



Structured Clinical Supervision – Supervisor’s Guide

Purpose

This form is intended for use as a guide to enhance critical thinking skills during clinical supervision sessions it is intended to provide a structure and summary documentation for supervisors to use when reviewing any case. The specific questions asked during the clinical supervision will depend on the stage of the case, age of the children, and the specific circumstances involved for the child and family.

Clinical Supervision

Clinical supervision is an interactive process between the supervisor and the supervisee of educating, supporting, and administering. Clinical supervision helps guide the supervisee’s practice and identifies blind spots and biases the worker may have through increasing the workers critical thinking abilities (Bogo & McKnight, 2006; Potter & Brittain, 2009).

Clinical supervision stretches beyond a specific case staffing to enhance and improve the workers overall practice. Clinical time may be spent reviewing a specific case, however, through the supervisor’s direction, modeling and teaching, the supervisor builds supervisees skills that they will then transfer to other cases. For example, maybe you spend time talking to your worker about how to engage a father on a particular case. While that discussion may be case based, your worker will leave your office with new ideas on engagement, and will likely use those ideas on other cases. Thus you have stretched your supervision far beyond the one case you were staffing. The concept of clinical supervision demonstrates the importance of doing with rather than for supervisees. Encouraging supervisees to come up with ideas, research policy on their own, and strategize solutions allows them to develop transferable skills and gain autonomy self-efficacy in their decision-making.

The Clinical Supervision Conference

An effective conference should have three stages, a beginning, a middle, and an end and have two interrelated objectives. These objectives are: (1) the focus on case management, and (2) developing the employee’s knowledge, skills and professional self (Kadushin & Harkness, 2014).

The beginning stage

The beginning phase involves scheduling the supervision and creating an environment conducive to supervision. Clinical supervision should be focused, scheduled regularly and conducted in a location that provides for privacy and protection from interruption.



Both the supervisor and the supervisee play a role in preparing for the supervisory conference. The supervisee is responsible for preparing case information, questions, and reporting on the follow-up completed from the previous clinical. The supervisor is responsible for reviewing the cases prior to the conference and to be familiar with their supervisees work.

The middle stage

The middle phase of clinical supervision is the actual one on one sit down meeting between the supervisor and supervisee. The supervisor helps guide the supervisee through asking questions, clarifying information, supporting, challenging, and affirming. It is also imperative that the supervisor calls attention to errors in case work as well as potential errors in judgment.

The supervision conference is a dialogue, an opportunity for the supervisor to work through cases with the supervisee so that the supervisee has an improved ability to perform their job expectations.

The end stage

A one hour time frame for supervision is recommended because clinical supervision is hard work, and after about an hour both the supervisor and the supervisee will see a decrease in attention and productivity. Towards the end of the hour the supervisor should look for a natural break in the conference. Ending the session involves a summarization of the conference. Review the key areas talked about, check for understanding, and clarify any actions that require follow-up. Maybe even suggest some questions for the employee to research before the next clinical supervision. Remember that ending supervision should be as intentional as beginning it. Have purpose in the termination of the meeting by providing clarity for what was covered and plans for future conferences.

Key areas to cover in the conference

A supervision conference should cover what are known as the five “P’s:” People, Problems, Places, Processes, and Personnel. (Kadushin & Harkness, 2014; Perlman, 1947)

People

The supervisor educates supervisees about the People they will be working with. This includes helping supervisees understand why a person responds in a certain way to the problem they are facing and how to help that individual improve their functioning. Teaching about People also includes exploring supervisees own feelings, biases, and prejudices against the individuals they are working with and potential identification with certain populations.

Problem

Child welfare work entails intervening with individuals encountering complex social Problems, whether it be substance abuse, domestic violence, poverty, or any other social Problem. The supervisor helps supervisees understand the cause of the social Problem, how the community



responds to that social problem, and how DCS and referral agencies can help with the social Problem. The supervisor also has the responsibility to ensure that supervisees approach the problem with professionalism rather than judgment.

Place

The supervisor is the guiding force to orient the supervisee to DCS. Supervisors help supervisees understand the mission of the agency, what services are offered, and the authority that the agency has. Orienting supervisees to understand the community, section and region are pieces for understanding the Place. Many of the elements of understanding the Place may occur with new workers, however the Place also fits within clinical supervision. Supervisors may need to reorient supervisees back to the mission of the agency, to policy and best practice.

Process

Process refers to the administrative review of a case. The supervisor and supervisee conduct a sequential review of a specific case, they discuss the assessment, how the worker gathered the data, the intervention, and process that information. It is common as a supervisor to get stuck and only focus on the process stage of a case. The Process is an essential piece to clinical supervision, however, in order for a worker to grow, a supervisor must go beyond the focus of case specific Process focus in their supervision.

Personnel

The principal resource DCS has for helping clientele is the frontline worker. Therefore it is essential that frontline workers have the skills and competence they need to be effective. In Personnel the supervisor helps the supervisee grow professionally. Through clinical supervision, modeling, and reinforcing trainings supervisors support supervisees in developing their own skill and advancing their professional abilities.

Engagement

Through clinical supervision supervisors engage their staff through various techniques to develop critical thinking skills and affect parallel processing. One of these techniques is use of tools seen in motivational interviewing. In clinical supervision, use of motivational interviewing tools encourage supervisees to utilizing critical thinking skills and address biases through use of open-ended questions, affirmations, reflections, and summaries all of which support engagement.

Collaboration is a key piece of engagement, and clinical supervision. The interpersonal relationship between the supervisor/supervisee necessitates self-awareness and respect of the individual. The supervisors aim is to evoke supervisees' sense of autonomy and self-efficacy in their decision making through challenging assumptions and ambivalence, and addressing discrepancies and resistance (Miller & Rollnick, 2002).



Guide to Using the Structured Clinical Supervision Format

The form provides guiding questions that aim to elicit critical thinking and detailed responses from the supervisee that answer questions on the administrative checklist. The form provides example questions and example reflective responses, however the supervisor may need to add additional questions to ensure that all required information is gathered to review the safety, well-being and permanence of the child.

Documentation

Documentation of supervision is recommended to keep track of decisions made and actions needed.

References

Bogo, M., & McKnight, K. (2006). Clinical supervision in social work: A review of the research literature. *The Clinical Supervisor*, 24(1-2), 49-67.

Kadushin, A., & Harkness, D. (2014). *Supervision in social work*. Columbia University Press.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. Guilford. New York.

Perlman, H. H. (1947). Content in Basic Social Case Work. *Social Service Review*, 21(1), 76-84.

Potter, C. C., & Brittain, C. R. (Eds.). (2009). *Child welfare supervision: A practical guide for supervisors, managers, and administrators*. Oxford University Press.

Structured Clinical Supervision Format

Specialists Name: _____ Date: _____

Case Name: _____

Date of last Supervision: _____

Date of next Supervision: _____

In the clinical supervision conference the supervisor helps the employee make decisions about the case. Because each case will be different, specific questions will be different. The supervisor uses reflective statements and engages the employee in critical thinking to challenge errors in thinking and about the case.

Part I: Safety and Risk

Analysis of information and conclusion about the presence of risk factors and/or Safety threats and the type of intervention that is needed.

1. What can you tell me about this case?

The focus of this question is to determine whether all available information has been gathered and considered to make an informed decision on child safety and risk factors.

Verbose and more experienced supervisees may discuss many of the questions with this one prompt. The supervisor helps guide the discussion, provide reflective statements and helps the supervisee stay focused. Newer, less experienced supervisees may give a superficial answer to this question, requiring the supervisor to ask more specific questions.

**Possible reflective statements:*

I hear you saying the kids in this family are not ready to go home but you are not identifying risk factors and safety threats that can be addressed with the interventions you have in place. What information would help you to make decisions about risk and safety factors, services needed, case planning, permanence, etc? What more do you need to know before you can proceed? Did you use multiple sources of data? What are some of the contradictions present?

2. Tell me about what is happening in the case, what is the reason the child is in care or if the case is open what needs to happen for the case to close?

Use this question to build on previous questions to gather additional information about the safety and risk concerns the supervisee identifies. Ask questions regarding the efforts the family is making, efforts to engage parents and kin, barriers, changes to the family composition, new safety threats, family problems, substance abuse, and domestic violence. How the information you have gathered support your decision about whether risk factors are present, whether the child is safe or would or would not be safe if returned home. Try playing devil's advocate.

**Possible reflective critical thinking statements:*

“On one hand you are saying that the parents have accomplished their case plan tasks, but on the other hand you seem anxious to return the children home, can you talk about that? Is a safety plan appropriate? ”What was the underlying meaning of this behavior or problem? What was the context of what was happening? Did you consider the historical context? What about political or community context? What are cultural considerations? What was the familial context?

Part II: Permanency

Tell me about what you see for the child's future?

Asking the open-ended question allows for the supervisee to answer the question undirected, and is an opportunity for the supervisor to check biases and ensure critical thinking is occurring. If the plan is reunification ask about the parents progress and engagement in services, visitation, Is visitation supervised? Should it be? How often is it taking place? What are you learning about the child and families relationships, strengths and risks from the visits?)

If there is a concurrent plan the supervisor should ask about placement options? Are there relatives or other kin that might be options? If not what has been done to identify family should any of these efforts be considered again? What opportunities exist for permanency? Has an adoptive family been identified?

Part III: Well Being

What are the child's needs?

Ask questions about the child's physical/dental mental health, and educational needs. Services and supports, coordination with the behavioral health system? How are sibling and other family relationships being maintained? Does the placement have needs?

Possible reflective critical thinking statements:

If the youth's family was here, what might they want to tell me?

What makes you feel good about the placement?

ICWA (if applicable)

How have you involved the tribe in this case?

Ask questions related to efforts to identify Indian heritage and whether additional efforts need to be made. For children who have Indian heritage review the role of tribal services in case planning and placement.

Part IV: Case Planning

What are the strengths in this family?

Upon learning the current status of the family, provoke critical thinking by asking the supervisee to articulate both the positive and the negative aspects of the case. This is an optimal time to practice active listening, including watching body language to be aware of potential biases.

Possible reflective critical thinking statements:

It sounds like you have already made decisions about the outcome of this case? How might this be impacting your actions and the outcomes to the case? What will you need to provide to demonstrate progress on the case? It sounds like you really like/struggle with this family/child/foster parent, could your feelings about them impacting any of your decisions?

What is the case plan for this family? What needs to be done next? Are there any barriers?

This question allows for the supervisee to engage in critical thinking, to strategize solutions and bring ideas to the supervisor. It also provides an opportunity for the supervisor to check if the supervisee seems "stuck" with the family.

If not discussed the supervisor should consider exploring how the case is progressing, what is in place, why, where can additional information be obtained? How are services and supports to the family addressing the safety and risk concerns? What information has been gathered to make decisions about safety and risk from meetings, parent and child contact, care providers, service providers and others who might have information? Whether a concurrent plan is in place or needed?

Possible reflective critical thinking statements:

What contradictions did you identify in this case? How would you describe the approach you are taking with this case? What made you choose this approach? What else was going on that could explain the family's situation? If the youth was here, what might he or she want to tell me? How are the child and family involved in case planning? How are the child and family's strengths being incorporated into the case plan? What about the child or family challenged you in this case?

What are some of the things you have tried before to help the child/parents/caretakers?

Allow the supervisee to begin the discussion, the supervisor ensures all information needed for the administrative checklist is gathered.

Possible reflective critical thinking statements: *You can't see anything that would work for this family or Affirmation: It sounds like you have done a lot to support this family so far.*

Part V: Aftercare planning and Case Closure

What will happen to the family when the case closes?

Questions here focus on the services, supports and connections for the child and family will continue.

Possible reflective critical thinking statements:

What makes you feel good about the family's success? Was there anything about you that was particularly helpful in this case? Was there anything about you that got in the way?

How can I help you with this family?