

Wrapping Our Minds Around Supervision

CST /CCS Statewide Meeting
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Session Objectives

- Learn the definition and application for Administrative, Clinical and Reflective Supervision
- Identify personal strengths and challenges in these aspects of supervision
- Learn implementation skills and resources to further knowledge in each area and specifically reflective supervision
- Identify how your organization may structure supervision to enable trusting relationships in collaborative systems of care.

Core Concepts

- Healing- happens through relationships.
- Therapy- *emotionally corrective relationship that can generalize to other relationships.*
- Teams- *emotionally corrective group relationship that generalizes to other parts of the participant's life.*

Training, Coaching, and Supervision for Care Coordinators/Service Facilitators

- Phase 1 - Orientation
 - Basic history and overview of CST/CCS
 - Introduction to skills and competencies
 - Review of the process from referral to transition
- Phase 2 - Apprenticeship
 - Observation by the apprentice of experienced Care Coordinators
 - Observation of the apprentice by experienced coaches
- Phase 3 – Ongoing coaching and supervision
 - Ongoing coaching, informed by forums for discussion and data
 - Periodic observation

National Wraparound Initiative

Similarities of CST and CCS

- Trust building
- Client driven
- Collaborative
- Strengths based
- Team based
- Problem solving
- Transferences
- Parallel Process and System Dynamics

"Alone we can do so little; together we can do so much." – Helen Keller

Administrative Supervision

- Relates to the oversight of federal, state and agency regulations, program policies, rules and procedures. Supervision that is primarily administrative will be driven to achieve the following objectives:
 - Hire
 - Train/educate
 - Oversee paperwork
 - Write reports
 - Explain rules and policies
 - coordinate
 - Monitor productivity
 - Evaluate

• Reference: KAIMH

Clinical Supervision

- Case-focused but does not necessarily consider what the practitioner brings to the intervention. May include many of the objectives of Administrative but will include:

- Review of casework
- Discuss intervention strategies
- Review Intervention Plan
- Review/evaluate clinical progress
- Give guidance/advice
- Teach

Reference: KAIMH

Reflective Supervision

Description of Reflective Supervision:

- Shared exploration of the parallel process.
- Attention given to nuances of each relationship.
- Examination of how relationships affect one another.
- Modeling listening, reflecting, waiting for answers that derive from the nature of the relationship.
- Staff learn how their own bias and preconceptions impact the success of the intervention.

"Until you make the unconscious conscious, it will direct your life and you will call it fate."
- Carl Jung

Reflective Supervision

Objectives of reflective supervision:

- Form trust relationship between supervision and practitioner
- Establish consistent and predictable meetings and times
- Ask questions that encourage details about the participant, family or emerging relationship.
- Listen

"Listening creates a holy silence. When you listen generously to people, they can hear truth in themselves, often for the first time.

-Rachel Naomi Remen

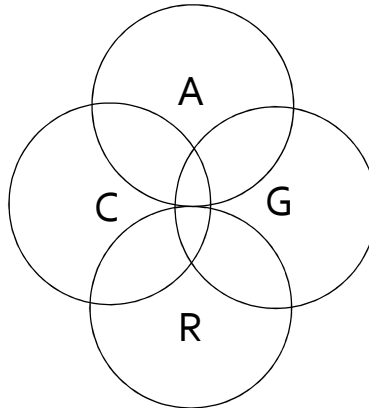
Reflection Supervision

- Remain emotionally present
- Teach/guide
- Nurture /support
- Apply the integration of emotion and reason
- Foster the reflective process to be internalized by the supervisee
- Explore the parallel process and allow time for personal reflection
- Attend to how reactions to the content affect the process

• Reference: KAIMH

When to combine or not combine

- Administrative vs Reflective
- Clinical and Reflective Supervisions
- Applications to Group setting



Key Principles

Across CST – CCS – Trauma Informed Care - Recovery

- Strength-based
- Meaningful participation of consumers and family members (Voice, Access, and Ownership)
- Focus on meaningful outcomes
- Focus on successful living in the community – building on natural and community supports
- Gender, age, and culturally responsive treatment
- Collaboration across systems
- Importance of building trusting relationships
- Unconditional care
- Recovery focus
- Hope
- Involving peer support
- Understand the prevalence and impact of trauma
- Provide access to needed supports and services



Examples from Participants

- What types of supervision are staff receiving?
- What types could be strengthened in your county?

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Reflective Supervision as a Tool to Support Staff and the Systems Change Process

- A trusting relationship is the foundation; all growth and discovery takes place within the context of this trusting relationship.
- To the extent that the supervisor and staff are able to establish a secure relationship, the capacity to be reflective will flourish.

Michigan State University School of Social Work,
Kansas Association for Infant and Early Childhood
Mental Health, 2001
Dan Naylor, White Pine Consulting Service 2014

Communicate the Importance of Reflective Supervision

- Set regularly scheduled meetings that protect against interruptions
- Put away distractions, limit phone involvement
- Create an agreed upon an agenda
- Model reflective process in group and individual setting
- Reflect on process in preparation for next meeting
- Be accessible including in times of crisis

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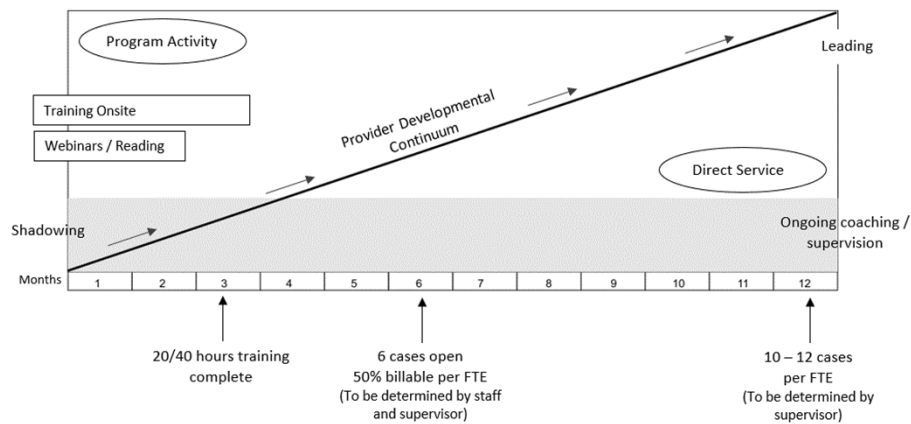
Key Points of Apprenticeship

- Train, practice, reflect. Allow adequate time for mentoring process.
- Identify and emphasize skills needed for each stage of teaming
- Co-facilitate until full trained and ready.
- Up to 6 months to incorporate full independent case load
- Delineate how facilitation practice skills support the process of the teaming model.
- Foster an agency climate that promotes everyday peer to peer consultation and support.

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New Staff Development Model

- Provider readiness checklist - Identify strengths and needs (staff self-assessment and supervisor review)
- Chart training activities (match provider knowledge with training activities and service action)
- Chart plan for case openings
- Review via coaching / supervision



Sustaining and Retaining

- Supervisors are “all in” regarding philosophy and mission and have had direct hands on experience in care coordination.
- Embodiment of core principles by supervisors in staff interactions (strength-based, trauma-informed and person-centered).
- Establish regular and frequent professional consultation (individual and group) with supervisor and care coordinators
- Feedback is clear, strength-based and offers specific steps for improvement
- Consultation emphasizes process and role of team rather than pathology of the family

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Sustaining and Retaining – Continued

- Consultation is available and encouraged during all working hours
- Review of documentation with feedback given is routine
- Caseloads are sustainable – average of 10 -12 per full-time equivalent position
- Supervisors /administrators facilitate training and relationship building with key partners
- Direct observation of team meetings on a regular basis

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Fatal Errors

- Not doing the necessary training and mentoring
- Throwing new staff into the “deep end” too soon
- Limiting access to supervisor/consultation/mentor particularly in the early phases of training
- Assuming that all case manager have the right skills. Some existing staff can bet trained . This role requires a unique set of skills – it’s not for everyone
- Supervisors who are not on board with philosophy and mission.

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Employee Engagement

- *Engaged employees have a heightened connection to work, the organization, the mission or coworkers.*
- *Engaged employees find personal meaning and pride in their work. They believe that their organizations value them; in return, engaged employees are more likely to go above the minimum and expend "discretionary effort" to deliver superior performance.*

U.S. Merit Systems Protection Board; Robert
Lavigna, Director, Institute for Public Sector
Employee Engagement(2016)