contributions to this document.

In addition, the Indiana Child Welfare Education and Training Partnership wishes to recognize the special contributions of the Training Unit Staff. They are as follows:

M.B. Lippold, Indiana Department of Child Services
Pat Howes, IUPUI School of Social Work
Cassandra Porter, Indiana Department of Child Services
Kay Osborne, Indiana Department of Child Services
Jackie Votapek, IUPUI School of Social Work
Amy Butzen, IUPUI School of Social Work

Materials on DISC assessment were originally designed and developed by**:**

Leadership Transformation Group, LLC (www.askltg.com)

McKenzie Consulting, Inc., in collaboration with Michigan State University School of Social Work for the State of Indiana

Material has been modified and updated by:
Jackie Votapek, Training Manager, Indiana Child Welfare Education & Training Partnership

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Clinical Supervision Overview – Trainer Guide

Materials Needed

Chart paper.
Paper and envelope for each participant.

1:15 P.M. Introduction

Course Objectives

Participant Page 3

At the end of this training participants will:

1. Have a working definition of Clinical Supervision, especially as it applies to the Indiana Practice Model.
2. Reflect on own strengths and needs in conjunction with supervisee's strengths and needs.
3. Acquire professional strategies and tools to assist in individual supervision and group staffing.
4. Obtain tools to become a more effective leader.

Definition

Clinical Supervision

- Process where one individual with specific knowledge, expertise or skill provides support while overseeing and facilitating the learning of another individual.
- Concerned with knowledge that directly impacts client outcomes such as:
  - Client welfare.
  - Clinical assessment.
  - Intervention approaches.
- Formal process.

Focuses on the clinician's capacity as a reflective practitioner – not on capacity to function as part of organization. *(PsyCheck*)

Indiana Practice Model

Explain: For the Indiana Practice Model:

- Goal is to model and learn clinical supervision techniques that will enhance and support practice model.
- Supervisor models a valued relationship with staff.
- Staff member models valued relationship with families.
- Five Components
  - **Leadership**
  - **Communication and Staff Relationship Building**
  - **Team Building/Team Orientation**
  - **Staff Development**
  - **Outcomes and Data in Supervision**

Clinical Supervision Overview

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Clinical Supervision Overview continued – Trainer Guide

Consultant Role

The clinical consultant will:

- Meet monthly or every other month with management staff at the request of the Regional Manager.
- Provide clinical supervision tools and techniques in a group setting.
- Address common topics/tools such as:
    - Empowering Workers
    - Teambuilding
    - Collaboration and Partnership between Supervisors and Workers
    - Process of Change
    - Resistance
    - Solution Focused Techniques
    - Motivation of Staff
    - Types of Power
    - Individual Supervision Tool
    - Group Supervision Techniques
    - Understanding and Identifying Biases
    - How to deal with Burn-out
    - Crises Intervention Techniques
    - Parallel Process
    - Situational Leadership
    - Leadership Styles and Roles

1:30 P.M.

Ask participants to fill out Supervision History sheet.

Leadership Supervision History

Participant Page 4

Share an example from your experience where a supervisor:

- did something you did something in which you *struggled to find the meaning*, but later you saw it helped your growth as a professional; and/or
- did something *you interpreted as helpful however now in taking a reflective look back, it may have* hindered your professional growth.

Ask participants to share examples from chart. **Validate** responses.

Clinical Supervision Overview continued

Leadership Supervision History

Please fill in the chart and answer the two questions at the bottom. You will only be asked to share the final four columns in aggregate. You may choose not to name individuals or cite particulars.

Previous Supervisor	What helped?	What hindered?	My response at the time.	Influence on me now.

Looking back at past supervisors, what was one thing a supervisor did which you *thought was not helpful at the time, but find was helpful now?*

What was one thing you thought a past supervisor did well at the time, but, upon review, might have hindered professional growth?

1:50 P.M.
Sources of Anxiety in Supervision

Participant Page 5

Review the list of sources of Anxiety in Supervision in participant manual.

Relate to own experience in each category.
Explain: This and the next page will address objective 2.

Leadership - Sources of Anxiety in Supervision

Organizational Anxieties

- Don't make mistakes.
- Make sure procedures are followed.
- We expect you to get it right.
- Supervision should be able to fix everything.
- Make sure families do not complain.
- Don't let staff know "how crazy it is up here/out there."
- Whatever happens, don't go over budget.

Professional Anxieties

The 4 C's.

- I must be confident.
- I must be competent.
- I must be in control.
- I must be comfortable.

Other anxieties

- What happens if I show my feelings?
- Can I trust this worker?
- If I were a better supervisor, this wouldn't happen.
- Am I still credible?
- Can I balance my roles?

Practice Anxieties

- We can't make it all right for this family.
- Do we know what is really happening?
- How can we do this to this family?
- They must see me as so powerful, but I feel powerless.
- Sometimes I just don't know what I'm doing.
- There simply isn't the time to do a good enough job.
- It's year since I was a worker.

Personal Anxieties

- What if I don't like the worker?
- How does he/she feel about me as a supervisor?
- Why do I always end up looking after others?
- Who is going to look after me as a supervisor?
- What does the team think about me?

Tony Morrison, *Staff Supervision in Social Care*, Pavilion Press, 2005

Leadership - The Competence Ladder - Trainer Guide

Participant Page 6

Direct participants to The Competence Ladder Sheet in manual.

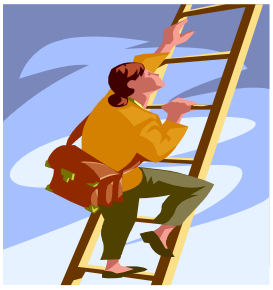
- Level 1 – Unconscious Incompetence
  - Complete lack of knowledge and skill.
  - Unaware of lack of skill.
  - Confidence can exceed abilities.

- Level 2- Conscious Incompetence
  - Understand there are skills you need to learn.
  - Discover others are more competent and successful.
  - Confidence can drop.
  - Can be uncomfortable as new skills are learned.

- Level 3 – Conscious Competence
  - Acquire new skills and knowledge.
  - Put learning into practice.
  - Gain confidence.
  - Refine new skills.

- Level 4 – Unconscious Competence
  - New skills become habits.
  - Perform tasks without conscious effort.
  - Peak of confidence and ability.

Leadership - The Competence Ladder



Level 1
Unconscious Incompetence

You Don't Know That You Don't Know.
At this level you are blissfully ignorant: You have a complete lack of knowledge and skills in the subject in question. On top of this, you are unaware of this lack of skill, and your confidence may therefore far exceed your abilities.

Level 2
Conscious Incompetence

You Know That You Don't Know.
At this level you find there are skills you need to learn, and you may be shocked to discover that there are others who are much more competent than you. As you realize that your ability is limited, your confidence drips. You go through an uncomfortable period as you learn these new skills when others are much more competent and successful than you are.

Level 3
Conscious Competence

You Know That You Know.
At this level you acquire the new skills and knowledge. You put your learning into practice and you gain confidence in carrying out the tasks or jobs involved. You are aware of your new skills and work on refining them. You are still concentrating on the performance of these activities, but as you get ever more practice and experience, these become increasingly automatic.

Level 4
Unconscious Competence

You Don't Know That You Know- It Seems Easy!
At this level your new skills become habits, and you perform the task without conscious effort and with automatic ease. This is the peak of your confidence and ability.

Communication and Staff Relationship Building – Trainer Guide

2:00 P.M.

Goal of Clinical Supervision

Participant Page 7

Explain: Clinical Supervision, whether individual or group, should work to improve these outcomes.

Review: Child Welfare Outcomes in participant manual:

- Safety
- Stability
- Well-Being
- Permanency
- Family Role and Voice
- Long Term View

Ask: How many of you have inherited a unit? How many were able to pick their unit?

Explain: The answer should be that everyone inherited unit so "you get what it is you got."

Ask: Is anyone now supervising a unit that they were in? **View** show of hands.

Ask: How has the transition been for you? **Validate** responses.

Communication and Staff Relationship Building

Clinical Supervision's goal is to improve these child welfare outcomes.

Safety Children are, first and foremost, free from child abuse and neglect. o In home. o In placement. o Post-reunification. o In the community.	**Stability** Children deserve predictable and continuous connections with people, places and things that contribute to their development and identity. o School. o Friendships. o Community. o Caring team of adults to look out for them
Well-Being Children's health and functioning is supported by formal and informal supports to provide them with optimal growth and developmental opportunities. o Physical. o Emotional o Educational o Vocational	**Permanency** Children need to know where they will grow up and to have lifelong connections to provide a sense of belonging**.** o A forever family. o A sense that, although there may be more than one permanency option on the table, the adults are working together to provide for the child.
Family Role and Voice The family members with whom the child is living and/or will be reunited are active ongoing participants in decisions made about child/family strategies, services, and results. o Is this evident in recent meetings?	**Long Term View** There is an explicit guiding view for the child and parents that should enable them to live safely and successfully without DCS supervision. o Does it define permanency goals? o Does it define things that must change in the family's situation? o Does it define outcomes that must be achieved for safe case closure?

Communication and Staff Relationship Building – Trainer Guide

Individual Supervision

Ask:

- Do you think you need to meet regularly with an individual worker?
- What is your role as a supervisor?
- Is it a good idea to have an agenda for a meeting with individual?
- Why does the worker need to have some idea about what will be discussed in the supervisory session?
- Do either you or your worker need to do some "prep" work?
- Are you safer knowing about your workers' cases or not knowing if something happens to go wrong?

Interactional Supervision Skills

Identify and Define the following Interactional Supervision Skills so participants will be able to complete the activity:

- Tune In – the supervisor must identify and clarify what is going on internally with himself or herself.
  - Any negative feeling about the supervisee?
  - Am I being fair?
  - Am I focusing on job appropriate issues or personal issues?
  - Am I aware of the needs of the staff member?
- Contracting (verbal or written)
- Elaboration
- Empathy
- Acknowledgement

Supervision Skills Activity

In groups of three or four, have participants talk over answers and write down responses to Individual Supervision/Interactional Supervision Skills worksheet in manual.

Participant Page 8

Review responses with whole group.

Communication and Staff Relationship Building

Supervision Skills Activity

Preparing for the Session

How do you currently prepare emotionally for supervisory sessions (both individual and group)?

How do you currently prepare administratively for supervisory sessions (both individual and group)?

What barriers, if any, prevent you from preparing for supervisory sessions?

What are some ways you can overcome these barriers?

Do you use any of the following skills in your current practice? If so, please give examples.

Tuning In:

Contracting (verbal or written):

Elaboration:

Empathetic:

Acknowledgement:

2:40 P.M. Individual Supervision

Talking Points:

- Self-preparation includes two components: emotional and administrative self-preparation.
- The supervisor must know what is happening in worker's case and where there appear to be gaps.
- Have notes or reviews of the case(s) that will be discussed in supervision.
- Set clear expectations.(Working Agreement for Supervision which will be discussed under Component 4)
- What types of questions can one ask to ensure that areas of safety, permanency and well-being are effectively addressed?

(Shulman 1993)

Participant Pages 9-10

Direct participants to **Examples of Questions for Individual Supervision.**
Explain: These relate to learning objective 1.

Teaming and Engaging

Review questions one can ask in individual supervision.

Communication and Staff Relationship Building

Examples of Questions for Individual Supervision

Teaming and Engaging

1. Tell me about the last time that you met with this family. How did it go? Who was there? What happened?
2. Is the family participating in the Child and Family Team meeting Process? If yes: how is the process going? What is the agreement? What is the family working on?
   If no: what conversations have occurred to encourage the family to participate in this process? How do you continue engaging the family and give encouragement so that they will feel comfortable in participating in this process?
3. What progress has the family made? On a scale of 1 to 10, 10 being great progress and 1 being minimal progress, where do you think the family is currently? What could make them move up 1 on the scale?
4. How would you describe your relationship with the family? What have been any difficulties with this family in regards to your relationship?
5. What strengths does the family have and how are they utilized?
6. What are the underlying needs of the family and how are they being addressed?

Assessment

1. Tell me about the family.
2. What do you know about their family story?
3. What concerns do you have in regards to this family?
4. What protective supports does the family have?
5. What is preventing this family from being independent of DCS involvement?
6. What safety measures have been put in place for the family?
7. How is the family meeting the basic needs of the child(ren)?
8. Describe your evaluation of the home environment.

Communication and Staff Relationship Building – Trainer Guide

Planning Intervening	Continue reviewing questions for individual supervision.

Communication and Staff Relationship Building

Examples of Questions for Individual Supervision continued

Planning

1. What is the Case Plan goal?
2. How effective is the case plan for this family? What role has the family played in developing this? What role has the informal and formal supports played in this?
3. If family members and/or members of the CFTM were asked if they knew about the Case Plan, what would you say? Do they know about the goal and objectives?
4. How have you incorporated the CFTM agreement into the Case Plan?
5. How is the family using informal and formal supports?
6. Tell me about where the child(ren) are currently living. (appropriate setting, connection to family, culture, community, faith and peers)
7. If child has been removed from the home, what are permanency goals? If these goals cannot be achieved, what are other permanent options? (If this has not been identified, plan how to identify these)
8. How are family connections being maintained?

Intervening

1. What is the progress in regards to the family and their case plan goal(s)?
2. What, if any, barriers are preventing the family from being successful?
3. Tell me about the successes you have experienced with this family? How was this achieved?
4. What positive changes have been made regarding safety and risk factors since the family has been involved with DCS? What are your concerns? How have you worked with other families to overcome these concerns? What could you do differently to continue progress toward maximizing safety and minimizing risk? What would the family team say about this?

Team Building/Team Orientation – Trainer Guide

2:50 P.M.

Group/Unit Staffing

Ask: What is the difference between a group and a team?
This will relate to learning objective three.
Talking Points:

- Group is not necessarily a team.
- Team is a group of people linked in a common purpose.
- Teams are appropriate for conducting tasks high in complexity.
- Teams normally have members with complementary skills.
- Coordinated effort to allow each member to maximize his or her strengths and minimize his or her weaknesses.

Activity

Participant Page 11

Direct participants to complete **Assessing Unit and Team Strengths** doughnut. Thinking of his/her unit each supervisor writes:

- Strengths on the outside.
- Opportunities for growth inside.

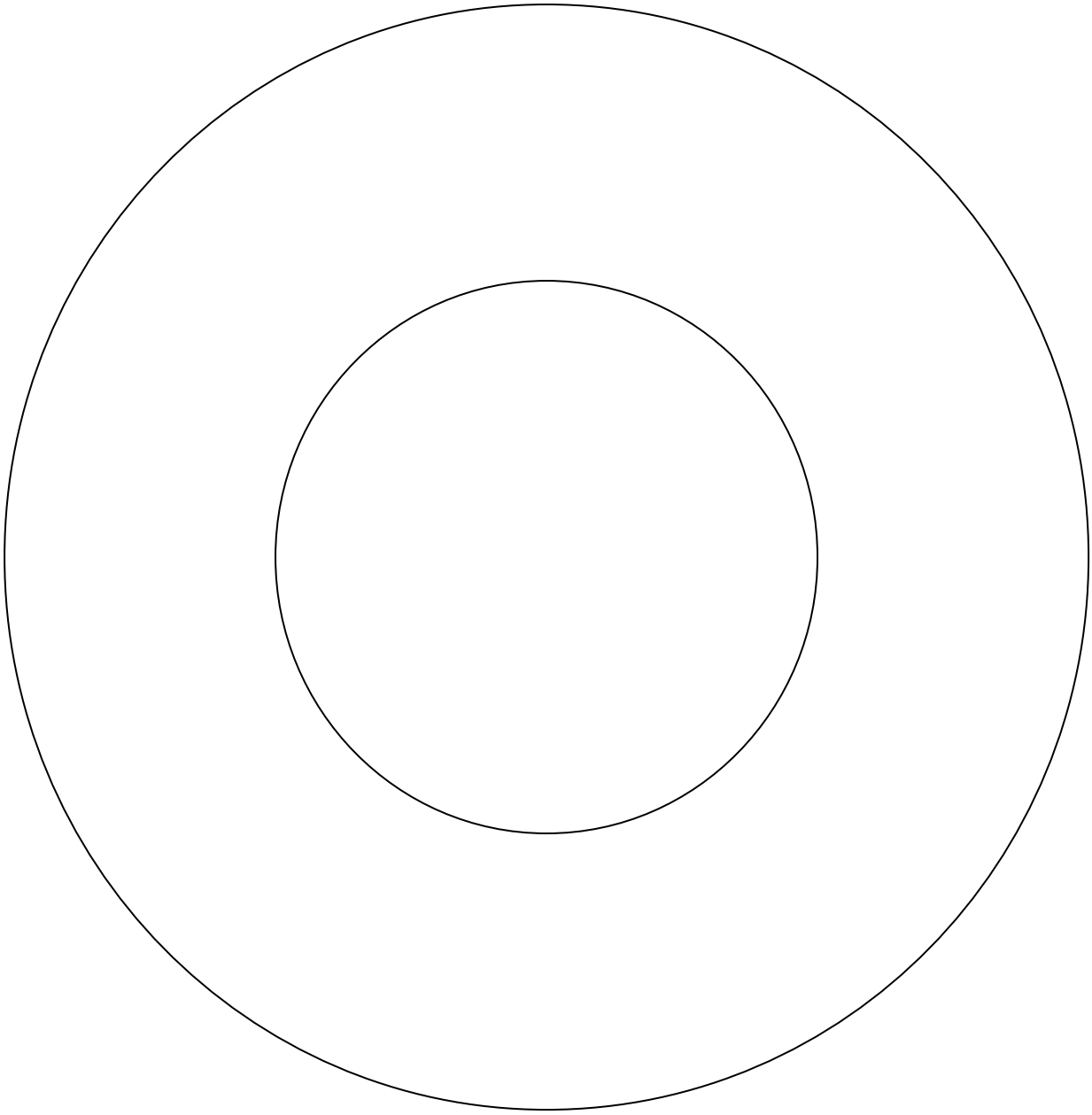
3:00 P.M.

15 minute break.

Team Building/Team Orientation

Assessing Unit and Team Strengths

My Unit/Team
Strengths and Opportunities for Growth



3:15 P.M.

Group/Unit Staffing

Explain: For Group staffing, a case may be chosen in one of two ways:

1. FCM wants to solicit opinions for focusing on a current case.

2. As a supervisor, you want a case presented to unit in order for professional growth to occur because of the successful approach with the Indiana Practice Model.
    - Identify the strengths of the worker that you want to "export" or support in others.
    - Identify a case or two where those strengths really came through and changed/improved the outlook and outcomes for a case.
    - Clarify for yourself what you want to see in others' work.
    - Prepare worker to present case.

Process of Group/ Unit Staffing

Participant Pages 12-13.

Explain: There are 7 steps one can follow when staffing a case:

1. Discuss the players.
2. Describe the incident.
3. Review risk and protective factors.
4. Review prior interventions.
5. Discuss how to reduce future risk.
6. Review Child and Family Team Meeting Process.
7. Discuss a focus for input from team.

Review the process using the participant pages.

Team Building/Team Orientation

Process of Group/Unit Staffing

1. Discuss the players.
   - Present family, relatives, alternative caregivers, and other important players such as attorneys and therapists.
   - Construct ecomap, genogram, or family network diagram of the family prior to conference for all participants.
   - Helps make sense of family and reduces questions.

2. Describe the incident.
   - Presenter explains original allegations.
   - Presenter explains why and when case came into the system.
   - How does family view the presenting incident?
   - What is the likelihood of repeat behavior?

3. Review risk and protective factors.
   - What are the significant risk factors that must be addressed?
   - What are the strengths the family possesses which will be utilized to help reduce risk?

4. Review prior interventions.
   - If prior interventions, which have been successful?
   - Can they be employed again?
   - What has not worked?
   - Address risk issues in new ways if intervention has failed many times before.

5. Discuss how to reduce future risk.
   - What should the client be addressing?
     - Drug counseling/testing/treatment
     - Anger management
     - Domestic violence
     - Child development
     - Parenting
     - Marriage counseling
   - Discuss client-centered case plan.
     - Tasks and activities client willing to do to resolve issues that brought family into system.
     - Can accomplish in stages.
     - Client must be a participant in recognizing need areas, strengths and agreeing on actions taken to protect children and reduce risk.

Team Building/Team Orientation – Trainer Guide

Participant Page	Continue reviewing the process of Group/Unit Staffing.

Process of Group/Unit Staffing continued

- Discuss client's cooperation.
  - Does not mean how "nice" the client is.
  - Participation in the plan.
  - Depression and/or hopelessness regarding situation.
  - Client belief that the FCM also interested in a successful resolution.

6. Review Child and Family Team Meeting Process.
   - Where does FCM want to focus OR What does supervisor want group to identify?
   - Examples of questions/problems:
     - I'm having a hard time engaging the client.
     - I don't really see a positive outcome.
     - Working with this client makes me defensive, angry, cared, confused, etc.
   - Recommendations to court discussed in individual staffing.

7. Discuss a **focus** for input from team.
   - Well-defined, agreed-upon conditions for case closure.
     - Protective provisions present in home for child safety.
     - Permanency issues resolved.
     - Behavioral pattern demonstrated in the home by parent.
     - Sustainable conditions and supports present in home and family situation to:
       - preserve family,
       - reunify family
       - support the adoptive family, or
       - support youth transitioning out of the foster care system.
   - Progress toward case closure.
     - Threats of harm to child and family removed with future harm sufficiently minimized.
     - Child residing in permanent home.
     - Sustainable supports in place for child's basic needs to be met.
     - Parents/caregivers demonstrating capacities to protect, supervise, and care for children on ongoing basis.
     - Specialized supports in place for extraordinary needs.
     - Progress toward reasonable confidence that the child's safety, stability, permanency, and well-being will be sustained over time.

Working Agreement for Supervision

Participant Page 14

Identify: Key areas for Working Agreement for Supervision: (These are at the top of the Working Agreement)

- Ensures staff member is clear about his/her roles and responsibilities- especially good for new staff.
- Assists in professional development.
- Acknowledges a source of support.
- Provides a regular and constructive feedback to the worker on his or her performance.
- Sets formal individual supervision times and process.
- Assists staff member in performing to the standard specified by the agency.
- Ensures accountability for the work of the staff member.

Talking Points: Written working agreement is a way to establish the supervisory relationship:

- Establishes mutual expectations.
- Shares the supervisor's sense of purpose. Includes:
    - Sharing the mission, vision and values
    - Clarifying the work the team is doing together to ensure that there are common goals.
- Gives and elicits feedback between the worker and supervisor/director.
    - Ensures worker in agreement with the purpose.
    - Ensures worker has clear understanding of goals and expectations.
    - Clarifies what is needed and how to support each other to reach expectations.
    - Discusses opportunities for growth and what each will contribute to the work.
- Acknowledges mutual obligations and expectations related to the supervisor's authority.
    - Supervisor must be sensitive to how their authority affects staff.
    - Be prepared if it blocks the working relationship.
    - Communicates how responsibilities are affected if the expectations cannot be reached.
    - How to handle if the expectations are not met. "What can go wrong?" and how to plan.

Staff Development

Working Agreement for Supervision

Supervisor/Director _____

Staff Member _____

Key areas

1. To ensure that the staff member is clear about roles and responsibilities.
2. To assist in the staff member's professional development.
3. To acknowledge a source of support for the staff member.
4. To provide regular and constructive feedback to the worker on his or her performance.
5. To set formal individual supervision times and process.
6. Assistance for staff member to perform to the standards specified by the agency.
7. To ensure accountability for the work of the staff member.

Making Supervision Work:
What each agrees to contribute.

Expectations and plan to reach these:

_____
_____
_____

Challenges that impact expectations and how to support working through these:

_____
_____
_____

What does the staff member want/need from the Supervisor?

_____
_____
_____

What will the staff member contribute to make the agreement work?

_____
_____
_____

What will the supervisor contribute to make the agreement work?

_____
_____
_____

What will the supervisor and staff member do if there are difficulties working together or achieving agreement?

_____
_____
_____

- Adapted from Tony Morrison, *Staff Supervision in Social Care*, Pavilion Press, 2005

Staff Development – Trainer Guide

Stages of Professional Development

Explain the stages of Professional Development and how it relates to clinical supervision. (*Supervisory needs* section of participant chart)

Participant Page 15

Staff Development

Stages of Professional Development

Self-Centered "Childhood"	**Client-Centered "Adolescent"**	**Process-Centered "Adult"**	**Process-in-Context-Centered "Mature"**
Dependent on supervision.	Fluctuates between autonomy and dependence.	Increased professional confidence.	Professional maturity.
Anxious about being evaluated.	Over-confident versus overwhelmed.	Sees wider context in which the clients' needs exist.	Can articulate professional knowledge and insight to others.
Hesitancy about making professional judgments.	Less simplistic; engages with complexity.	Can generalize and reflect on learning and skills.	Able to supervise or teach others.
Over focus on content, task, and detail.	Owning the role.	Supervision more collaborative and challenging.	Increased self-awareness of strengths and gaps
Supervisory Needs	*Supervisory Needs*	*Supervisory Needs*	*Supervisory Needs*
Structure	Freedom to test out.	Freedom to initiate.	To be given wider responsibility.
Information	Space to learn from mistakes.	Further professional development.	To have their experience utilized.
Teaching	Reflection on realities and constraints.	To be stretched and challenged.	Less frequent supervision.
Constructive and regular feed back.		Danger: Boredom	
Encouragement.			

Tony Morrison, *Staff Supervision in Social Care*, Pavilion Press, 2001

3:30 P.M.

Ask: How many have been given the DISC Profile instrument?

DISC Tool

Explain: This tool is designed to help us:

- deepen our strengths,
- learn how to compensate for our weaknesses;
- work with each other to use all the skills of a team;
- assess our learned behaviors, which we can adapt and change, if needed.

Clarify: This was developed by industrial psychologists over a 20-year period to measure how different people approach problem solving.

- There is no set of right or wrong answers.
- NOT a "clinical" profile.
- Emphasis is on an individual's
  - Communication skills.
  - Problem-solving approaches.
- Point is to understand different approaches to improve overall effectiveness of the collaborative effort – outcomes of safety, stability, well-being and permanency for children.

Clinical Consultant Note: Please emphasize that this is **not** to be used in supervision as an evaluation tool. It is a behavioral assessment and should be used as a way to improve communication and team work.

Instructions for Completing the DISC Profile Assessment Sheet

Participant Page 16

- Each person needs to identify one word that they believe to be "Most" like them and one word that is "Least" like them in each four word set.
- They must choose <u>one and only one</u> from the "M" column and <u>one and only one</u> from the "L" column.
- Ask them to add up the number of D's, I's, S's, and C's that they have in the "most" column and in the "least" column.
- Make certain the numbers in "M" and "L" add up to 24.
- Allow sufficient time to complete this assessment process.
- There are often one or two people who have done the task incorrectly.

Participant Resources: Definitions of words in word sets.

DISC Profile Assessment

M = Most Like	M	L		M	L	L = Least Like You	M	L
EXPRESSIVE	I	I	HIGH-SPIRITED	D	D	ADVENTUROUS	D	D
COMPLIANT	C	C	TALKATIVE	I	I	ENTHUSIATIC	I	I
FORCEFUL	D	D	GOOD-NATURED	S	S	ADAPTABLE	C	C
RESTRAINED	S	S	SOFT SPOKEN	C	C	LOYAL	S	S
POWERFUL	D	D	CONTENTED	S	S	HUMBLE	C	C
CAREFUL	C	C	IMPATIENT	D	D	GOOD LISTENER	S	S
EMOTIONAL	I	I	CONVINCING	I	I	ENTERTAINING	I	I
SATISFIED	S	S	RESIGNED	C	C	PURPOSEFUL	D	D
CORRECT	C	C	RESPECTFUL	C	C	LIFE- OF- THE-PARTY	I	I
PIONEERING	D	D	SPONTANEOUS	I	I	AMENABLE	S	S
EASY-GOING	S	S	AGGRESSIVE	D	D	TOLERANT	C	C
INFLUENTIAL	I	I	GENTLE	S	S	COMPETITIVE	D	D
PRECISE	C	C	POISED	I	I	CAUTIOUS	C	C
DOMINEERING	D	D	PREDICTABLE	C	C	NEIGHBORLY	S	S
PREPARED	S	S	NERVY	D	D	ENERGETIC	D	D
ATTRACTIVE	I	I	ACCOMODATING	S	S	PERSUASIVE	I	I
EVEN-TEMPERED	S	S	CONFIDENT	I	I	RESERVED	S	S
STIMULATING	I	I	COOPERATIVE	C	C	OUTSPOKEN	D	D
FUSSY	C	C	ARGUMENTATIVE	D	D	STRICT	C	C
DETERMINED	D	D	RELAXED	S	S	ELOQUENT	I	I
TIMID	C	C	RESTLESS	D	D	HELPFUL	S	S
DEMANIDING	D	D	DISCIPLINED	C	C	ANIMATED	I	I
PATIENT	S	S	INSPIRING	I	I	STUBBORN	D	D
CAPTIVATING	I	I	CONSIDERATE	S	S	DEVOUT	C	C
OPEN-MINDED	C	C	DIPLOMATIC	C	C	ASSERTIVE	D	D
FRIENDLY	I	I	COURAGEOUS	D	D	GREGARIOUS	I	I
KIND	S	S	SYMPATHETIC	S	S	NONCHALANT	S	S
SELF-RELIANT	D	D	OPTIMISTIC	I	I	PASSIVE	C	C
AGREEABLE	C	C	EAGER	I	I	OUTGOING	I	I
SELF-CONTROLLED	S	S	POSITIVE	D	D	BOLD	D	D
PLAYFUL	I	I	LENIENT	S	S	MODERATE	S	S

DISC Graph

Participant Page 17

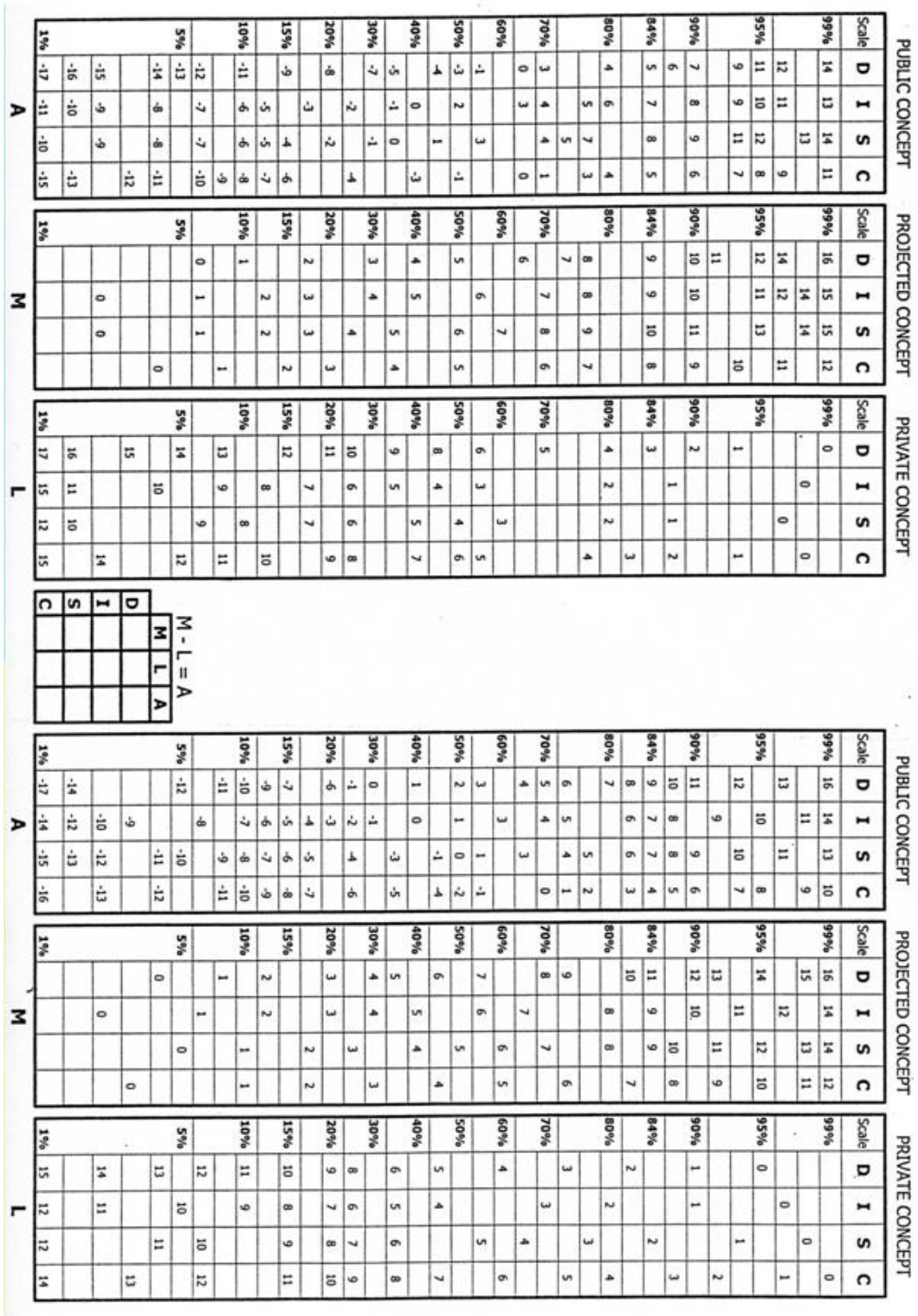
- Ask participants to place their scores in the grid on the graph page. First the "M" column, then the "L" column.
- After that, they should subtract the difference of the "M minus L" to create the "A" column.
- The "A" column can and will often contain negative numbers and its sum will equal zero.
- The numbers will look something like this: (Write on Chart Paper)

DISC COLUMNS

	M	L	A = (M minus-L)
D	**8**	**3**	**5**
I	**3**	**9**	**-6**
S	**4**	**8**	**-4**
C	**9**	**4**	**5**
	24	24	0

- Negative numbers are okay and will be used on the "A" graph.
- Women chart their numbers under the "female" graphs.
- Men chart their numbers under the "male" graphs.
- **All:**
  - Chart their DISC numbers for M under the "M" graph.
  - Chart their L numbers under the "`L" graph.
  - Chart their "A" numbers under the "A" graph.
- Next, have them put in dots at the appropriate numbers on the graph.
- Once they have completed, connect the four dots starting with D and ending with C.
- There are no wrong answers or "weird" graph scores.

Staff Development



DISC Interpretation of Scores

Participants will remain on Participant Page 17

Explain: The three graphs on the DISC assessment worksheet are:

"M"

- The way people think of themselves as effectively problem solving (and see themselves responding) and communicating with others.
- "M" is also considered to be the way people like to be perceived by others…one's 'best face'.

"L"

- The type of problem solving and communications in one's private life away from the office.

"A"

- The way people actually respond most frequently, especially under difficult conditions.
- This is the critical measure, because this is the "real you"' when the demands are greatest.

Say: Choose your primary and secondary profiles based upon the "A" graph.

- Highest point:
  - Dominant or primary communications style per graph.
  - If high score seems high, it *could* mean that you exhibit that style too much.
  - It *could* contribute to communication breakdown with others.
- Lowest Point
  - The low score probably identifies challenges a person needs to work on to improve their overall problem-solving skills and communication skills.
  - Over time, a good supervisor learns to moderate the highest qualities and build up the lowest qualities.

Emphasize: No right or wrong answers. Tool for understanding self and others in the workplace.

Participant Page 18

Direct participants to page detailing descriptors for each style. *Participant Resources*: Further information about each style and interactions between styles.

Staff Development - DISC

D DRIVER (Controller)	I INFLUENCER (Expressive Persuader)	S SUPPORTER (Amiable Organizer)	C CALCULATOR (Analytical)
Action oriented	Verbal	Patient	Diplomatic
Decisive	Motivating	Loyal	Accurate
A problem solver	Enthusiastic	Sympathetic	Conscientious
Direct	Outgoing	A team person	A fact finder
Assertive	Convincing	Easy going	Systematic
Demanding	Emotional	Deliberates about things	Logical
A risk taker	Impulsive	Gentle	Conventional
Forceful	Generous	Questioning	Analytical
Adventuresome	Influential	Supportive	Sensitive
Competitive	Humorous	A stabilizer	Emotionally controlled
Self-reliant	Socially confident	Considerate	Orderly
Independent	Inspiring	Empathetic	Precise
Determined	Dramatic	Persevering	Self-disciplined
An agitator	Optimistic	Trusting	Deliberate
Results oriented	Animated	Congenial	Cautious decision maker
LIKES	**LIKES**	**LIKES**	**LIKES**
Challenges	Recognition of accomplishments	Harmony	High standards
Authority	Freedom from details	Security	Details
Power	To be with people	Appreciation	Perfection
Freedom from controls	To make a good impression	To provide service	Quality control
Options	Group activities	Specific tasks	Systematic procedures
ASKS	**ASKS**	**ASKS**	**ASKS**
What?	Who?	How?	Why?

For further information on using the DISC as a tool to improve communication, please see *Participant Resources.*

Outcomes and Data in Supervision– Trainer Guide

4:00 P.M.

Results Of Clinical Supervision

Participant Page 19

Explain: There are two results of Clinical Supervision and this meets our final objective:

1. Improving FCM skills as a reflective practitioner.
   - Utilizing case consultation for difficult cases ensures safety, permanency, well-being and sustainable case closure.
   - Outcomes quantified in QSR.
2. the "Shadow of Leadership."
   - Over the course of time, the personality of an organization takes on the personality of its leadership.
   - Effective leaders set the TONE:
     - Determine style of communication that takes place.
     - Determine level of professionalism at meetings and elsewhere.
     - Purposefully model desired values and behaviors.
     - Review perceptions of Positive Tone and Negative Tone on participant page.

Ask participants to think about the following questions:

- What are the positive aspects of tone that I currently role model (values, behaviors, attitudes, actions)?
- What are the less productive aspects of tone that I currently model?

Activity: Letter to Oneself

Participant Page

Give participants paper and an envelope.

Instruct them to write a letter to themselves. In that letter include:

- The changes I wish to see within my office or region relating to tone.
- The values, behaviors, and actions I will "add in" and role model through my shadow of leadership.
- The values, behaviors, and actions that I wish to be known for long after I've left my current position.

Tell participants:

- Address envelope to themselves.
- Place letter in envelope and seal.
- Return envelope to presenter to be returned in 6 months.
- Thank participants for cooperation.

Outcomes and Data in Supervision

Results of Clinical Supervision

Supervisor improves FCM's skills as a reflective practitioner.

- Case clinical supervision or staffing ensures safety, permanency, well-being of child(ren) and sustainable case closure.
- Results can be quantified in the Quality Service Review.

Shadow of a Leader

- Over the course of time, the personality of an organization takes on the personality of its leadership.
- Effective leaders set the TONE:
  - Determine style of communication that takes place.
  - Determine level of professionalism at meetings and elsewhere.
  - Purposefully model desired values and behaviors.
  - Perceptions of Negative Tone
    - I dread going to work every day.
    - I am just a number.
    - I just do what I am told.
    - Be careful of what you say.
  - Perceptions of Positive Tone
    - This is a fun place to work.
    - I feel important.
    - I am encouraged to give ideas.
    - Communications are authentic.

Letter to Oneself

What shadow of leadership do I hope to cast?

With the paper provided, please write a letter to yourself in which you address the following:

- The changes I wish to see within my office or region relating to tone.
- The values, behaviors, and actions I will "add in" and role model through my shadow of leadership.
- The values, behaviors, and actions that I wish to be known for long after I've left my current position.
