Child Welfare Education and Training Partnership

Supervisor Core
Module I
Orientation

Indiana Department of Child Services

Participant Manual
Acknowledgments

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In addition, we would like to express our appreciation to the work group for their time and dedication to completing this project:

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DiSC ® information came from:
The 8 Dimensions of Leadership: DiSC Strategies for Becoming a Better leader by Jeffrey Sugerman, Mark Scullard and Emma Wilhelm
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<td>Clinical Supervision Checklist</td>
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</table>
## Getting Started

<table>
<thead>
<tr>
<th>Welcome &amp; Introductions</th>
<th>Welcome to Supervisor Core: Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building Layout</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Parking Lot</strong></td>
<td>Throughout the training, this is where we will record questions that will be answered by the end of training or referred to a subject matter expert. The answers may then be provided later in email format.</td>
</tr>
<tr>
<td><strong>Ground Rules and Non-negotiables</strong></td>
<td></td>
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</tbody>
</table>
Course Information

Supervisor Core Orientation is the first module in the Supervisor Core training series. It will introduce the primary tools of DISC, Clinical Supervision, and leadership styles that new supervisors will use to achieve the overall objectives of the Supervisor Core Series.

The Supervisor Core Series will prepare new supervisors to practice continuous clinical supervision in order to:
- develop and implement effective leadership that integrates the Mission, Vision and Values of DCS
- create an environment that supports increased retention, positive morale, and a learning culture, and
- utilize data to advance safety, permanency and well-being for children, youth, and families

After training, participants will be able to:
1. Communicate the DCS mission, vision, and philosophy.
2. Continue the transition from peer to supervisor.
3. Reflect on their own strengths and needs in conjunction with supervisee’s strengths and needs.
4. Understand the significance of culture and diversity and how it impacts supervisors and their staff.
5. Understand the DISC Assessment tool and the implications for how their profile impacts his/her ability to lead others.
6. Identify a variety of leadership styles and how to apply them appropriately depending on the needs and goals of the situation.
7. Define Clinical Supervision and how it aligns to the Indiana Practice Model.

Reflective Practice Survey CAT Competencies:
1. Identify the goal and purpose of the Reflective Practice Survey.
2. Review the process for completing a Reflective Practice Survey.
3. Practice the scoring element of the Reflective Practice Survey.
Indiana Practice Model

Indiana’s Practice Model is based on the DCS Vision, Mission and Values. Core Practice Values and Principles guide staff on interacting with children, families, the community and each other. DCS will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. DCS staff uses the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

Vision and Mission

Vision: Children thrive in safe, caring, and supportive families and communities.

Mission: The Indiana Department of Child Services (DCS) protects children from abuse and neglect and works to ensure their financial support.

DCS Practice Model Pyramid

DCS Values

We believe:

- Every child has the right to be free from abuse and neglect.
- Every child has the right to appropriate care and a permanent home.
- Children and older youth have the right to permanence and stability.
- Children and their families have the right to appropriate care.
- Parents have the primary responsibility for the care and safety of their children.
- Every person has value, worth, and dignity.
- Rev. 07/21/2014

Every person

DCS Practice Model

Participan Manual - Supervisor Core Orientation

02/24/2017

03/24/2017
Transition to Supervisor

Acknowledge Your Role

- Setting the tone
- Modelling expected behaviors
- Practicing the parallel process

Get Out of the Loop

- Social considerations
- Establishing relationships with other supervisors
Transition to Supervisor (continued)

Set Boundaries

- Professionalism
- Treating staff fairly and respectfully

Listen

- Engagement skills (e.g. active listening)
- Trust-based relationships
Sources of Anxiety in Supervisors

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

Professional 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?
- Are other supervisors doing a much better job than I am?
- How do I reconcile my former more personal work relationship with staff to my current supervisory work relationship?

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 has been years since I was a frontline worker in the field.

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? Who will remind me to practice self-care or take time off from work to restore myself?
- What does the team think about me?
Self-Awareness

Four Stages of Competence

Level 1 Unconscious Incompetence

- The individual does not understand or know how to do something and does not necessarily recognize the deficit.
- They may deny the usefulness of the skill.
- The individual must recognize their own incompetence, and the value of the new skill, before moving on to the next stage.
- The length of time an individual spends in this stage depends on the strength of the stimulus to learn.

Level 2 Conscious Incompetence

- Though the individual does not understand or know how to do something, he or she does recognize the deficit, as well as the value of a new skill in addressing the deficit.
- The making of mistakes can be integral to the learning process at this stage.

Level 3 Conscious Competence

- The individual understands or knows how to do something. However, demonstrating the skill or knowledge requires concentration.
- It may be broken down into steps, and there is heavy conscious involvement in executing the new skill.

Level 4 Unconscious Competence

- The individual has had so much practice with a skill that it has become “second nature” and can be performed easily.
- As a result, the skill can be performed while executing another task.
- The individual may be able to teach it to others, depending upon how and when it was learned.

http://drillscience.com/DPS/competence4stages.pdf
Self-Awareness (continued)

<table>
<thead>
<tr>
<th>Values</th>
<th>Choose 10 values that best describe your strengths as a DCS employee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Achievement</td>
<td>☐ Intuition</td>
</tr>
<tr>
<td>☐ Appreciation</td>
<td>☐ Kindness</td>
</tr>
<tr>
<td>☐ Compassion</td>
<td>☐ Knowledge</td>
</tr>
<tr>
<td>☐ Collaboration</td>
<td>☐ Loyalty</td>
</tr>
<tr>
<td>☐ Competence</td>
<td>☐ Openness</td>
</tr>
<tr>
<td>☐ Creativity</td>
<td>☐ Optimism</td>
</tr>
<tr>
<td>☐ Decisiveness</td>
<td>☐ Popularity</td>
</tr>
<tr>
<td>☐ Determination</td>
<td>☐ Privacy</td>
</tr>
<tr>
<td>☐ Dignity</td>
<td>☐ Professionalism</td>
</tr>
<tr>
<td>☐ Dependability</td>
<td>☐ Quality</td>
</tr>
<tr>
<td>☐ Efficiency</td>
<td>☐ Respect</td>
</tr>
<tr>
<td>☐ Empathy</td>
<td>☐ Responsiveness</td>
</tr>
<tr>
<td>☐ Excellence</td>
<td>☐ Service</td>
</tr>
<tr>
<td>☐ Fairness</td>
<td>☐ Social Justice</td>
</tr>
<tr>
<td>☐ Focus</td>
<td>☐ Structure</td>
</tr>
<tr>
<td>☐ Friendships</td>
<td>☐ Success</td>
</tr>
<tr>
<td>☐ Fun</td>
<td>☐ Trustworthiness</td>
</tr>
<tr>
<td>☐ Genuineness</td>
<td>☐ Truth</td>
</tr>
<tr>
<td>☐ Honesty</td>
<td>☐ Versatility</td>
</tr>
<tr>
<td>☐ Humor</td>
<td>☐ Wisdom</td>
</tr>
<tr>
<td>☐ Independence</td>
<td>☐ Worth</td>
</tr>
<tr>
<td>☐ Integrity</td>
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</tbody>
</table>

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Self-Awareness (continued)

DCS Core Values

- Respect
- Genuineness
- Empathy
- Professionalism

What Employees Want from their Supervisors

1. Honesty
2. Fairness
3. Trust
4. Respect
5. Dependability
6. Collaboration
7. Genuineness
8. Appreciation
9. Responsiveness

What People Want, by Terry Bacon

Critical Reflection

Reflect on your own strengths and needs as a Supervisor, how does that relate to the strengths and needs of your staff?
Culture

**Definition**

- the beliefs, customs, arts, etc., of a particular society, group, place, or time
- a particular society that has its own beliefs, ways of life, art, etc.
- a way of thinking, behaving, or working that exists in a place or organization (such as a business)

**Culture and Supervision**

How do you define your own culture?

What are the different cultures represented in the agency?

How is your supervision affected by culture?

How do you, as a supervisor, influence the culture of your team?
The DISC is based on a theoretical model developed by Dr. William Moulton Marston in 1928. He wrote about the model in his book, *Emotions of Normal People*.

There are 4 basic behavioral styles:
- **D** – Driver
- **I** – Influencer
- **S** – Supporter
- **C** – Calculator

The DISC dimensions of behavior (**Driver, Influencer, Supporter**, and **Calculator**) make up the DISC model and interact with other factors to describe human behavior.

DISC is a model of human behavior that helps people understand “why they do what they do.”

Learned behavioral styles are a broad topic that take into account each person’s attitudes, behavioral patterns, emotional responses, and social roles.

Behavior styles affect each person’s actions, the words he/she uses, his/her relationships and how he/she functions in the work environment.

Because it is behaviorally based, it is important that it should not be used to stereotype people or make generalizations. Rather it should be used as a tool for self-awareness and professional development.

Understanding that staff have a propensity for distinctive behavioral styles is important when looking at how people work together and how best to approach staff when offering supervisory assistance.

The characteristics that you will learn about through this training are listed as generalities. It is important to note that all people function 75% of the time from all 4 profiles. That people learn how to behave and the behavior profile that you assess as today is one that you go to when you are in situations that are high demand, stressful, and require you to make decisions and communicate as a leader in times of crisis.
## DISC (continued)

<table>
<thead>
<tr>
<th>DRIVER (Controller)</th>
<th>INFLUENCER (Expressive Persuader)</th>
<th>SUPPORTER (Amiable Organizer)</th>
<th>CALCULATOR (Analytical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Oriented</td>
<td>Verbal</td>
<td>Patient</td>
<td>Diplomatic</td>
</tr>
<tr>
<td>Decisive</td>
<td>Motivating</td>
<td>Loyal</td>
<td>Accurate</td>
</tr>
<tr>
<td>Problem Solver</td>
<td>Enthusiastic</td>
<td>Sympathetic</td>
<td>Conscientious</td>
</tr>
<tr>
<td>Direct</td>
<td>Outgoing</td>
<td>Team Person</td>
<td>Fact Finder</td>
</tr>
<tr>
<td>Assertive</td>
<td>Convincing</td>
<td>Easy Going</td>
<td>Systematic</td>
</tr>
<tr>
<td>Demanding</td>
<td>Emotional</td>
<td>Deliberates About Things</td>
<td>Logical</td>
</tr>
<tr>
<td>Risk Taker</td>
<td>Impulsive</td>
<td>Gentle</td>
<td>Conventional</td>
</tr>
<tr>
<td>Forceful</td>
<td>Generous</td>
<td>Questioning</td>
<td>Analytical</td>
</tr>
<tr>
<td>Adventurous</td>
<td>Influential</td>
<td>Supportive</td>
<td>Sensitive</td>
</tr>
<tr>
<td>Competitive</td>
<td>Humorous</td>
<td>Stabilizer</td>
<td>Emotionally Controlled</td>
</tr>
<tr>
<td>Self-reliant</td>
<td>Socially Confident</td>
<td>Considerate</td>
<td>Orderly</td>
</tr>
<tr>
<td>Independent</td>
<td>Inspiring</td>
<td>Empathetic</td>
<td>Precise</td>
</tr>
<tr>
<td>Determined</td>
<td>Dramatic</td>
<td>Persevering</td>
<td>Self-Disciplined</td>
</tr>
<tr>
<td>Agitator</td>
<td>Optimistic</td>
<td>Trusting</td>
<td>Deliberate</td>
</tr>
<tr>
<td>Results Oriented</td>
<td>Animated</td>
<td>Congenial</td>
<td>Cautious Decision Maker</td>
</tr>
</tbody>
</table>

### LIKES

<table>
<thead>
<tr>
<th>LIKES</th>
<th>LIKES</th>
<th>LIKES</th>
<th>LIKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenges</td>
<td>Recognition of Accomplishments</td>
<td>Harmony</td>
<td>High Standards</td>
</tr>
<tr>
<td>Authority</td>
<td>Freedom From Details</td>
<td>Security</td>
<td>Details</td>
</tr>
<tr>
<td>Power</td>
<td>To Be With People</td>
<td>Appreciation</td>
<td>Perfection</td>
</tr>
<tr>
<td>Freedom From Controls</td>
<td>To Make a Good Impression</td>
<td>To Provide Service</td>
<td>Quality Control</td>
</tr>
<tr>
<td>Options</td>
<td>Group Activities</td>
<td>Specific Tasks</td>
<td>Systematic Procedures</td>
</tr>
</tbody>
</table>

### ASKS

<table>
<thead>
<tr>
<th>ASKS</th>
<th>ASKS</th>
<th>ASKS</th>
<th>ASKS</th>
</tr>
</thead>
</table>
1. Based on your DISC Profile, what are two important strengths that you bring to your work team/office? List ways that you can use those strengths.

2. Based on your Profile, what are your greatest challenges as a leader that would inhibit your ability to achieve results or work with other people?

3. Based on the DISC, what is an area of development that you could work on?
### DISC (continued)

<table>
<thead>
<tr>
<th>DISC Presentation</th>
<th><strong>Driver Boss</strong></th>
<th><strong>Influencer Boss</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What would it take to immediately grab the boss’s attention?</td>
<td>What would it take to immediately grab the boss’s attention?</td>
</tr>
<tr>
<td></td>
<td>How long would the presentation be?</td>
<td>How long would the presentation be?</td>
</tr>
<tr>
<td></td>
<td>How detailed would it be?</td>
<td>How detailed would it be?</td>
</tr>
<tr>
<td></td>
<td>How would you get your boss enthused about the idea?</td>
<td>How would you get your boss enthused about the idea?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Supporter Boss</strong></th>
<th><strong>Calculator Boss</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What would it take to immediately grab the boss’s attention?</td>
<td>What would it take to immediately grab the boss’s attention?</td>
</tr>
<tr>
<td></td>
<td>How long would the presentation be?</td>
<td>How long would the presentation be?</td>
</tr>
<tr>
<td></td>
<td>How detailed would it be?</td>
<td>How detailed would it be?</td>
</tr>
<tr>
<td></td>
<td>How would you get your boss enthused about the idea?</td>
<td>How would you get your boss enthused about the idea?</td>
</tr>
</tbody>
</table>
Leadership

Leadership (continued)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Pioneering</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adventurous, dynamic and charismatic</td>
</tr>
<tr>
<td></td>
<td>Optimistic and percussive style inspires others to join their efforts</td>
</tr>
<tr>
<td></td>
<td>May be impulsive and not consider how decisions affect others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Energizing</th>
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</thead>
<tbody>
<tr>
<td>Spontaneous, outgoing and encouraging</td>
</tr>
<tr>
<td>Collaborative</td>
</tr>
<tr>
<td>They may not focus on specifics and fail to follow-through</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affirming</th>
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</thead>
<tbody>
<tr>
<td>Friendly, approachable and positive</td>
</tr>
<tr>
<td>Acknowledge contributions and breed loyalty among staff</td>
</tr>
<tr>
<td>May fail to deliver tough feedback</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inclusive</th>
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</thead>
<tbody>
<tr>
<td>Diplomatic, accepting and patient</td>
</tr>
<tr>
<td>Works at a methodical pace</td>
</tr>
<tr>
<td>Wary of rapid change and can overestimate other’s abilities</td>
</tr>
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<table>
<thead>
<tr>
<th>Humble</th>
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</thead>
<tbody>
<tr>
<td>Soft-spoken, modest and precise</td>
</tr>
<tr>
<td>Fair-minded and practical</td>
</tr>
<tr>
<td>May be cautious and hinder spontaneity and creativity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deliberate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic, cautious and analytical</td>
</tr>
<tr>
<td>Want to be seen as an expert</td>
</tr>
<tr>
<td>May become defensive if challenged on their ideas or methods</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resolute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging, determined and rational</td>
</tr>
<tr>
<td>Set high standards for themselves and others</td>
</tr>
<tr>
<td>May lose their patience with things that stand in their way</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitive, driven and assertive</td>
</tr>
<tr>
<td>Often looked to for leadership</td>
</tr>
<tr>
<td>May show little regard for other people’s needs and feelings</td>
</tr>
</tbody>
</table>

Leadership (continued)

Activity: Leadership Scenarios

Answer the following questions for the assigned scenario:

1. What needs to be done?

2. Does your initial response to the scenario align to your DISC leadership style, or not? Explain.
Leadership (continued)

<table>
<thead>
<tr>
<th>Multi-Dimensional Leadership</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>What is your current leadership style?</td>
<td></td>
</tr>
<tr>
<td>What styles would you like to develop?</td>
<td></td>
</tr>
<tr>
<td>☐ Pioneering:</td>
<td></td>
</tr>
<tr>
<td>☐ Energizing:</td>
<td></td>
</tr>
<tr>
<td>☐ Affirming:</td>
<td></td>
</tr>
<tr>
<td>☐ Inclusive:</td>
<td></td>
</tr>
<tr>
<td>☐ Humble:</td>
<td></td>
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<tr>
<td>☐ Deliberate:</td>
<td></td>
</tr>
<tr>
<td>☐ Resolute:</td>
<td></td>
</tr>
<tr>
<td>☐ Commanding:</td>
<td></td>
</tr>
</tbody>
</table>
Leadership (continued)

Vision Statement

Create a vision statement that includes your strengths, how you will apply those strengths to leading the team, and how these strengths will impact your team.
Clinical Supervision

Definition
A process where one individual with specific knowledge, expertise or skill provides support while overseeing and facilitating the learning of another individual with a focus on the practice that directly impacts outcomes for families.

Using the DCS Practice Skills in Supervision

Engaging

Teaming

Assessing

Intervening

Planning

Notes
Clinical Supervision (continued)

**Clinical Supervision Competencies**

**Leadership**
- Demonstrate the central importance of integrating outcomes of safety, permanency, and well-being throughout the life of the case.
- Act as an advocate, change agent and leader in building and sustaining a culture of permanence.
- Recognize and challenge traditional practices that impede, delay or deny permanency.

**Communication and Staff Relationship Building**
- Establish practice expectations, coach, monitor and provide feedback to supervisees in applying core permanency outcomes to casework tasks and activities.

**Team Building/Team Orientation**
- Assist supervisees in developing self-awareness of their own values, biases, grief, loss and anxiety to avoid creating barriers to permanency progress.
- Incorporate analysis of child, parent, family and environment that includes protective factors, strengths, complicating factors and challenges to achieving permanence.

**Staff Development**
- Evaluate performance of supervisees, holding them accountable for demonstrating and implementing core competencies within the practice model.
- Employ Supervisory tools to advance permanency progress for each child/youth.
- Teach supervisees to integrate direct practice tools into casework including how, when and why.

**Data and Outcomes**
- Promote critical thinking and accountability for strategic decisions that remove barriers and advance progress towards safe sustainable case closure, as well as timely legal permanency outcomes.
Structured supervision promotes an enhanced role for the child welfare supervisor to provide routine, proactive and highly structured oversight of casework practice and management. The supervisor guides staff through a systematic, frequent, clinical review of all case information with safety, stability, permanency, and well-being as the driving forces for case activities. Resource requirements and workload demands are considered important factors.

1. **Assessing:**
   - Constructing and understanding the Family Network Diagram, which is a combination of the family’s genogram and ecomap, to provide a visual, multi-generational representation of family relationships and patterns of behavior to engage the family and to visually summarize child safety, permanency, and well-being in the context of the child’s family and their environment.
   - Preparing and reviewing the safety assessment/safety decision/safety plan.
   - Evaluating risk assessment cluster factors such as:
     - The type and degree of maltreatment of children through time.
     - Child characteristics.
     - Adult caregiver characteristics, including victimization of other children, psychological impairment, domestic violence, mental illness, substance use, assaultive behavior, abuse/neglect as a child, or delinquency as a child.
   - Assessing the family’s social supports, using the family ecomap, which is a pictorial representation of a family’s connection to other systems or individuals in their environment that illustrates the strength, impact, and quality of the connections. The family ecomap engages the family and others by visually summarizing the family’s capacity to access, use, and benefit from resources in their environment.
Clinical Supervision (continued)

Components of Structured Individual Case Staffing (continued)

2. Planning:
   - Classifying family needs. Supervisors and case managers examine the capacities of families, including:
     o Caregiver conditions and management of conditions through time.
     o The family’s connectedness with others to categorize prognosis for change, identifying families for alternative and concurrent planning, estimating the intensity and duration of resources they need.
   - Families are classified as having transient needs, emergent needs, limited situational needs, or multiple needs.

3. Intervening:
   - Case activity and time frames.
   - Supervisory review dates.
   - Projected permanency and closure.
   - Identifying the service effort necessary to reduce risk. The supervisor and case manager determine the amount of direct and indirect time that will be needed to achieve the permanency goal.
### Staffing Tool

#### Safety
Children are, first and foremost, free from child abuse and neglect.
- In home
- In placement
- Post-reunification
- In the community

#### Stability
Children deserve predictable and continuous connections with people, places and things that contribute to their development and identity.
- School
- Friendships
- Community
- 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.
- Physical
- Emotional
- Educational
- Vocational

#### Permanency
Children need to know where they will grow up and have lifelong connections to provide a sense of belonging.
- A forever family.
- 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.
- 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.
- Does it define permanency goals?
- Does it define things that must change in the family's situation?
- Does it define outcomes that must be achieved for successful case closure?
Clinical Supervision (continued)

Group Staffing

- A process by which individual cases are presented by unit members, facilitated by the supervisor or an experienced unit member, with the overall goal of enhancing the professional skill level of the entire unit.
- Allows for the deepening of the worker’s understanding of the dynamics of the specific case through comments by other unit members and the strategic injection of professional issues by the facilitator.
- Other unit members also benefit by relating the discussion to their own cases that may have similar aspects.
- Should be a regularly scheduled event.
- Should be mandatory.
- Should last between 60 and 90 minutes.
- Usually only one case is presented at each session.

Preparing for the Group Staffing

- The supervisor should guide the case selection process.
- Identify the case, then meet with the case manager to share some of the issues that you hope come out in the discussion.
- Review the presentation format to ensure the case manager is familiar with the content for each element. (genogram, ecomap, family map, etc.)
- Assure a safe environment for the case manager that will be a conducive learning experience for everyone.
- Have a backup presentation available in the event that the case manager is sick, called to court, etc.
- Each case manager should take a turn at presenting a case to ensure that this is a development opportunity for everyone.
- Protect confidentiality for the child, family and case manager.
Clinical Supervision (continued)

1. Discuss the players
   - This section presents the family, relatives, alternative caregivers, and other important players in the case. We strongly encourage the presenter to construct an ecomap, genogram, or family map of the family prior to the conference. If possible, a copy should be given to conference participants for their reference. Having a genogram helps make sense of the family and reduces the inevitable questions such as: “Who is Jake living with?” or, “Who is Madison’s mother?”
   - The presenter, beginning with the parents, introduces each member of the family and points out their relationship. In some cases, it may be important to know the foster parent’s name, attorneys, or therapists. All of these individuals can be added to the ecomap.

2. Describe the incident
   - This history section, described by the presenter, explains the original allegations. The presenter briefly explains why the case came into the system and when.
   - It should provide answers to the following questions:
     - What are the precipitating factors that brought the case into the system? What is the underlying theme?
     - How does the family view the presenting incident?
     - What is the likelihood of repeat behavior?

3. Review risk and protective factors
   - From the last assessment and issues identified in the risk assessment, 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? What has worked well for this family in the past? How can it be applied here?
4. Review prior interventions

- If there have been prior interventions in this family, which have been successful? These may be interventions that can be employed again. What hasn’t worked? Rather than attempting the same intervention that has failed numerous times before, we may need to consider new ways to address risk issues.

5. Discuss how to reduce future risk

- **Agency-centered case plans** are designed by the agency with little regard to what the client wants or is able to accomplish. These plans are often unrealizable but look good because they identify all the issues the client probably should address (drug treatment, drug counseling, drug testing, anger management, domestic violence, child development, parenting, marriage counseling, etc.). The multitude of tasks may be overwhelming and impossible for the client to achieve. The agency may have covered itself, but it may also set the client up for failure. The plan is to reduce risk to an acceptable level, not eliminate all levels of risk. Our goal is not to make families perfect, but to assure that the outcomes for this family are achieved.

- **Family-centered case plans** include the tasks and activities that the client is willing to do to resolve the issues that brought the family into the system. Even if accomplished in stages, these must address the issues necessary to protect the children and reduce risk. The client must be a participant in recognizing the need areas, identifying family strengths, and agreeing on action to be taken.
Clinical Supervision (continued)

Discuss how to reduce future risk (continued)

- **Cooperation** is the degree to which the client commits to achieving case plan goals. Cooperation is not how “nice” the client is. A client’s anger or frustration towards the agency, the court, the possibility their children will not be returned home, or that they will continue to be involuntarily involved in the child welfare system is normal. Clients may be motivated to participate in the plan to meet their goal solely in an attempt to get the agency out of their lives. Clients may also be depressed or feel hopeless about the situation. They need assurance that the case manager and members attending their CFTM are also interested in a successful resolution.

6. **Discuss a focus for input from the team**

- Where does staff want to focus in bringing this case to the group? This is not to answer the question, “What should I recommend to court,” but rather, “I’m having a hard time involving the client,” or, “I don’t really see a positive outcome,” or, “Working with this client makes me defensive, angry, scared, confused, etc.” The case manager may bring the case to the conference because they feel stuck or unsatisfied with how they are engaging the client. This is the opportunity for professional growth and shared decision making. Recommendations to the court will be discussed in the individual group staffing.
Critical Thinking

- Means gathering data from multiple sources, analyzing it, and then synthesizing evidence to support a decision.
- Requires an ability to be open to differing points of view, understanding causation, and realizing how one’s own biases may influence the situation.

A Critical Thinker...

- Uses information skillfully and impartially.
- Organizes thoughts and articulates them concisely and coherently.
- Suspends judgment in the absence of sufficient evidence to support a decision.
- Attempts to anticipate the probable consequences of alternate actions before choosing among them.
- Has a sense of the value and cost of information, knows how to seek information, and does so when it makes sense.
- Applies problem-solving techniques appropriately in domains other than those in which they were learned.
- Listens carefully to other people’s ideas.
- Recognizes that most real-world problems have more than one possible solution and that those solutions may differ in numerous respects and may be difficult to compare in terms of a single figure of merit.
- Looks for unusual approaches to complex problems.
- Can respect differing viewpoints without distortion, exaggeration, or characterization.
- Is aware of the fact that one’s understanding is always limited.
- Recognizes the fallibility of one’s own opinions, the probability of bias in those opinions, and the danger of differentially weighting evidence according to personal preferences.
- Can strip a verbal argument of irrelevancies and phrase it in terms of its essentials.
- Understands the differences among conclusions, assumptions and hypotheses.
- Habitually questions one’s own view and attempts to understand both the assumptions that are critical to those views and implications of the views.

http://www.practicenotes.org/v15n3/critical.htm
Clinical Supervision (continued)

Activity: Utilizing the Case Staffing Tool

1. Identify gaps in information
2. Brainstorm possible outcomes
3. Develop an action plan

Measuring Case Staffing Success

1. Did my work with the FCM deepen the assessment of the family (or the employee)?
2. Did my work with the FCM reveal something new or undiscovered?
3. Did we establish next steps, talk about fears, conflicts, barriers, measurements, etc.?
4. Did we create a plan around how to move forward that the FCM/Family agreed to?
5. Did I model the behavior that I expect from my staff?
Clinical Supervision (continued)

Activity: Staff Development

Driver

Influencer

Supporter

Calculator

Measuring Staff Development Success

- Staff stating they feel supported and have care plans that are being utilized.
- Staff knowing what they need to improve and what steps they need to take to do it.
- Children that are safe and permanency is achieved quickly.
- Workers that model the values because their supervisor does….empathetic, respectful, etc.
- Unit teams that function with humor and caring towards each other, to their supervisor and to their families.
A Social Work Supervisor…

“…is an agency administrative-staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate the on-the-job performance of the supervisees for whose work he or she is held accountable. In implementing this responsibility, the supervisor performs administrative, educational, and supportive functions in interaction with the supervisee in the context of a positive relationship. The supervisor’s ultimate objective is to deliver to agency clients the best possible service, both quantitatively and qualitatively, in accordance with agency policies and procedures” (Kadushin & Harkness, 2002).

Administrative Supervision is concerned with the efficient and effective delivery of services -  Supervisor as Manager

Educational Supervision is concerned with educating the case manager for a more skilled performance of their tasks - Supervisor as Coach

Supportive Supervision is concerned with supporting, sustaining, and motivating the case manager in performance of these tasks - Supervisor as Team Leader
Course Review and Evaluation

Course Competencies

After training participants will be able to:

1. Communicate the DCS mission, vision, and philosophy.
2. Continue the transition from peer to supervisor.
3. Reflect on their own strengths and needs in conjunction with supervisee’s strengths and needs.
4. Understand the significance of culture and diversity and how it impacts supervisors and their staff.
5. Understand the DISC Assessment tool and the implications for how their profile impacts his/her ability to lead others.
6. Identify a variety of leadership styles and how to apply them appropriately depending on the needs and goals of the situation.
7. Define Clinical Supervision and how it aligns to the Indiana Practice Model.

Computer Assisted Training Competencies

Reflective Practice Survey CAT Competencies:

1. Identify the goal and purpose of the Reflective Practice Survey.
2. Review the process for completing a Reflective Practice Survey.
3. Practice the scoring element of the Reflective Practice Survey.

Evaluation

Please provide constructive comments and suggest solutions to any challenges you encountered during training.

Thank you for attending!