

USING A CLINICAL APPROACH TO FRONTLINE SUPERVISION TO PROMOTE POSITIVE OUTCOMES IN CHILD WELFARE: WHAT HAVE WE LEARNED?

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WE ARE OBLIGATED TO AND ARE HELD ACCOUNTABLE FOR CHILD AND FAMILY OUTCOMES

How can supervisors best achieve this in the real world?



BACK TO BASICS: A DEFINITION OF SUPERVISION

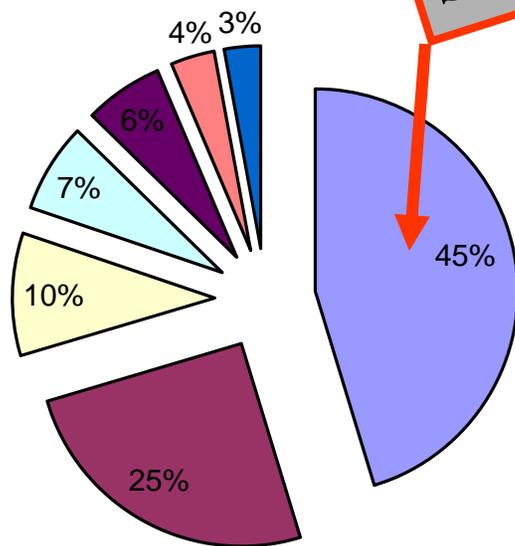
*...A staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate the on-the-job performance of supervisees for whose work he is held accountable. In implementing this responsibility, the supervisor performs **administrative, educational and supportive functions** in interaction 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, 1976, p. 21*

Conceptual Model



2002 CPS Supervision Study: What should be the primary responsibility of supervisors? (N=836)

Primary Responsibility of Supervisors



Supporting the work of line workers

- Supporting the work of line workers
- Monitoring Practice
- Policy compliance
- Making casework decisions
- Other
- Training
- Administration

- Most important:**
- on-the-job training
 - modeling good practice
 - case consultation
 - case decision-making
 - on-going feedback
 - policy clarification
 - worker safety

STRUCTURED CLINICAL CASEWORK SUPERVISION

- ✘ *A well-defined series of activities purposefully conducted in the supervision of CW workers designed to*
 - + *create a supportive organizational culture promoting learning and an outcomes-oriented approach,*
 - + *enhance workers' ability to think critically and make good decisions regarding the assessment of their cases and application of information gained in their intervention, and*
 - + *to promote evidence-informed practice.*

Yes, clinical supervision should—and does—occur in child welfare!

EMERGING FRAMEWORK AND MODEL FOR CHILD WELFARE SUPERVISION (2009)

- ◉ Joint initiative of the NRCOI and NRCFCPPP based on CFSR findings and states efforts to enhance supervision
- ◉ Comprehensive review of the literature
- ◉ Working group of child welfare administrators, supervisors, and others interested in supervision
- ◉ Structured key informant interviews with practitioners, supervisors and administrators, experts in child welfare supervision and members of the NRCOI Peer Training Network

- ✘ Recruit, select, train (or arrange for training), and retain staff
- ✘ Identify/manage/evaluate caseworker performance
- ✘ Facilitate communication and collaboration
- ✘ Build and maintain working relationships with other units in agency
- ✘ Manage caseloads
- ✘ Manage time and workflow for supervisor
- ✘ Monitor caseworker responsibilities to supervisor
- ✘ Provide leadership to unit
- ✘ Provide leadership within organization
- ✘ Anticipate/address/manage change within unit
- ✘ Interpret and influence the organizational culture within the unit
- ✘ Manage time and workflow for caseworkers
- ✘ Provide leadership within community
- ✘ Influence agency
- ✘ Anticipate/address/manage change within agency
- ✘ Use management information systems (MIS)

JOB RESPONSIBILITIES RANKED ‘MOST IMPORTANT/IMPORTANT’ IN WHAT THE STUDY CALLED “ADMINISTRATIVE SUPERVISION”

EDUCATIONAL SUPERVISION

- ✘ Case staffing/case reviews
- ✘ Address ethics in caseworker practice
- ✘ Address ethics in supervision
- ✘ Provide ongoing professional development for supervisor
- ✘ Develop/monitor caseworkers' family-centered practice competence
- ✘ Promote caseworkers' self-reflective practice, critical thinking and case decision-making
- ✘ Develop/monitor caseworkers' cultural competence

- ✘ Provide ongoing professional development for caseworkers
- ✘ Promote evidence-informed practice
- ✘ Assist caseworkers in applying learning from training, workshops, etc.

SUPPORTIVE SUPERVISION

- ✘ Prevent/address stress/secondary traumatic stress/burnout for supervisor
- ✘ Anticipate/manage risk (safety)
- ✘ Prevent/address stress/secondary traumatic stress/burnout for caseworker
- ✘ Enhance caseworkers' job satisfaction/build and maintain morale

A NUMBER OF SUPERVISORY PRACTICES SEEM PARTICULARLY IMPORTANT TO WORKFORCE DEVELOPMENT AND EFFECTIVE PRACTICE

- Scheduled individual or group supervision conferences;
- Enhancing worker critical thinking skills;
- Promoting worker self-reflection;
- Promoting worker identification of important casework questions at the heart the family maltreatment and their application in assessment and treatment;
- Modeling evidence-based practice—both in looking to the professional literature for guidance and in the implementation of an outcomes orientation to their work;
- Establishing an organizational culture in which support, learning, and clinical supervision and consultation are encouraged; and,
- Using case review, observation, and similar methods to assess worker skill and gauge progress.

FOUR STATES IMPLEMENTED CLINICAL SUPERVISION IN FRONTLINE CW

Arkansas

- ✘ Full time professional mentoring of supervisors
- ✘ Structured case review process
- ✘ Peer consultation

Mississippi

- ✘ Cultural consensus on quality supervision
- ✘ Interactional Supervision
- ✘ Peer consultation and informal mentoring

Missouri

- ✘ Role demonstration model
- ✘ 360 Degree Evaluation
- ✘ Organizational Improvement
- ✘ Solution-focused brief therapy

Tennessee

- ✘ Mentors matched within agency or training team
- ✘ Classroom modules
- ✘ Clinical decision-making

CROSS-SITE FINDINGS DEMONSTRATED POTENTIAL FOR POSITIVE IMPACT

- ✘ **Supervisory Effectiveness and Professional Organizational Culture**
 - + Two states had statistically significant improvement in intervention vs. comparison groups
 - + Third saw increase in case-related emphasis
- ✘ **Worker Turnover/Intent to Remain Employed**
 - + One state statistically significant difference in turnover for intervention group
 - + One state observed ↑ Intent to Remain Employed for Intervention ↓ Comparison

WORKER PRACTICE

- × **Worker self-efficacy in child welfare tasks**
 - + Two states observed significant increases in the intervention group vs. the comparison group
 - + One state observed overall increase in both groups and non-significant increase in efficacy expectations in intervention group
- × **Case review**
 - + One state identified limited improvement favoring the intervention group for some practice indicators
- × **Case/client outcome indicator trends**
 - + Two states' trends slightly favored the intervention groups longitudinally

FINDINGS FROM PARTICIPANT FOCUS GROUPS: IMPLEMENTATION OF CLINICAL SUPERVISION SKILLS IN PRACTICE

- ✘ Supervisory accountability and openness to feedback [AR, MO, MS]
- ✘ Developing tools for workers to use to promote better work and reframing forms as clinical tools [MS, MO, AR]
- ✘ Use and development of peer network with other Teams/Supervisors—“one agency” [MO, MS, AR*]
- ✘ Promoting evidence-based practice [AR, MS, MO]*
- ✘ Assessment of workers’ approach, skills, group dynamics [MS, MO, AR]*
- ✘ Active listening [AR, MO]*
- ✘ Focus on “the why”—in depth assessment and analysis [MS, MO]*

CHANGES IN INTERACTION WITH STAFF

- ✘ Facilitating workers self-reflective practice, learning to ask the right questions, and make case decisions themselves [TN, MS, AR, MO]
- ✘ Use of peer casework consultation [TN, MS, MO, AR]
- ✘ Using clinical skills to assess staff/ Maximizing worker strengths [MO, MS, TN]
- ✘ Scheduled supervisory conferences [MS, MO, TN]*
- ✘ Integrating theory, research and practice [AR, MO, TN]
- ✘ Modeling clinical techniques and tools [MS, MO]*
- ✘ Modeling a more strength-based/less punitive approach [MS, MO]
- ✘ Identifying parallel process [AR, MS]
- ✘ Asking for desired work/clarity of expectations [MO, MS]*

EXAMPLES OF CHANGES IN WORKER PRACTICE ATTRIBUTED TO CLINICAL SUPERVISION

- Greater independence/Making decisions themselves [MS, MO, TN, AR]
- Philosophical change in approach as evidenced in interaction with families, narratives, and assessment of families [MS, AR, MO]
- Enhanced self confidence and empowerment [TN, MS, AR]
- Self care behaviors [MS, AR, MO]
- Enhanced teamwork and peer consultation [MS, MO]

ADDITIONAL CHANGES IN WORKER PRACTICE FROM 2005

- ✘ Comprehensive application of questions to assess cases/critical thinking [AR, TN]
- ✘ Creative solution-building, expanded horizons [MO, AR, TN]
- ✘ Targeted intervention grounded in assessment [AR, MO, MS]
- ✘ Competent articulation in court/credibility [MO, AR]
- ✘ More time working with/engagement of families to develop case plans, assess change [AR, MS, MO]
- ✘ Commitment to doing good work with clients, investment [MS, MO]
- ✘ Clear communication of expectations [AR, MS]

OBSERVED IMPACT ON CLIENTS

- ✘ Self-initiated treatment/active participation [AR, MS, MO]
- ✘ Engagement in case planning [MS, MO, AR]
- ✘ Families demonstrate empowerment and a desire for positive change [MO, AR]
- ✘ Cases moving more quickly, anecdotal belief that kids are going home sooner/not removed from home [AR, MO]
- ✘ Fewer client complaints, more positive feedback [MO, AR]

USING SUPERVISION TO PROMOTE EVIDENCE INFORMED PRACTICE IN CHILD WELFARE

- ✘ Evidence-based practice is a philosophy as well as a structured approach to measurement and using information to improve our work (Gambrill, 2003)
- ✘ The impetus for EBP is an outcomes-focused orientation to performance
- ✘ Evidence informed practice is a term often used when evidence based interventions do not yet exist
- ✘ The supervisory relationship is an excellent basis for working with evidence to promote outcome achievement

TO ACHIEVE EVIDENCE INFORMED PRACTICE, WORKERS MUST

- ▶ Understand what it means in the context of the agency
- ▶ Believe that it is an important aspect of best and ethical practice
- ▶ Believe it is valued in the organization and the work unit
- ▶ Believe the environment will allow and support it
- ▶ Possess expectancy valance—believe it will yield positive outcomes for children and families

...How can supervisors facilitate this?

MAKING THE CONNECTION TO PERFORMANCE AND CASE OUTCOMES

- ✘ Worker performance (outputs) and client outcomes are different, but both are worthy measurements
- ✘ Child welfare research into predictors of both is limited but growing
- ✘ It is effective performance and case outcomes that we must strive for despite the dynamic and complicated nature of their production, especially in child welfare.

WHAT EVIDENCE CURRENTLY INFORMS YOUR TEAM'S PRACTICE?

- ❑ National research
- ❑ Nationally identified best practice models
- ❑ Our own evaluations
- ❑ Data on short term outcomes for our clients
- ❑ Data on long term outcomes for our clients
- ❑ Our outcomes vs. that of other teams
- ❑ Our outcomes vs. established standards
- ❑ View of our clients
- ❑ Views of our colleagues

What evidence should inform your practice?

IN ORDER FOR SUPERVISORS TO PROMOTE EIP, IT HELPS TO PRACTICE EIP

- ✘ Tools to assess readiness for EIP
 - + Research in Practice tools: *Firm Foundations*
 - ✘ Personal Audit
 - ✘ Team Audit
 - + QIC PCW survey and results example
- ✘ Asking questions in supervision that probe for evidence
 - + Arkansas Structured Case Review Tool

ASKING CHALLENGING QUESTIONS: *FIRM FOUNDATIONS*, RIP 2006

In Supervision on a Case

- ✘ What would success look like—i.e. what measurable outcomes are we seeking for this child, young person, family?
- ✘ What do we know from research is most likely to work for someone in this situation?
- ✘ Which of the alternative courses of action is likely to be more effective, and how do you know?
- ✘ From our local evaluation results, what impact can I expect the current intervention to have?
- ✘ What evidence do we have about what clients want or find helpful in these situations?

- ✘ What have you learned from previous experiences with similar families?

Team Development

- ✘ In our field of work, what do we know from research improves outcomes?
- ✘ What do we know from consultation and feedback about the changes that clients want?
- ✘ What outcomes are we achieving for our clients (and are they the same for all)?
- ✘ How do our results compare with other teams?
- ✘ What does our professional experience suggest underpins any poor results?

QIC PCW TRAINING, SUPERVISION, & EIP SURVEY IN 3 STATES

- ✘ Measurement over time
 - + Measuring and Promoting Client Outcomes
 - + Supervision
 - + Training
 - + Quality Assurance and Quality Improvement Activities

Examples of some findings from two administrations with private child welfare agency workers and supervisors (n >900)

- ✘ These preliminary, interim data are shared as examples only and are not reflective of data regarding project outcomes

Frequency of Team Discussion in Terms of What It Might Mean for Work with Clients

(1 Never; 3 Sometimes; 5 Very Often)

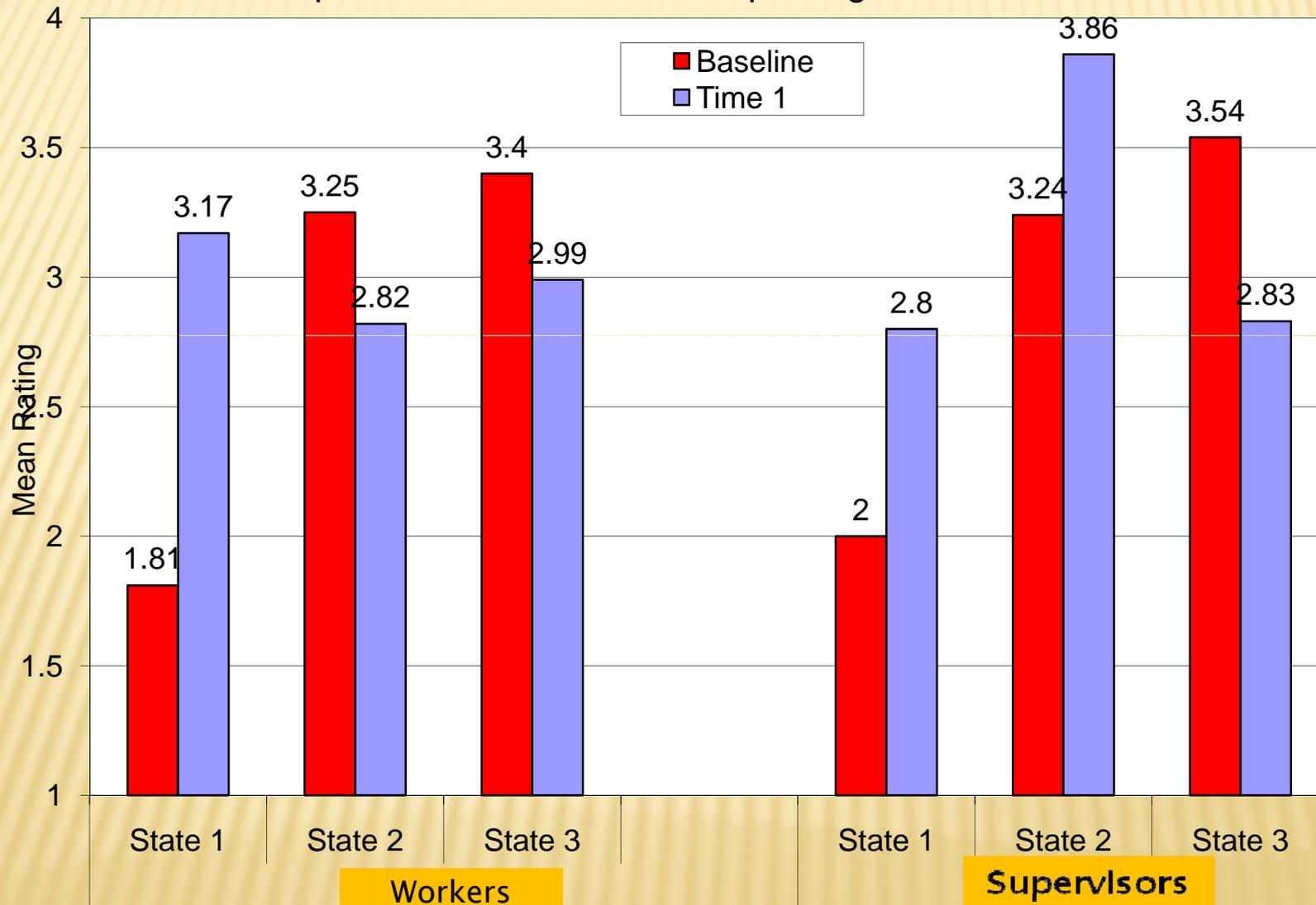
Topics discussed	FREQUENCY		
	State 1	State 2	State 3
Quality assurance reports	3.71	3.58	4.00
Reports on the team's meeting practice standards	4.06	4.01	4.50
Reports on the team's performance in meeting client outcomes	3.75	3.96	4.33
Peer Case Reviews	2.96	3.64	3.83
Local performance information/ tables giving data for all teams	3.58	3.28	3.17
State performance information/ tables giving data for all teams	3.17	3.07	3.00
Research on what improves outcomes for children and/or families	3.00	3.33	3.00
How we should work with children and/or families in order to achieve identified outcomes	3.46	3.95	4.17

1 = never, 5 = very often

PERCENT OF SUPERVISORS REPLYING “YES”

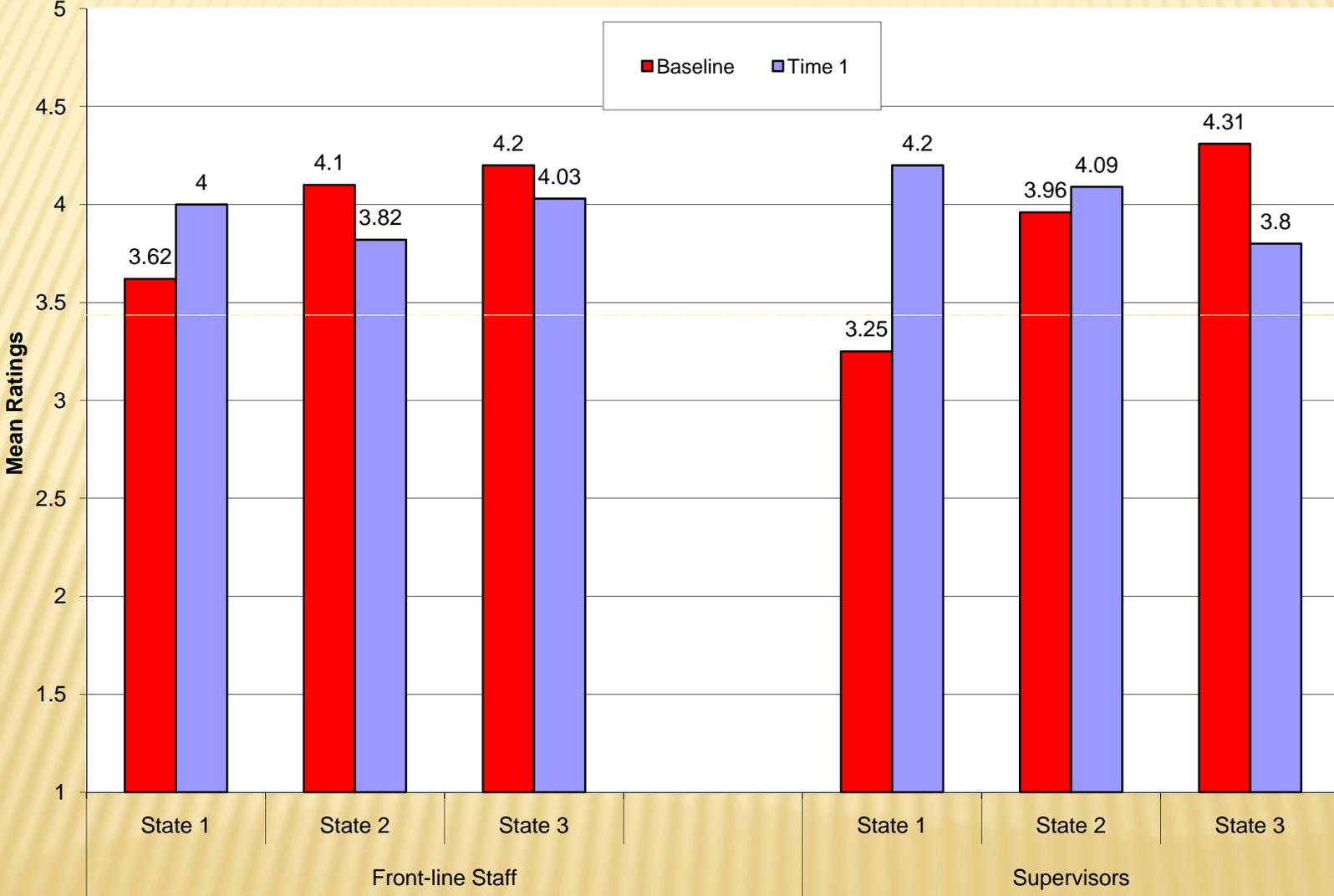
Questions	State 1	State 2	State 3
<i>Do you use data evidence or reports to guide your worker’s practice?</i>	81.8%	72.7%	90%
<i>Do you use research findings to guide your worker’s practice?</i>	72.7%	36.4	63.3%
<i>Do you role play or model client scenarios to guide your worker’s practice?</i>	45.5%	77.3%	70%
<i>Does your supervision session include a clear set of expectations and objectives to guide your worker’s practice?</i>	81.8%	90.0%	90%
<i>Do you feel comfortable challenging current practice with research based ideas?</i>	63.6%	81.8%	83.3%

Is supervision an opportunity to reflect on your practice and experiences, and how it is impacting clients?



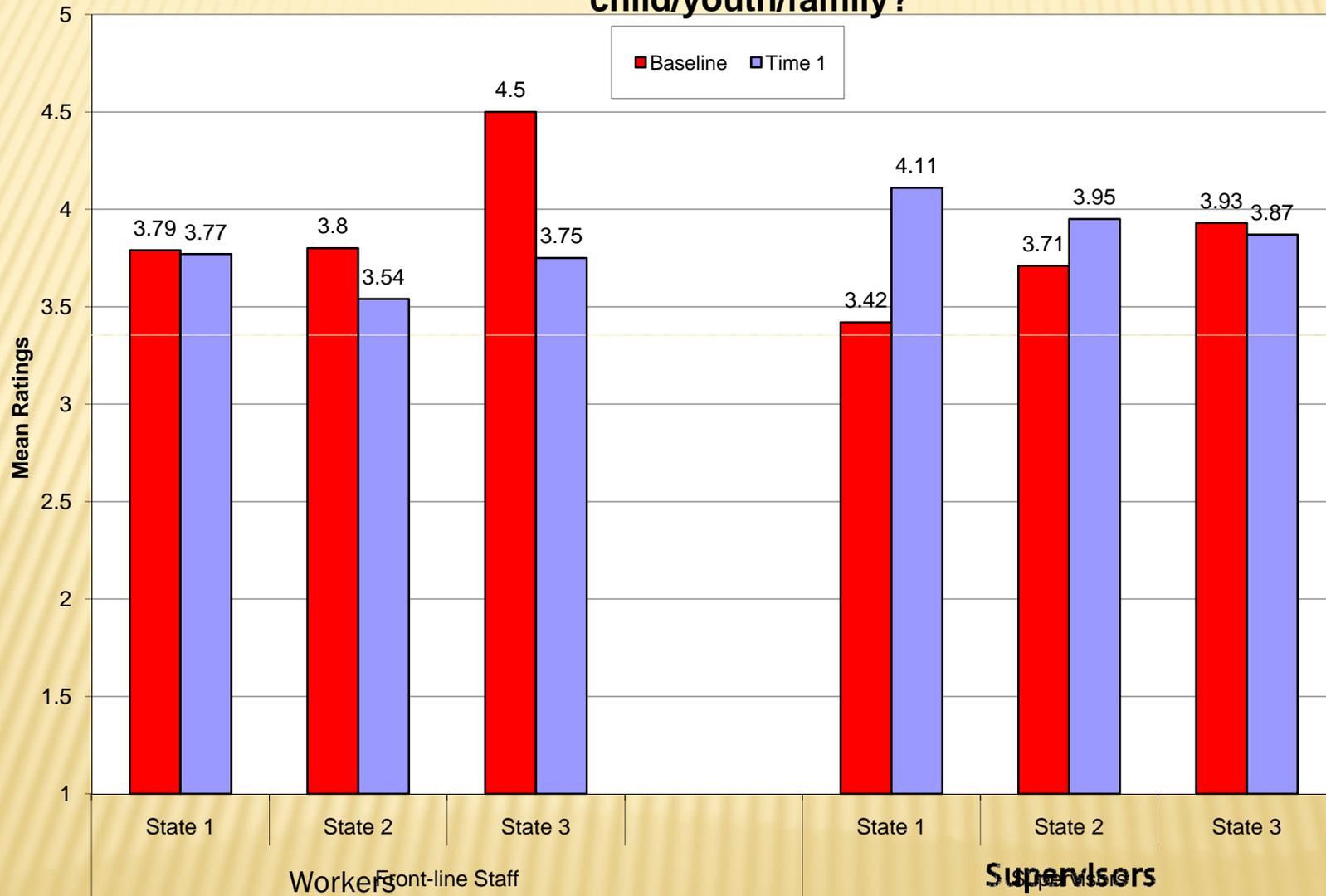
1=never, 5 = always

To what extent do conversations with your supervisor contribute to better outcomes for children/youth/families?



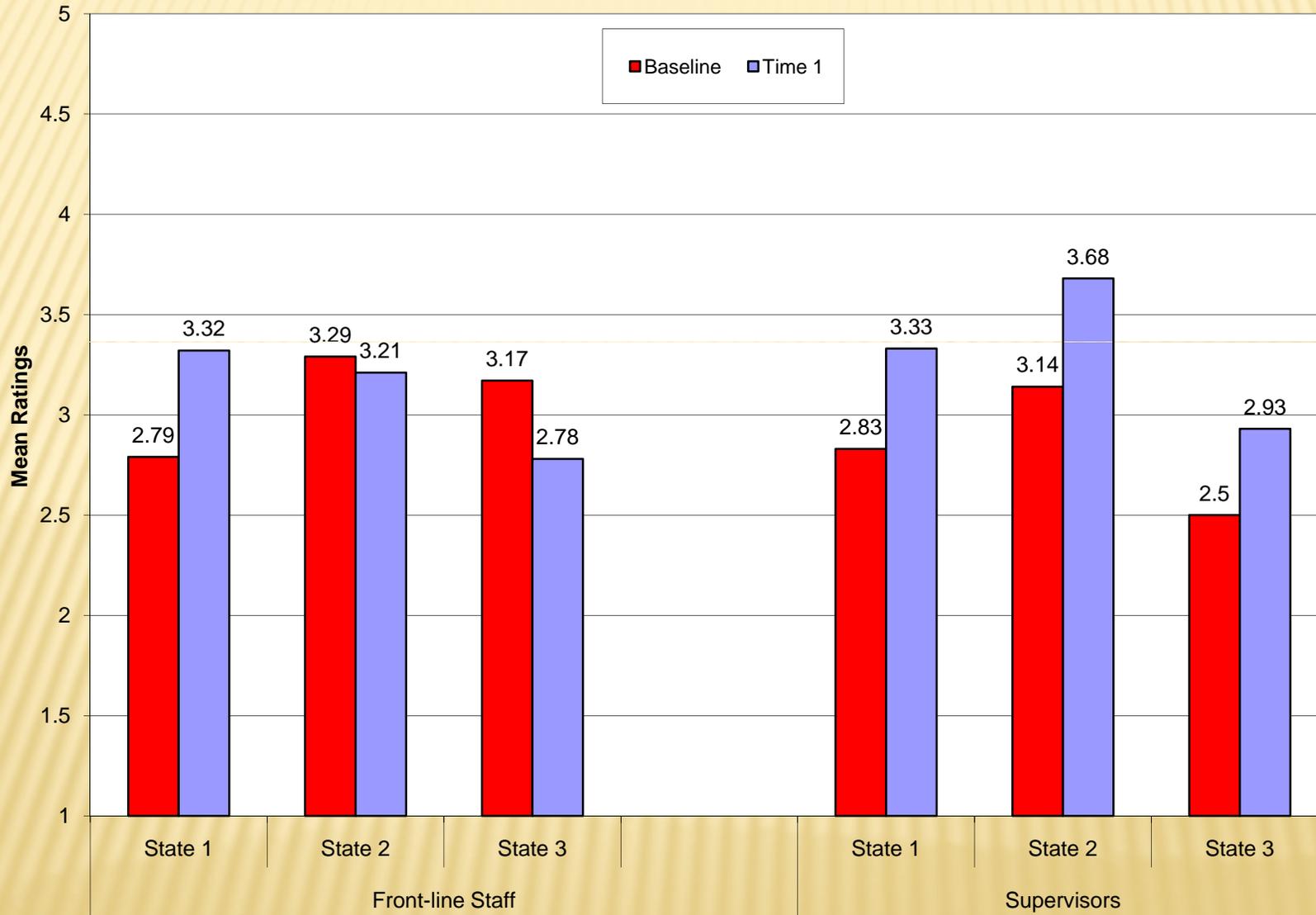
1 = not at all, 5 = very much

How often do you and your supervisor discuss what success will look like- i.e. what measurable outcomes are we seeking for a child/youth/family?



1 = never, 5 = very often

How often do you and your supervisor discuss what research tells us is most likely to work for someone in this situation?



1 = never, 5 = very often

WHAT CAN YOU DO TO IMPROVE PRACTICE ON YOUR TEAM?

- ✘ Do you know your staff's perceptions of how your supervision time is spent?
- ✘ Are your staff open to evidence informed practice?
- ✘ Do you have the data available to you to assess whether the work being done with families is improving outcomes for them?

SO WHAT ARE THE KEYS TO SUPERVISOR FACILITATION OF EIP?

× It's about learning

- + A learning organizational culture

× It's about modeling

- + Using evidence regarding
 - × Readiness for EIP
 - × Staff perceptions re: outcomes orientation
 - × Staff assessment of what is happening on team and in supervision

× It's about relationship

- + Having a relationship with staff that makes looking at evidence safe

× It's about vision

- + Keeping the team's eye on the prize
 - × Safety
 - × Permanency
 - × Well-being

MAKING EVIDENCE AVAILABLE TO PRACTITIONERS

- ✘ Research In Practice Institute (children and families)
<http://www.rip.org.uk/>
- ✘ Cochrane Collaboration (healthcare)
<http://www.cochrane.org/index.htm>
- ✘ Campbell Collaboration (social/human services)
<http://www.campbellcollaboration.org/>
- ✘ Evidence-based Practice for the Helping Professions:
Len Gibbs <http://www.evidence.brookscole.com/>

CLINICAL SUPERVISION CAN HOLD THE KEY TO THE KIND OF OUTCOMES YOU ARE SEEKING

- ✘ The answers to improving child welfare outcomes do not reside in quick fixes and inadequate resources.
- ✘ Investment in clinical supervision—the lynchpin of child welfare—offers the potential for
 - + Promotion of a learning organizational culture
 - + A sound foundation for practice improvement over time
 - + A sustained workforce

