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In-Home and Out-of-Home

Supervisory Guide

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Clinical Supervision in the Implementation of the Practice Model

Over the past several years CFSA has embarked on the development of a Practice Model to describe the values and practice principles that guide the work of the agency. The accompanying Practice Model Operational Manual integrates the many initiatives of the agency into a cogent and clear flow that describes how families are served from case opening to case closure.

Core Tenets of our CFSA Model of Practice include:

- We understand effective child welfare practice and we apply a child-centered perspective to address issues of child safety and risk. This is reflected in every intervention, every plan, and every contact.
- We work collaboratively with families and youth as appropriate and other professionals using a strengths-based and solution-focused in a way that is family-focused and community-connected to support child safety, wellbeing and permanence.
- We practice cultural competent and responsive practice to see the strengths of the individual child. We work to create supportive environments that positively aid child development through appropriate placement within their families or within foster family alternatives.
- We understand how the continuous quality improvement of services promotes a child's physical, intellectual, social and emotional development.

Full implementation of this way of practicing will challenge every CFSA staff member to work to varying degrees, differently than they may have in the past. It requires new and evolved partnerships with birth families, foster families, kin and our community service partners. It requires thinking differently about the process of visitation, case planning and ongoing assessment. It requires strong teamwork between the various units of the agency, and a willingness to look at biases, and personal values that may get in the way of effectively serving families.

This Supervisory Guide is intended to serve as a "hands on" support for supervisors as you engage in clinical supervision with your staff. The ultimate goal of clinical supervision is to help social workers think critically and become subject matter experts in the field of child protective services. Strong clinical supervision promotes an environment where supervisors challenge social workers to think differently, to examine their decision-making, explore biases

and filters and develop their professional judgment.

Coaching is a tool that can be effective in clinical supervision. The purpose of coaching staff is threefold:

- ➔ ***Creating Awareness***
- ➔ ***Promoting Responsibility***
- ➔ ***Developing Critical Thinking***

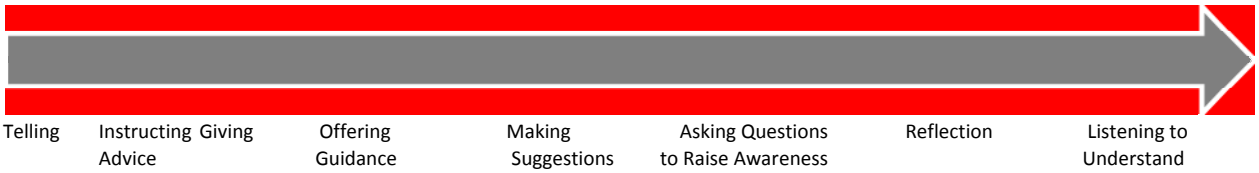
Creating Awareness

Coaching helps the worker understand what led to his/her decision making, conclusions and what biases may be impacting the work. It helps create self awareness, a level of self analysis and an understanding of how external stimulators (such as peers, community,) may be impacting decision making. By posting questions that ask the worker to critically think about their conclusions in a safe environment…it creates an understanding that can impact the specific case the worker is discussing as well as other cases.

Promoting Responsibility

Coaching helps move the worker from simply "doing what they are told" to actually owning the decisions and the work with the family. It creates a level of motivation within the worker to work effectively with the family—because they own the decisions. If a supervisor creates an environment where workers can come to conclusions on their own, it enhances their professionalism and in the long run helps them develop their professionalism in the field.

Below is a continuum depicting the range of directive-nondirective techniques.[1]



Developing Critical Thinking

Critical thinking is the intellectually disciplined process of analyzing and synthesizing information gathered from, or generated by, observation, experience, reflection, or communication, as a guide to making decisions and taking actions. .[2]

It is the role of supervisors to develop the critical thinking skills of staff. A well cultivated

[1] Developed by Marsha Salus, MSW.

[2] Michael Scriven & Richard Paul. (February 2005). National Council for Excellence in Critical Thinking Instructions.

critical thinker:

- Raises vital questions and problems, formulating them clearly and precisely;
- Gathers and assesses relevant information, using abstract ideas to interpret it effectively, comes to well-reasoned conclusions and solutions, testing them against relevant criteria and standards;
- Thinks open-mindedly within alternative systems of thought, recognizing and assessing, as need be, their assumptions, implications, and practical consequences; and
- Communicates effectively with others in figuring out solutions to complex problems.

When a social worker implements an approach to critical thinking and analysis the research teaches us the following occurs:

- There is an increase accuracy of decisions;
- They avoid cognitive biases;
- They recognize errors and mistakes as learning opportunities;
- They more accurately assess likelihood of attaining hoped-for outcomes;
- They make valuable contributions at case conferences;
- The develop effective plans; and
- They respect and have empathy for others

One of the most effective coaching strategies to advance awareness, promote responsibility and increasing critical thinking skills is asking smart, creative and focused questions to get the worker to think about the family in a different way. *NOTE: As workers become accustomed to responding to these questions during the supervisory process, they will most likely begin to use similar kinds of questions when engaging the family.*[3]

There are several types of questions used in the coaching process that are described below:[4]

1. Broad Questions
2. Probing Questions
3. Questions that ask that the worker look at the situation from a different perspective
4. Exception questions
5. Scaling Questions
6. Miracle Questions

1. Broad Questions --extremely broad open ended questions are used to get a discussion

[3] Salus Marsha, Coaching in Clinical Supervision. Compiled from the work of Marsha Salus throughout the country.

[4] *Stoltzfus, T. (2008) *Coaching Questions: A Coach's guide to Powerful Asking Skills.* Virginia Beach, VA: Tony Stolfus.

started. For example, "Tell me about the parents." This allows the worker to respond in many different ways. It allows the worker to tell you what is most significant. In addition, during your discussion you want to continue to ask open-ended questions. For example, "How would you describe their relationship with the child?" versus "What disciplinary techniques do the parents use?" Obviously, the first is broader because it allows for many more types of responses. The second question limits the answers to what was said and it may prevent the worker from telling you what is really important. Sample of broad questions include:

- Say more about that.
- Tell me more.
- And?
- What's behind that?
- You mentioned that … tell me more about that.

2. Probing Questions-- are used in case discussions to explore the worker's situations. Probing questions bring out information on the table and force the worker to really examine what is going on. Sometimes just the act of exploring and thinking things through in a structured way will bring the solution, without even looking at options. Probing questions are open ended questions. Another type of open ended questions is an indirect question. This is a question in the form of a statement. It usually begins with "Tell me about", "I'm curious about", "I'm wondering." Throughout this document are questions that the supervisor can use to support the clinical consultation process. Below are examples of general probing questions:

- What leads you to conclude that? What data do you have for that? What causes you to say that?
- What is the significance of that? How does this relate to your other concerns?
- How did you arrive at that view? Are you taking into account data that I have not considered?
- What else is important to this discussion?
- What feelings do you have about this?
- Give me a concrete example of that?
- What did you mean when you said ….?
- Give me some background; what led up to this situation?
- What do we know for a fact? What do we sense is true, but have no data for yet? What don't we know? What do we agree upon and what do we disagree on?

3. Questions that Examine the Situation from Different Perspectives-- Another important coaching skill is looking at a situation from different angles or perspectives. The following are the areas to explore to create awareness and responsibility.

The Past

- What led up to this?
- Give me some background; how did they get to this place?

- Tell me about some services/interventions the family has used in the past that have been helpful?
- When you have worked with other families who have overcome substance abuse, what made it possible?
- What has the family been doing to make it work?
- When they were following through on the plan, what did it look like?

The Future

- Where do you see this going?
- What do the parents think they need to address the problems in the family?

Patterns

- Have parents been in this place before? Describe what happened?
- Have there been times when the problem could have happened but it didn't?

Emotions

- How does the family feel about that/
- Describe the emotions this situation brings to the surface in the parents.

The Concrete

- Give me a specific example of that?
- What exactly did you say?
- Tell me exactly what happened?

The Heart of the Matter

- What are the real issues here?
- What makes this significant to you?
- Tell me about the last time you met with the family, how did it go? Who was there, what was said and then what happened?
- You say that almost every time you meet with the Mom she is angry. The last time you met with her and she was angry; can you describe how that contact/visit went from the beginning? And then what happened? How was that contact/visit like other visits? How was it different?
- You said the parents are resistant. What leads you to conclude that? What data do you have for that? What causes you to say that? Tell me what the parents said and did during your interview.
- How does he/she see the problems? How does he/she explain the problems? What is he/she willing to do and what will he/she not do? What resources are there to draw upon -- extended family, neighbors, church, friends?

4. Exception Finding Questions—are questions that help the worker to understand if there were times that the family was functioning well, and what was happening during that time. Examples of exception questions include:

- What do you think made it different that time?
- If you could repeat the time Mom was really listening to you, what would be happening?
- Tell me what the client says is different for at the times when he doesn't lose control?
- How does the client explain why the problem doesn't happen at those times?
- Tell me about a time when you thought it was going to be hard to get someone from the school to participate in the planning process and you were able to make it happen?
- So that was a time when you thought you wouldn't be able to find a resource for a family and you did. How did you make it happen?

5. Scaling Questions-- help the worker to assess family's current progress. Examples include:

- How viable do you think the current service plan is with one being it is unlikely that anything will be accomplished and ten being a slam-dunk that all of this is going to happen? What would have to happen to turn this plan into a seven?
- If ten is the most motivated to change and one would be totally resistant to change, where you say the parents are? Well, if you are seeing them as a five, what could you do together to get it to a six?
- You have said that one of your worst fears in working with the whole family together is managing conflict. If ten is connected to excellent skills at managing conflict and one is someone who ends the meeting when conflict begins, where would you rate yourself on a scale of one to ten? If you see yourself as a four, what would it take to get to five?

6. Miracle Questions- are focused on helping the worker to imagine things going differently (better) with the family. These are often helpful when a worker is stuck and has given up hope that the family can make the required changes in behavior to safely care for their children. Examples include:

- If you had a crystal ball and could see things going the way you want it to go, what would be happening?
- You have a magic wand and you can make any three things happen in your work with the family, what would you pick?

These six categories of questions can be used to support the implementation of each module of the practice model Operational Manual.

Exploring Family Engagement with the Social Worker

Family Engagement is a foundational tenet of the CFSA practice model. Increasingly research demonstrates that family engagement is directly linked to child safety, permanency and well being.

In clinical supervision, consider how the worker:

- Talks about the family during case consultation
- Represents the perspectives of the family
- Writes about the family in case notes and assessment documentation
- Practices Full Disclosure and Transparency
  - The worker helps the family understand safety threats or risks identified in the assessment process.
  - The worker helps the family understand the assessment and case planning process.
  - The worker helps the family understand the Concurrent Planning Process.
  - The worker clarifies agency expectations and discusses the client's expectations.

Social work requires entering the culture of another human being and trying to understand behavior in the context of this culture. Some workers do this very well…and others hold biases against certain races, ethnic groups or socio economic statuses. How are you exploring this in your individual sessions with workers?

Questions to pose:

- Tell me about the family.
- Give me some background; how did they get to this place?
- Tell me about your meeting with the family how did it go? Who was there, what was said and what happened?
- If the family was here right now what how would they describe their situation? What would they say they need to do to assure their child is safe?
- Tell me about the family's connections, resources, protective capacities, resiliencies.
- If the family was 100% successful in addressing the safety factors what would be different?
- If ten is the most motivated to change and one would be totally resistant to change, where you say the birth parents are? Well, if you are seeing them as a five, what would it take to get them to a six?
- How do you feel about the family and their situation?

Discussion of the Case Transfer Meeting

The role of the supervisor with regard to the transfer meeting is to ensure that there is communication of the safety threats identified in the safety assessment, how those safety threats are being controlled and managed, and a clear statement about what behavior needs to change to resolve the safety threats/high risk.

In discussing the transfer meeting with the worker:

- Ask the worker to describe the safety threats that caused children to be unsafe…"substance abuse" is not a safety threat—how it gets acted out in parenting (or lack thereof) is the safety threat.

- Ask the worker how the safety plan that was put in place is continuing to manage and control the identified safety threats? Explore who was involved in the safety planning process and how kin were engaged to assist in safety planning.

- What are of the behaviors or conditions of the caregiver's that have to change in order for the child to be safe or to minimize child risk?

- Use the chart (below) to help the worker "connect the dots" between the safety assessment, safety plan, functional assessment and case plan.

Safety Threats (how they are operationalized uniquely in the family)	Safety plan put in place to control and manage safety threats	Behavioral Description of what it looks like when the family has resolved the safety threat	Services/Interventions used to change behaviors that caused children to be unsafe. Intentional Visitation is included if children are placed.	Ongoing assessment—are the services working to change behavior and build supports for the family, so that children are safe when we are no longer involved?

Seeking to Understand the Workers Approach to the Comprehensive Family Functional Assessment

The Strengths and Needs (Family Functional Assessment) is not simply another assessment tool. The intent of this part of the process is to dig deeper in the family's history, trauma and experiences to understand the underlying cause of behavior that resulted in children being unsafe or at high risk of future maltreatment.

Supervisors need to ensure that the workers really understand the intent of the functional assessment.

Questions to pose include:

- What does the caregiver/child/family believe is causing or contributing to the behaviors that caused their children to be unsafe?
- How does what we know about family functioning in each domain area help us understand the causal nature of the behavior?

Kinship Supports

- Tell me about the family's support system. Who do they turn to for emotional support or assistance?
- Who do they consider family/kin?
- Is the family close to anyone in their church or community?

Housing/Food Basic Needs

- How does the family meet its financial needs?
- What are ways that you have explored how safe the parents feel in their neighborhood?

Family Medical Issues

- Tell me about the physical health of the parents and children.
- Has the birth parent's mental health ever held them back from getting a job or taking care of their children? How did you explore this issue with the birth parent?

Birth Parent's Mental Health

- Tell me about the birth parent's mental health?
- What does the birth parent do when they are having a hard day?
- In what ways (if any) does the birth parent's mental health issues impair their parenting decisions and the ability to meet their child/s needs?

Birth Parent Substance Abuse

- You mentioned the caregivers' use of substances. Tell me more about that.
- How does it impact the functioning of the caregiver?
- Is the birth parent aware of how their substance use affects their care of their children?

Family Violence

- What is your sense of how family members get along?
- If the worker indicates that the parent disclosed domestic violence you may ask, when was the last incident? How often do the incidents occur?
- Have the incidents increased in severity and frequency?
- Tell me about the whereabouts and involvement of the children?

Day to Day Parenting Skills

- Tell me about the birth parents relationship with their children. How do the birth parents view/describe their children?
- What do you believe the parent expects of their children?
- Tell me about their disciplinary practices.
- On a scale of 1-10, where would the child's parent place themselves at in comparison with where would he/she would like to be as a parent?
- Who raised the birth parent? How were they disciplined as children? What are ways that you explored with the birth parents how their childhood experiences are impacting how they parent their children?
- What are some things the birth parent would like to do that are the same as his/her parents, what are some things that he/she would like to do differently?

Exploration of How the Behaviorally Based Case Plan Links to Safety Threats and Underlying Causes of Behavior

One of the most significant changes that CFSA has undertaken in the implementation of the model of practice is to move from compliance based case planning to behaviorally focused case planning. It is no longer sufficient that families complete a list of tasks….they need to demonstrate changed parenting behavior.

In supervision it is critical that:

- The worker can make an explicit link between the behaviors that need to change and the services they want to provide to the family.

- The worker has made specific and targeted referrals to the provider, ensuring that the provider understands the focus of the intervention (to change behavior that resulted in children being unsafe) and the kinds of reports (verbal and written) that the worker needs from the provider.

- The worker fully engages the family in the case planning process and that the family knows what the new parenting behavior must look like.

Questions to pose during clinical supervision might include:

- Tell me about the behaviors or conditions that need to change to reduce the risk or assure safety. If they miss something, What about….
- If the behavioral description of what needs to change is stated in negative terms, what will be different in the caregiver's behavior if they stop, refrain from…?
- If the behavioral description of what needs to change is stated in general terms, how will we know that there is enhanced family functioning? Or what will the first thing the family will say is different in their family?
- If the behavioral description of what needs to change indicates a service, what will be different in their behavior when they finish the service? Or what behavior change are we hoping to accomplish by providing this service?
- If the family was here right now what would they say would be most helpful to them in changing?
- Tell me about the family's culture. What resources in the community would be most beneficial given the family's culture?

Referrals

- In reviewing the referral for service the supervisor may ask: What does the service provider need to know to assure the most targeted service?

- What specifically do we need to know from the service provider to help us make decisions regarding safety, risk, permanence, and well being? How often do we need contact/reports from service providers? What form of reports will be most helpful?
- Are the interventions specifically focused on changing behaviors or conditions that caused children to be unsafe or at risk of future maltreatment?

Understanding the Worker's Placement Practices

When children are in out of home care they have been traumatized. It is imperative that during clinical supervision the supervisor engages the worker in discussions about how the safety and well being of the child in care, whether or not the child could be returned home under an in home safety plan, and the worker's thinking regarding permanency.

Some of the questions that the supervisor might pose during clinical supervision include:

- If a child is placed in out of home care, what have we learned that could allow us to construct an in-home safety plan?
- When was the first meeting between the birth family and the foster parent/kinship caregiver held? What happened during the meeting?
- What are specific ways that you have helped the foster parent/kinship caregiver and the birth family develop an ongoing relationship? If they haven't yet…you might ask "can you talk about what you think the barriers are to the birth parent and foster parent/kinship caregiver developing a parenting partnership?"
- What are the strategies that you are taking to integrate the resource family or group care provider into the teaming process?
- What steps has the foster parent/kinship caregiver taken to support the birth family in learning how to safely care for their children?

About the child in care:

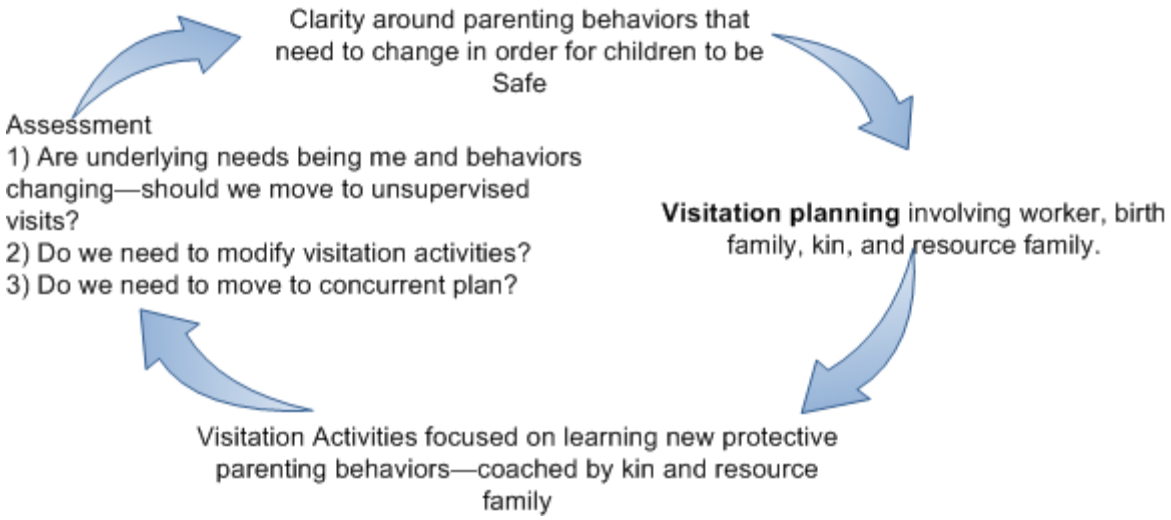
- In your conversations with the child what is he/she saying about school?
- What is your sense of how the child is managing his/her emotional losses?
- If there are siblings that were not placed together, can you discuss your approach to keeping them connected to one another?
- How are the services that have been put in place for the child helping to address/meet the child's needs that you have assessed?

Exploring How the Worker Approaches Intentional Visitation

Moving from visitation practices that predominantly occur in the office setting, where children and their families basically spend undirected time together, to visits that occur in the community (preferably in settings that are as home like as possible) and are focused in helping parents develop skills to safely care for their children is another significant shift that the model of practice represents.

Some of the questions that supervisors might pose to workers include:

- The planning for the visitation process is as critical as the actual visitation process itself. How did you plan for the visit? Who was involved?
- Does the family understand how the visits are connected to behavioral change? How do you know?
- Does the case aide (or whomever is supervising the visit, understand the purpose?) How are you helping the case aide (or whomever is supporting the visits) understand the behavior that needs to be developed?
- Tell me about the activities planned for the visit.
- Are the activities planned for the visitation obviously linked to addressing the change in behaviors or conditions that caused children to be unsafe or at risk of future harm?
    - For example are parenting behaviors such cooking meals, putting the child to bed at night, feeding the child, disciplining the child and other parenting behaviors being practiced in the visitation?
- What other activities may be helpful?
- What else do the birth parents think they could do or what they need to help them learn the skills to safely parent their children?
- Where are the visits taking place? What's the rationale for the location? Where else could we locate the visit to allow for privacy and natural interaction?
- Has the worker encouraged birth family-resource family relationship?



Developing Workers Practice in Ongoing Assessment and Case Closure Decisions

Every time the worker meets with the family, one of the tasks is to assess whether or not the services are in fact helping to change behaviors. If they are not, it may be that they are simply not the right services—and need to be changed.

Some of the questions to pose include:

- What will we see, hear, experience which will tell us that behavior change is occurring?
- Tell me what you've observed in the caregiver's and child's behavior, the interaction in the family, the and the home environment during your visits that demonstrates progress toward risk reduction, elimination of safety threats, and development of protective capacities?
- What specifically has changed in the family that tells us that safety can be managed by a combination of family protective factors and less restrictive agency safety interventions?
- What specifically has changed in the family which tells us that the threats to safety and the relevant risk factors can be managed by the family without additional protective factors offered by the agency?
- What do the birth parents say has changed?
- What do community providers report has changed in the individual/family that will help assure safety?
- What do the community providers report still needs to change to assure child safety?
- Are the services provided meeting the needs of family? Do they need to change in frequency or duration?

Workers must develop a Mindset of "Continuous or Ongoing Assessment"—evaluating the

family's progress in changing behaviors that caused children to be unsafe need to be part of the ongoing assessment of progress. The purpose of ongoing assessment is not to evaluate the compliance of the family but to evaluate the efficacy of the interventions in changing behaviors or conditions that caused children to be unsafe. This also helps a worker determine if it is time to initiate Concurrent Planning activities.

Case Plan review should occur whenever:

- Families make progress in changing behaviors or conditions that caused children to be unsafe
- When families face setbacks
- Parent's stage of readiness to change evolves or deteriorates
- New information is received (e.g., parent reveals history of abuse)
- Family circumstances change (e.g., parent moves in or out of household)
- Any time any member of the team requests it.