Assessment of Supervisory Experiences

Let’s begin by thinking about supervisory experiences, both being supervised and offering supervision to others, we have already had…

1. What has been positive?
2. What has been negative?

How have your supervisory experiences impacted your approach to supervision?

3. What things do you do the same way?
4. What do you do differently?

Think about your own style of supervision…

5. What strengths do you possess as a supervisor?

And, think about how your work as a supervisor fits into the bigger picture…

6. What are your greatest personal and professional concerns as a supervisor?
Clinical Supervision

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And
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- American Red Cross DMH volunteer and instructor since 1992 with extensive mass-casualty experience
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- Offers tutoring for people who need a bit more help to pass the exam
To view a pdf of our slides and to download documents mentioned today, please visit:

http://eyeofthestorminc.com

(click on the *)
Introductions

- Name
- Practice site
- Who you supervise (employees, students, LSWs, non-social workers)
- Area(s) of clinical competency and specialization
Definition

Clinical supervision is a process whereby a person in a supervisory role facilitates the professional growth of one or more designated supervisees to help them attain knowledge, improve their skills, and strengthen their professional attitudes and values as they provide clinical services to their clients.

(Cohen, 2004, p. 3)
Clinical Supervision
What to Do and How to Do It

Robert I. Cohen
Have Other Books Like These Handy as you Supervise
Supervisor’s Role

A supervisor is legally and ethically responsible for the work of his/her supervisees.
The Purpose of this Course and the EOTS Training Style

This course offers a comprehensive overview of issues relevant to clinical supervision. The class will be run as an interactive seminar. We will draw upon the wisdom of all of our participants to expand everyone’s knowledge and skills. For new supervisors, this may be a first exposure to many of these ideas. For experienced practitioners, it will be a thorough review. Either way, we are confident everyone will find it helpful and will gain new perspectives. One note of caution, however. The presenters do not read minds, nor will your supervisees. For this process to be fully successful, we need active participation. Please offer input, ask questions, raise concerns, and challenge ideas. By taking charge of your own learning experience with us, you will improve the experience for everyone.
Relevant Theoretical Approaches

Three Facets of Supervision (Kadushin, 1976)

- Administration
- Education
- Support
Supervision as a Parallel Process (Schulman, 1993)

- Dynamic interaction as mediator between worker, client, and systems
- Four major agendas
  - Job management
  - Policy practice
  - Skills in working with colleagues
  - Dealing with authority

[Note: Our course will utilize parallel process to emulate aspects of supervisory practice.]
Effective Supervision (Munson, 2001)

- **Five Foundations**
  - Structured
  - Regular
  - Consistent
  - Client oriented
  - Evaluated

- **Four Perspectives**
  - Personality perspective (consider worker and client characteristics/traits)
  - Situational perspective (consider specific situations/problems)
  - Organizational perspective (consider the function of the organization)
  - Interactional perspective (focus on the interactions of people)

- **Five Practice Activities**
  - Reading (critical review of professional literature)
  - Writing (enhance writing skills - share your own material and engage in joint writing)
  - Watching (enhance observational skills)
  - Talking (enhance verbal communication skills)
  - Instruction (teach and model alternate methods)
Multicultural Competencies (Cohen, 2004)

- Being aware of your own cultural values and biases
- Understanding the worldview of clients and supervisees
- Developing culturally appropriate intervention strategies and techniques

Note: Appendix B of Cohen’s book contains the Multicultural Awareness, Knowledge, and Skills Survey (MAKSS) - an excellent starting point for an examination of these issues.
Clinical Supervision (Initial Observations)

- Six months… (and then watch out)
- Do you hear and see what I hear and see? (observational skills)
- Try it; you’ll like it (teaching and modeling)
- It takes a village… (whole office team approach)
- Attention shoppers (too many opinions to decide and/or consensus opinion may be wrong)
- Theory X, Theory Y, … (motivational issues – money vs. rewards of the work)
- Practice in the comfort zone or push the edge of the envelope? (acceptable & healthy risk)
- Proactive or reactive style (get in front of common issues)
- Constructive or destructive feedback (strengths-based and targeting successful outcomes)
- Others … (participant reactions)
Supervision of Students and Employees (We’ll be Discussing Both)

- Same approaches?
- Upside of working with students?
- Downside?
Review of Social Work Foundations

Core Values
(NASW Code of Ethics)

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence
Helping Process (Contact, Contract, Action, and Termination)

- Engagement
- Gathering information
- Assessment/diagnosis
- Goal setting

- Intervention
- Evaluation
- Termination
Helping Roles (Intervention)

- Advocate (the three “C”s - case, class, and cause advocacy)
- Broker
- Case Manager
- Catalyst for change
- Consultant
- Enabler (in the positive, social work sense)
- Facilitator
- Instructor
- Mediator
- Others…?
Helping / Intervention Skills
(Person, Problem, Place, and Process)

- Listening
- Communication
- Relationship building
- Problem-solving
- Resource finding / linking
- Professional use of self
- Ability to work with individuals and systems (families, groups, institutions, and communities)
- Competencies in age, culture, ethnicity, race, and sexuality (worker must be prepared to raise these issues as needed)
- Knowledge of therapeutic models / techniques
- Ability to reframe
Client / Consumer Imperatives

- Focus on their presenting problems / priority issues
- Person-in-environment
- Self-determination
- Investment in symptoms ("comfort" as is)
- Motivation to change
- Resiliency (competence, confidence, support systems, etc.)
Problem Solving

- What are you doing?
- Is it helping?
- What could you do differently?
- Try it (make a commitment to change)
- No excuses and no punishment
- Reassess and adjust approach
DOES THE THING WORK?

CAN YOU BLAME SOMEONE ELSE?

WILL YOU GET IN TROUBLE?

DID YOU SCREW WITH IT?

THROW IT AWAY

YOU POOR SOUL

CAN YOU BLAME SOMEONE ELSE?

NO PROBLEM

DON’T SCREW WITH IT

PROBLEM SOLVING FLOWSHEET

DID YOU SCREW WITH IT?

YOU IDIOT

DOES ANYONE KNOW?

HIDE IT

YOU POOR SOUL

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No
Tools to Shape Discussion

- *Case Study Format*
- *Supervision Documentation* sheet

(both are included in the handout and both can be downloaded from the EOTS website)
Case Study Format

1. Case Summary:

2. Identification of Relevant Issues for Discussion
   – Assessment
   – Case Management
   – Case History
   – Clinical Interventions (past and present)
   – Crises
   – Cultural Competence
   – Professional Values & Ethics
   – Safety & Self-care
   – Systems Issues
   – Treatment Approaches / Methods
   – Other ________________________________

3. Selecting Courses of Action and Setting Priorities
   – Case Management
   – Clinical Interventions
   – Crisis Management
   – Documentation
   – Outcome Measures
   – Professional Values & Ethics
   – Safety & Self-care
   – Systems Issues
   – Treatment / Treatment Planning
   – Other ________________________________

4. Are We Covered…? (Is there more we can / should do?)
   – Administratively…
   – Educationally…
   – Supportively…
Supervision Documentation for LCSW

(Supervisee’s Name) (Supervisor’s Name)
(Supervisee’s License Number) (Supervisor’s License Number)

Date: _______________ Time: _______________ Duration: _______________

Learning Theme(s):
• Assessment
• Case Management
• Case Reviews
• Consultation
• Crisis Counseling
• Cultural Competence
• Documentation
• Interventions / Methods
• Outcomes Measures
• Professional Values & Ethics
• Safety & Self-care
• Systems Issues
• Treatment Planning
• Other ____________________________
• Other ____________________________

Notes:

Assignments:

Signatures: Supervisor ________________________ Supervisee ________________________
Cumulative Practice Hours (to date) _______
Individual Supervision Hours (to date) _____  I  Group Supervision Hours (to date) _______
Documents and Forms (non-disaster)

Here are links to some of the non-disaster documents and forms we discuss in our clinical supervision and licensure prep classes. Below each link (title) is a brief description of the item. Clicking the links will allow you to view and download the items.

Action Words

Tired of writing the same old descriptive words/phrases in your progress notes (e.g. client “reported”; therapist “advised”)? Try adding some of these the next time.
Apps (non-disaster)

Here are a few examples of apps that we sometimes mention in our training programs. Some help with licensure prep and others are useful in ongoing clinical practice.

Quizlet

We highly recommend making and using flashcards as part of

Links (non-disaster)

Here are the links we discuss in our clinical supervision, clinical writing, and LSW / LCSW licensure prep classes:

ASWB - Association of Social Work Boards
Help Starts Here - a gateway to articles written by social workers
NASW Code of Ethics
NASW Practice Standards
Be sure to look for the Notes area. It may not display on smartphones and tablets.
Case Example – Family Conflict

You are a supervisor in a large agency that serves individuals in mental health and substance abuse (D&A). Your supervisee seeks you out immediately following a session. She is visibly distressed and reports that the couple she just saw was loud, angry, and verbally combative throughout the session. They were cursing at each other, blaming each other for their poor relationship, and threatening to leave the other. There was nothing said or done that would indicate a need for calling police or crisis intervention but it was very upsetting to the worker. She never had to deal with anything like this professionally (and now feels unprepared) plus she is embarrassed that everyone else heard all the commotion. She confides that all this reminded her of her childhood and frequent battles between her parents while she was growing up.
Case Study Format

1. Case Summary:

2. Identification of Relevant Issues for Discussion
   - Assessment
   - Case Management
   - Case History
   - Clinical Interventions (past and present)
   - Crises
   - Cultural Competence
   - Professional Values & Ethics
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   - Systems Issues
   - Treatment Approaches / Methods
   - Other ________________________________

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   - Safety & Self-care
   - Systems Issues
   - Treatment / Treatment Planning
   - Other ________________________________

4. Are We Covered…? (Is there more we can / should do?)
   - Administratively...
   - Educationally...
   - Supportively...
To obtain LCSW status in PA, the following must be met:

- Complete 3000 hours of supervised clinical practice which cannot be earned in less than 2 years or more than 6 years.
- Have at least 1500 hours supervised by a licensed clinical social worker (LCSW); all 3000 hours can be by LCSW.
- Have remaining 1500 hours supervised by someone meeting the definition of a supervisor as outlined in current regulations (supervisors must have 5 years of experience within the last 10 years as licensed mh professionals).
- No more than 1500 of supervised clinical experience may be credited in a 12 month period.
- Candidates must meet with their supervisor for 2 hours per 40 hours of practice (one hour can be group supervision).

Note: This is not in your handout because it changes frequently. Keep up with the latest regulations via the PA-NASW and PA Dept. of State websites.
Beginning Stage (Phase 1 of 3)

A period of close monitoring and tight control.
Engagement and Role Induction (Orienting Supervisees to Roles, Function, and Framework)

- Begin with the first interview
- Be true to your school (informed consent)
- Be true to their school too (may be quite different philosophy)
- Define roles and functions
- Develop framework for operation of relationship
- Provide orientation to site, staff, target populations, methods and procedures, etc.
- Establish a safe and trusting environment
- Encourage bonding of students with other staff
- Introduce individual work styles
- Clarify core skills
- Explore multicultural and multigenerational aspects
- Address ethics / values / laws / rules / regulations
- Contract
Orientation Issues / Materials

- Mission statement & philosophy
- Handouts / brochures / flow charts
- Table of organization
- Annual strategic plan
- Videos
- Website
- Job description
- Forms (e.g., self-administered social histories, D-A-P or S-O-A-P notes, billing sheets, consents, releases, treatment plans, TARs, etc.)
- Special productions (e.g., “action words” handout)
- “Mandatory” trainings (e.g., HIPAA, workplace safety, sexual harassment, infection control, and universal precautions)
- Dress codes
- Body art / piercing policies
- Drug testing
- Technology and techno-etiquette
  (especially digital record keeping policies / practices)
NAME: _______________________

DAP NOTE

CLIENT # _____________

Services:

( ) med. check - 1/4 hr.
( ) individual therapy - 1/2 hr.
( ) individual therapy - 1 hr.
( ) family therapy - 1/2 hr.
( ) family therapy - 1 hr.
( ) group therapy - 1 hr.

SESSION GOAL: ______________________________________________________

DESCRIPTION: _______________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

ASSESSMENT/DIAGNOSIS: ____________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

PLAN: ______________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Global Assess. of Functioning _____  Signature ______________________________
1. Gather Key Information (Documented in Intake Forms and DAP Notes)
2. Make an Initial Assessment (Assessment Form) and Ongoing Reassessments (DAP Notes)
3. Write an Initial Treatment Plan and do timely Plan Updates (Plans and Reviews)
4. Provide Ongoing Services (DAP Notes, Contact and Billing Logs)
5. Adjust as Life Events Unfold and Crises Happen (DAP Notes, Contact Logs, and Unusual Incident Sheets)
Intranet

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Mental Health

NORTHAMPTON COUNTY MH
520 E. Broad Street, Second Floor
Bethlehem, PA 18018-6936

Phone: 610-974-7555
TTY: 610-974-9840
Fax: 610-974-7596

Site Content (click on a subject to move to that area)

- Vision and Mission, Service Delivery, and Staff
- Program Goals and Access to Services
- Regulatory Base and Funding
- Staff Recruitment
- Crisis Intervention Services & Warmline
- Disaster Mental Health
- Outpatient Clinics (for adults and children)
- Other Treatment Services (for adults and children)
- Social and Vocational Programs
- Case Management Services
- Psychiatric Rehabilitation Services
- Residential Services and Housing Supports
- Consumer/Family Satisfaction Team
- Advance Directives and Power of Attorney
- Self-help and Support Groups
- Forms & Documents (download/print helpful resources)
- News (program announcements, training information, etc.)
- Links to Other Helpful Websites

Vision and Mission Statement

Through a partnership of the mental health community, we will continue to

http://www.northamptoncounty.org/mhmrda
Service Plan Review (routine)
SII (yellow) was also done, if it was due.
Informant:
Consumer continues treatment via:
Case management is handled by:
Consumer resides:
Social/vocational/educational activities include:
Authorizations needed:
Notes:
Goal: Maintain stability in community.
Next review:
Monitoring Quality of Work (Initial Thoughts)

- Weekly meetings (have an agenda, take attendance, and keep a log)
- Review of all written material (done for agency and for educational / supervisory purposes)
- Process recordings (use with students and LCSW candidates)
- Case studies / presentations
- Tapes (audio and / or video)
- Live supervision (viewing mirrors, closed circuit TV, or sitting in the room with them)
Working Inside an Organization or Serving As an Outside Consultant

- Agency context
- Sharing confidential information (HIPAA)
- The + and - of being inside
- Paid / unpaid
Differential Supervision

- Students / employees
- New employees / skilled workers
- Young / not-so-young workers
- Peer supervision / boss
- Skilled and credentialed workers / less skilled and credentialed supervisors
- Individual / group
Documentation / Record Keeping / Billing

- Typical forms / paperwork
- Style of writing
- Brevity and clarity
- Themes
- HIPAA
- Productivity standards
- Requirements of the agency, the payers, the schools, and the licensing board
- What does your HR department want in the way of personnel records on the supervisees?
- What do you want for yourself? (personal personnel records)
Allowable Settings and Task Assignments

- Must meet state licensing regulations
- Criteria for insurance billing
- Rules of the schools
Potentially Competing Needs

- Needs of the client
- Needs of the agency / organization
- Needs of the other staff
- Needs of the supervisee
- Needs of the profession
- Our own needs

- Teaching
- Mentoring
- Coaching
- Advising
- Consulting
- Acting as a sounding board
Managing

- Maintaining focus on the mission
- Balancing competing needs (listed above)
- Risk management
- Worker / student / agency fit
- Peer relations
- Communication and telecommunications (regular and emergency)
Supervisory Contract

- Forms the basis of evaluation (outcomes and performance review)
- Must be dynamic
- Informed consent is essential
- Facilitates open and ongoing communication
- Delineates supervisees’ responsibilities
- Avoids any surprises
Dual Process
(Supervisees’ Clinical Responsibilities Parallel Clinical Supervision Process)

- Develop safe and trusting client relationships
- Orient clients
- Contract
- Assess needs
- Establish individualized, strengths-based treatment plans indicating goals and objectives
- Choose appropriate interventions
- Evaluate progress
- Renegotiate / update treatment plans

Kadushin & Harkness (2002) note: In clinical supervision the focus is upon helping supervisees become better workers, whereas in therapeutic relationships the focus is helping clients become better persons.
Role As Learners (Supervisees)

- Focus on this segment of “lifelong learning”
- Begin the journey with a clear end in mind
- Identify waypoints / destinations along the way
- “Guarantee arrival” by making wise choices (learning objectives)
- Tailor a combination of canned materials and personal choices

[ share examples such as student handbook documents and agency new-hire materials ]
Role as Coworkers (Supervisees)

- Job descriptions and hours
- Volume of work
- Professional image and office behavior
- Mutual-aid
- Peer supervision and support
- Problem solving
- Backup supervision (when regular supervisor is unavailable)
Legal and Ethical Responsibilities

- Avoid assigning cases beyond capacity of supervisees
- Monitor work methods and outcomes
- Document and CYA
- Sometimes best to “Just say no…”
- Involve others in an oversight capacity
- Keep an e-mail trail (copies and receipts)
Supervisory Skills and Attributes

- Physically and psychologically attentive (eye contact, openness, and relaxed focus)
- Listens and communicates
- Offers supportive presence (being available, warm, caring, affirming, and an advocate)
- Displays honesty / integrity / thoughtfulness / sensitivity / empathy
- Able to sometimes admit “I don’t know”
- Dynamic
- Able to challenge skills using “caring confrontation” rather than “I got you”
- Culturally competent (sig. of dif. norms, beliefs, needs, experiences, and behavior)
  - Recognition of both human needs (individual) and cultural / ethnic needs (group)
  - Putting supervisees in role of teacher (and having them do so with clients)
- Able to move supervisees toward “self-supervision” (use of an internalized framework)
Ethical Use of Self

- Informed consent
- Confidentiality
- Disclosure Policies / Practices
- Due process
- Use of power
- Zero-tolerance issues
- Maintaining boundaries
- Avoiding dual relationships
Formats for Individual and Group Supervision: Checking In / Checking Out

- Agenda and session goals
- What's been happening? (current status)
- Review of completed work
- Process issues (review process recordings, tapes, and / or live sessions)
- Set goals for next session
Staff Meetings
(Great for the Administrative Stuff)

- Use an agenda (checklist / logbook / attendance sheet)
- Update policy & procedures
- Address service delivery process & methods
- Monitor productivity
- Oversee record keeping
- Engage in group problem-solving
- Foster peer support
- Manage change
Training Groups ("Grand Rounds")

- Peer supervision
- Group clinical consultation (less admin. responsibility but also less availability)
- Group clinical supervision
  - Requires adding "managing group process" to supervisory skill set
  - Handling "stage pressure" may be an additional skill for 'ors' and 'ees'
- Consider types of groups and membership
- Reasons for group must be clear
- Establish clear goals
- Process issues
  - Forming (organizing / starting)
  - Norming (establishing customs / rules)
  - Storming (competition among members)
  - Adjourning
- Evaluation and quality assurance
Advantages of Group Supervision

- Economy of time, money, effort, and expertise
- Exposure to a wider range of client situations
- Vicarious learning from experiences of peers
- Broader feedback generates rich variety and diversity
- Built-in emotional support and encouragement (sense of belonging)
- Facilitates independent thinking and behavior
- Allows opportunities for peer teaching
- Offers information by which to gauge one's progress in relation to others
- Encourages consultation with peers
Disadvantages of Group Supervision

- Can detract from allowing supervisees individualized time and attention to meet specific learning needs.
- If the group members are too variable in their interests, groups may be too limiting terms of relevance to their specific needs.
- Certain group dynamics may inhibit learning (e.g., competition and scapegoating).
- Teaching techniques work for some members may not connect with all members.
- Confidentiality may be compromised.
Resistance (Self-protection)

- Clarification, confrontation, and interpretation
- Coping mechanism intended to reduce anxiety because supervisee feels inadequate; or
- May be a rejection of the requirement to have supervision because supervisee feels equal (or superior); or
- Cultural incompatibilities; or
- Philosophical and/or stylistic differences.
- Whatever the reason(s), there is fear of receiving negative evaluations/references.
Games Supervisees Might Play (Kadushin, 1968)

- Manipulate the level of demands (e.g., use flattery to inhibit the supervisor's evaluative focus).
- Redefine the relationship (e.g., use of self-disclosure to expose self instead of counseling skills).
- Reduce power disparity (e.g., prove the supervisor "is not so smart" to mitigate some of the supervisor's power).
- Control the situation (e.g., “I have a list…”; excessive help-seeking rather than finding own solutions).
Supervisor Games (Kadushin, 1976)

- "I wonder why you really said that." - honest disagreement is seen as resistance, needing to be explored and analyzed.
- "One good question deserves another" - supervisee questions are met with supervisor questions, to avoid letting the supervisee know that you don't know the answer.

- Abdication
- Control the agenda
- Misuse of power
- Selective enforcement of agency policies
Other Considerations

- Transference (positive and negative)
- Counter-transference
- “Strokes” and praise
- Cognitive dissonance (No pain, no gain?)
Managing Tension
(Assess it, Address it, and Adjust)

- Create a safe, trustworthy, and healthy work atmosphere.
- Defuse and debrief (see below)
- Involve workers in planning for change.
- Avoid as many problems as possible by offering regular feedback.
- Thank people for their efforts.
- Allow for some recreational whining.
- Consider using a “positive reframe” when things go wrong.
- Use a “powering with” approach rather than authoritarian one (learn together).
- Provide as much clarity as possible around expectations and standards for evaluation (e.g., use standardized instruments).
- Encourage team approaches and peer support.
Defuse / Debrief Traumatic Experiences (Potential Discussion Points)

- Facts
- Thoughts / reactions
- Symptoms
- Teachable moments & issues
- Return to work
You are a supervisor of an adult mental health services agency. You oversee two Community Treatment Teams serving seriously and persistently mentally ill persons living in the community. Your current client census is 156. Each of your teams is headed by a team leader, who manages the day-to-day operations and directly supervises 8-10 social workers. Each case manager works with 10-12 individuals. The teams share a psychiatrist. They also have a nurse and a therapist on staff. Your programs run 24/7 and on-call responsibilities are shared with all members of the teams. Every member of both teams, therefore, works together at some time and has contact with all the consumers who are served by the agency program. Each team has a morning meeting and the teams meet together once a week for group supervision. In the past three weeks four unexpected deaths have occurred among the adults who are served by the team. One death resulted from suicide. Two were the result of co-morbid medical conditions that case managers were assisting in monitoring. The fourth resulted from a street drug overdose. Case managers and other team members found out about the first two deaths informally. One consumer was discovered dead at home by a case manager. The social aspect of the program encourages consumers served by the team to interact with one another, so clients have lost friends and are asking about memorial services. Case managers are trying to meet the additional emotional stress of the clients. At the same time the personal reactivity among team members is high, especially among two case managers who experienced similar deaths of a client in the past. Workers are calling off sick and staffing demands are high. Some workers appear to be impaired. You are meeting today with the team leaders to discuss the situation and plan for short and long-term management.
Case Study Format

1. Case Summary:

2. Identification of Relevant Issues for Discussion
   - Assessment
   - Case Management
   - Case History
   - Clinical Interventions (past and present)
   - Crises
   - Cultural Competence
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3. Selecting Courses of Action and Setting Priorities
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   - Treatment / Treatment Planning
   - Other ________________________________

4. Are We Covered…? (Is there more we can / should do?)
   - Administratively…
   - Educationally…
   - Supportively…
The Middle Stage
(a.k.a. The Work Phase; Phase 2 of 3)

A period of shared responsibility, increasing independence, assessment, and feedback
Formative Assessment

- Informal, ongoing, and interactive (e.g., supervisory discussions)
- More focused on process of learning and providing feedback
- Used primarily for educational purposes
Summative Evaluation

- Formal and commonly used at the end of a learning cycle (e.g., exams)
- More focused on outcomes
- Used for accountability
Assessment Activities
(Feedback must be: ...)

- Ongoing and timely
- Safe
- Relevant
- Nonjudgmental
- “Error accepting”
- Constructive
- Supportive
Assessment Areas

- Knowledge (general; agency/field of practice; target population)
- Skills (verbal and written communication; relationship building; clinical/therapeutic)
- Professional values
- Cultural competency
- Attitudes
- Personal attributes (e.g., emotional intelligence)
- Strengths and needs
- Desires and plans / goals
- Learning style
Direct Methods of Assessment

- Audiotape
- Videotape
- Live observation (use of monitors or viewing rooms)
- Live supervision (sit in or call in)
- Live team intervention (more than one supervisee, with or without supervisor)

+ Provides very accurate information
+ Offers clients a “two-heads are better…” approach
+ Live formats offer everyone immediate feedback and, if needed, alternate intervention

- Can produce high anxiety in supervisees and clients
- Review of tapes can be very time consuming
- Selection of easy/difficult clients/sessions may skew assessment
Indirect Methods of Assessment

- Verbal reporting
- Process recordings (annotated transcripts)
- Case studies (conceptualizations)
- Review of written documentation
- Gathering feedback from peers
- Gathering feedback from clients

+ May produce less anxiety in supervisees and clients than direct methods
- Often provides less accurate information
- Selection of easy/difficult clients/sessions may skew assessment
- Feedback and subsequent use of suggested intervention strategies are delayed
Tools to Shape Discussion (cont.)

Others…?
(share examples)

Consider designing your own.
Considering Developmental Differences in Experience Levels (Bernard & Goodyear, 1998)

- It is safe to assume supervisees with different levels of experience will have different needs.
- More experienced people will exhibit greater self-awareness, motivation, consistency, and autonomy.
- Help supervisees “organize [their] client information into meaningful themes” (take a conceptual focus).
- Newer supervisees tend to be less flexible and more domineering (e.g., more prone to use confrontation) than supervisees having more experience.
- Role ambiguity is more common in newer supervisees; experienced supervisees are generally clearer in their roles and seek greater autonomy.
- Advanced supervisees generally require less structure and guidance but may have greater needs in times of crisis.
- In addition to paying attention to “normal helping behaviors,” more focus may be needed on self-awareness with newer workers who are also serving in supervisory roles.
- Supervision should be viewed as ongoing throughout one's career.
Experiential Learning (Kolb, 1984)

- Concrete experiences - learning by doing
- Reflective observation - observe behavior and converse with others about it
- Abstract conceptualization – integrate theories and experiences
- Active experimentation – use of rehearsal and working out ideas in practice
Core Principles of Adult Learning

- There must be perceived value in information (a need to know it).
- Must also be a sense of self-direction and choice (importance of collaboration).
- Resources for self-learning often require linking new information with valued life experiences.
- Be mindful of readiness to learn (know when to add new challenges).
- Internal motivations are generally stronger in adult learners (but external motivators like getting a degree or a license still play a role).
Collaborate with Supervisees to Co-construct …

- Goals for growth
- Action plans
- Criteria for success
- Constant communication
Develop Two Types of Learning Themes

- Themes organized around problems and/or needs
- Themes organized around strengths (success)
Themes Organized Around Success

- Often underutilized
- Focus on success increases the probability supervisees will use a behavior more frequently
- Focus on success also increases the probability that successful behavior will generalize to other situations
- Supervisors must move beyond simple recognition of success and help supervisees identify why they chose particular techniques / interventions
Themes Organized Around Problems

- Focus on area(s) needing growth and on behavior(s) needing to be eliminated
- Describe the behavior
- Identify the problem
- Focus on options for solving the problem
- Analyze/manage feelings and behavior (stop-think-act)
- Use collaborative approaches to minimize defensiveness (avoid fear of shame in the dialogue)
- Start early, so supervisees accept and expect this sort of problem-solving to be a key part of the normal, ongoing process of learning (rather than a beginning and ending focus)
- Set goals for growth, to enhance knowledge, skills, and attitudes
- Formulate action plans outlining:
  - Steps to be taken (specifics)
  - Criteria for success (observed changes in behavior)
Revisions Needed to Supervisory Contracts? (A Dynamic Process)

- Goals have been met
- New information prompts changes in approach to existing plan
- Different problems arise
- There is a need to “kick it up…” on an existing issue
- There have been changes in administrative issues (new requirements)
Intervention Strategies
(How Do You Decide Which Ones to Use?)

- Best practices - safe, knowledgeable, skilled, ethical, legal, culturally competent, and appropriate to the needs of the client
- Meets the needs of the supervisee to enhance knowledge, skills, abilities, attitudes, and awareness (and it matches learning goals / objectives)
- Meets the needs of the agency (within agenda, policies, procedures, methodologies, ethics, and legalities)
- Meets the needs of the profession (within best practices and NASW code of ethics)
- Meets the needs of the supervisor (and is within their knowledge, skills, abilities, attitudes, and values)
Education as Intervention

- Encourage supervisees to think out loud and serve as a sounding board for them
- Supervisees might seek advice from trusted mentors
- They can consult with others (students, staff, faculty, etc.)
- Check the professional literature / assign reading
- Supervisors can give advice
Who are you going to call?
(Which therapeutic model will you use?)

- Glasser (Reality Therapy)
- Ellis (Rational Emotive)
- Berne (Transactional Analysis)
- Haley, Minuchen, and Satir (Family Therapy)
- Beck (Cognitive Behavioral)
- Gordon (Parent Effectiveness)
- And everyone else …
  (insert your own favorites here)
Empowerment as Intervention

- Give an “A” for intentions
- Be “future oriented” in skill development
- Supervisors suggest likely success strategies
- Build on core relationship skills (e.g., active listening, empathy, and supportive presence)
- Help supervisees get in touch with their own thoughts / feelings / reactions (and baggage)
- Challenge skills using “caring confrontations”
- Validate strengths
- Offer direct feedback
- Approach cultural issues at both micro and macro levels

- Don't supervise beyond your competence
- Evaluate and monitor supervisees’ competence
- Be available for supervision consistently
- Formulate a sound supervision contract
- Maintain written policies
- Document all supervisory activities
- Consult with appropriate professionals
- Maintain working knowledge of ethics codes, legal statutes, and licensing regulations
- Use multiple methods of supervision
- Practice a feedback and evaluation plan
- Purchase and verify professional liability insurance coverage
- Evaluate and screen all clients under supervisees’ care
- Establish a policy for ensuring confidentiality
- Incorporate informed consent in practice

- Standard of care - normative or expected practice in a given situation
- Statutory liability - specific written standard with penalties imposed, written directly into law
- Negligence - failure to observe the proper standard of care
- Negligent liability - failure to provide an established standard of care
- Vicarious liability - being responsible for the actions of others based on a position of authority and control
- Direct liability - being responsible for your own actions of authority and control over others
- Privileged communication - the privilege allowed an individual to have confidential communications with the professional, preventing courts from requiring revelation of confidential communications
- Duty to warn - obligation of a therapist whose client presents a serious danger violence to another person to warn and protect the third party
- Duty to protect - obligation of a therapist to take the necessary steps to protect a client with suicidal intent
- Duty to report - obligation of a therapist to report abuse or suspected abuse of children or the elderly in a timely manner
Limits to Confidentiality and the Duties to Protect, Warn, and Report

- Supervisors and supervisees often must release information to schools, licensing boards, future employers, etc. (e.g., evaluations and references)
- Billing / collections issues
- Court orders
- Suicide prevention
- Tarasoff warnings and difficulties in prediction of violence
- Issues around termination of services / transfer of cases (abandonment)
- Consultation
Ethical Decision-Making (Reamer, 1995)

- Identify the ethical issues, including the values and duties that conflict
- Identify the individuals, groups, and organizations who are likely to be affected by the ethical decision
- Tentatively identify all possible courses of action and participants involved in each, considering the benefits and risks of all possible choices
- Examine the reasons for and against each approach
- Consult with colleagues and appropriate experts
- Make an informed decision and document in the decision-making process
- Monitor, evaluate, and document the outcomes of the decision
Case Example - Evaluation Issues

Mark Wilson is placed at The Nurturing Center, a private non-profit agency serving families at risk for abuse and/or neglect, and families who have had abuse/or neglect substantiated. Although he is bright, he overestimates his skills. He comes across as a "know it all". His field instructor, Ms. Ferraro, stated "He's green, but he doesn't know he is green". He is not cautious in his decisions and sometimes acts impulsively. Although there have been no "disasters" as a result of his decisions, the potential is there.

Mark is well-liked by his clients. He is personable, caring and outgoing. He is a strong advocate for his clients and although his parents sometimes get a little tired of his "expert" opinions about child-rearing they do seek his advice and seem to respect his perspective. Mark believes the agency and his field instructor are too rigid. He is creative and innovative and feels his questioning of procedures is appropriate.

In recent weeks, Ms. Ferraro, who is a "by the books person", has become more concerned about Mark's performance. Mark is questioning almost everything and seems very rebellious. He has broken several agency policies in "the interest of clients", according to Mark. He seems to be using the "expert role" more and more with clients more than empowering them. She gives him an "unsatisfactory" rating on several of the learning objectives and an overall rating of "satisfactory" on his evaluation.

Mark is appealing his evaluation. He thinks he is undeserving of an "unsatisfactory" rating on the objectives and believes his overall rating should be "above average". He suggests his field instructor is prejudiced because she feels threatened by his questioning approach and strongly states "I care more for the clients than she does." The field instructor, after meeting with Mark, refuses to modify the evaluation.
Questions for discussion

1. What could the agency/field instructor have done to be more open to student feedback?

2. How could Mark have approached the agency in a more effective way?

3. Provide rationale for changing/not changing the evaluation/grade.
Stress and Stress Management

There is a cost to caring.
(Charles Figley, 1995)
http://caregiversfilm.com/
Someone you are helping starts to cry... Should you offer a tissue?
Someone you are helping tells you their story and you start to cry…

Is this a problem?
Who is at-risk?

- Newest among us
- Most caring / empathetic
- Least well defended
- Those who tend to become overly involved
- Those with unresolved personal issues (e.g., rescue fantasies)
- Those in most emotionally charged settings (e.g., child abuse)
- Least trained, supervised, and supported
- Trauma specialists
- Those who do not practice good self-care and stress management
- Those who may think they are immune (each of us has our own "psychological Achilles heel")
Types of Stress

- Anticipatory - concerns over the future (worry)
- Situational - stress of the moment
- Chronic - worry over time
- Residual - unresolved stress
Modifiers of Stress

- Duration - longer stress usually more severe
- Multiplicity - more the stressor greater the reaction
- Situational importance - greater importance, greater the reaction
- Individual's evaluation of the stress - how threatening is the situation and how prepared is person to cope with the consequences
- Stress tolerance - ability to tolerate and benefits of stress inoculation
Deal With It!
(Individual Action Plans)

- Self care (eat right, exercise, rest, relax, enjoy hobbies, etc.)
- Recognize and avoid known crutches (smoking, over eating, alcohol, drugs, etc.)
- Use social supports / role models / mentors
- Don't wallow in the details of bad times / traumatic events (doing so helps reinforce the most painful memories)
- Consider social activism or using a different setting for volunteer work
- Channel that stress energy into other projects and exercise
- Balance your work day / week (time management)
- Learn when to refuse an assignment and say "No" when you need to do so
- Explore personal needs and address them in ways apart from the job
- Repair damaged schema (explore context and correct misperceptions)
- Have a personal life and maintain boundaries
- Consider respite / sabbatical leave
Deal With It!
(Individual Action Plans – cont.)

- Have personal and career goals (and keep them in focus)
- Use supervision to explore + and - reactions to trauma (but remember that supervision is not psychotherapy)
- Consider getting good professional help
- Tend to your spiritual needs - take time to reflect, find meaning, and remain hopeful (this may or may not involve formal religious activity)
- Find and enjoy simple pleasures even in the midst of chaos (e.g., contact with nature)
- Journal / write for publication
- Use other "creative expression" (take pictures, cook, draw, garden, etc.)
- Know yourself
- Use humor to reduce stress and add perspective but be careful that it is not at expense of others (self-deprecating is often best)
Helping Others is both High Risk (CF) and High Reward (CS)
The Ending Stage
(Phase 3 of 3)

A period of transition to independent practice.
Shulman’s (1993) Seven-step Evaluation Process

- Provide supervisees with a guide to the evaluation process at the beginning of the relationship. Spell out what will be assessed and what evidence will be used to assess completion.
- Refer to those items throughout the supervisory process.
- Establish periods of assessment during which you can track progress and flag areas of concern.
- Both the supervisor and the supervisee need to take responsibility to review the evaluation guide and prepare preliminary assessments prior to the evaluation conference.
- Both should prepare documentation for their views, detailing and illustrating strengths and weaknesses.
- Hold a joint meeting to review progress and conduct a preliminary evaluation.
- The supervisor makes final decisions about the content of the evaluation and the supervisee should be allowed to make some notation about any unresolved differences between his or her self-assessment and the supervisor's opinions.
Common Errors in Evaluation

- Halo effect – one outstanding feature is taken as defining
- Leniency bias – shy away from addressing negative performance
- Central tendency error – rate everyone as being average
- Recency error – consider only what has the person done lately
- Contrast error – compare to self or to a superstar
- Negativity error - rate low due to one low aspect of performance
Close Out Cases & Tie Up Loose Ends

- Give clients and staff notice of pending transitions / endings.
- Get transfer / termination summaries written.
- Send letters to stragglers
Changing Roles

- Peer
- Consultant
- Mentor
- Career development counselor
- Associate (friend?)
- Business associate
- Job search / resumes / references
- Licensing exams / references
Lifelong Learning

- Credentials
- CEUs
- Specialization
- Supervision of others (may want to start with students)
- Supervision of self
- Consultation
- Self care
Case Example – C&Y

You are a foster care services supervisor in a large public agency serving a metropolitan area. There are several foster care teams within the agency, with six to ten social workers on each team. Each social worker is responsible, on the average, for 50 foster children and for related services to natural parents and foster parents. During the last six months it has become apparent to all involved in foster care services that there are serious issues that require action. The agency director, who is concerned about the situation, reports that there are no additional resources for hiring more social workers, and that the agency is legally mandated to care for all foster children in the community. Specific problems that have been noted include: (1) More than 50 percent of workers' time is devoted to crisis management (e.g., foster child being expelled from school, foster family refusing to keep a child, natural parents demanding return of a child, foster parents not receiving their monthly allotment). (2) Community hospitals, schools, and other social agencies are increasingly resistant to addressing the special needs of foster children. (3) The absenteeism rate among workers is increasing. Today you are meeting with the other foster care supervisors to discuss the situation and develop a plan for addressing the concerns of clients, workers, and the agency.
Case Study Format

1. Case Summary:

2. Identification of Relevant Issues for Discussion
   - Assessment
   - Case Management
   - Case History
   - Clinical Interventions (past and present)
   - Crises
   - Cultural Competence
   - Professional Values & Ethics
   - Safety & Self-care
   - Systems Issues
   - Treatment Approaches / Methods
   - Other

3. Selecting Courses of Action and Setting Priorities
   - Case Management
   - Clinical Interventions
   - Crisis Management
   - Documentation
   - Outcome Measures
   - Professional Values & Ethics
   - Safety & Self-care
   - Systems Issues
   - Treatment / Treatment Planning
   - Other

4. Are We Covered…? (Is there more we can / should do?)
   - Administratively...
   - Educationally...
   - Supportively...
We hope you’ve enjoyed the workshop.

THANK YOU

Have a safe trip home.