



L³ P Associates, LLC
Guide to Clinical Supervision

This tool provides a structure for supervisors to assess and support family centered practice in their staff. Three critical areas of family centered practice are addressed; family engagement, critical thinking and intentional visitation practices.

Name of Supervisor: _____

Name of Worker: _____

Date of Supervision: _____

Supervision Guide

Encouraging a Practice Approach That Engages Families

Consider how the worker:

- Talks about the family during case consultation
- Represents the perspectives of the family
- Writes about the family in case notes and assessment documentation
- Practices Full Disclosure and Transparency
 - Did the worker help the family understand safety threats or risks identified in the assessment process?
 - Did the worker help the family understand the assessment and case planning process?
 - Did the worker help the family understand the Concurrent Planning Process?

Social work requires entering the culture of another human being and trying to understand behavior in the context of this culture. Some workers do this very well...and others hold biases against certain races, ethnic groups or socio economic statuses?

- What ways have you observed that the worker is skilled in entering the culture of the family?

Supervisory Comment:

Case Transfer Communication Guide for Supervisors

Critical Information To Be Reviewed	Focus
1) Is the worker clear about the reason that family came to the attention of the system?	Learning if this is part of a family pattern--if there has been recurrence of maltreatment and

	<p>results of the other involvements with the system. Also learn if there has been law enforcement involvement in the past.</p>
<p>Supervisory Comments:</p>	
<p>2) Is the worker clear about the safety threats and risks that were identified during the initial assessment process?</p>	<p>Worker must fully understand the safety threats and risks identified—and how those safety threats have translated into specific parental behaviors. For example...if the safety threat was “lack of supervision” what did that look like, is this pattern of behavior and not an “incident”? If the safety threat is simply defined as “substance abuse”...it is important to ask the safety assessment worker to be very clear about the specific behaviors that caused the children to be unsafe—not just a general category of substance abuse or mental illness or domestic violence. This helps to begin to formulate visitation activities.</p>
<p>Supervisory Comments:</p>	
<p>3) Does the worker fully understand how the safety plan that was put in place is managing or controlling the identified safety threats.</p>	<p>There are times when a safety plan is put in place that is actually more of a service plan than a case plan—and it cannot control or manage safety threats. Supervisors must carefully review safety plans prior to signing to ensure that they actually can control and manage safety threats identified.</p> <p>Sometimes an in home safety plan is put in place and then is “lost” during the transition from the intake to the ongoing workers. We have to ensure that this does not happen. When we understand the interventions being used to control and manage safety threats—we are able to effectively monitor the ongoing safety of children.</p>
<p>Supervisory Comments:</p>	

<p>4) Can the worker describe the specific behaviors or conditions of the caregiver's that have to change?</p>	<p>The description of specific behaviors that caused children to be unsafe should (whenever possible) be a collaborative process between the worker who completed the initial assessment of safety and risk and the family.</p> <p>If the family is part of the transfer meeting it is an excellent vehicle for creating a common vision for the remainder of the work. If the family is not involved, it is at least important for the worker to spend time with the family helping them to understand why the specific behavioral changes must occur.</p>
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Supervisory Comments:

Behaviorally Based Case Planning and Intentional Visitation Practices

<p>5) Are the interventions specifically focused on changing behaviors or conditions that caused children to be unsafe or at risk of future maltreatment?</p> <ul style="list-style-type: none"> a. Are the activities planned for the visitation obviously linked to addressing the change in behaviors or conditions that caused children to be unsafe or at risk of future harm? <ul style="list-style-type: none"> i. For example are parenting behaviors such cooking meals, putting the child to bed at night, feeding the child, disciplining the child and other parenting behaviors being practiced in the visitation? • Has the worker encouraged birth family-resource family relationship? <ul style="list-style-type: none"> ○ Some workers struggle with partnering well with resource families. ○ Do you have any concerns about worker biases against resource families? Are they doing a good job in partnering? If so can they talk about this at an upcoming unit meeting?
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Supervisory Comment:

Case Plan Review

<p>6) Have behaviors that caused children to be unsafe changed?</p> <ul style="list-style-type: none"> a. Are the services/interventions in the case plan effective in changing behaviors? b. If not, what else can we do? c. Is it time to activate concurrent planning activities?
