

Clinical Supervision Process

Truth or Fiction

The Clinical Supervision Consultation Guide is designed to be consistent and cover the same information on every consultation.

Fiction - Supervisor consultation should be prepared, creative, and responsive to the individual experience, strengths and needs of each worker as well as the specific circumstances of each case.

Truth or Fiction

The Clinical Supervision Guide is a checkbox form designed to help supervisors cover the same information every time.

Fiction - The guide is not a check list. It is meant to provide a framework from which a supervisor can tailor a consultation to fit the needs of the worker and specific circumstances of each case. Supervisors should engage the worker in processes of information gathering, critical analysis and problem solving. Activities such as the assessment of safety, the monitoring the effectiveness of safety interventions and the progress of treatment may need to be addressed at every consultation. Other items, such as case history or details of the original hotline, that is documented elsewhere, do not need to be rehashed.

Truth or Fiction

Clinical Supervision is always a formal, scheduled meeting with each worker on every case every month.

Truth - It is true the requirement for supervisors is to meet with each worker on every case every month. The advantage to a supervisor scheduling regular consultation with workers is that it allows workers to come prepared with issues that need to be addressed and allows supervisor's to prepare and structure an effective consultation, these consultations may include observation as well as discussion. It also helps workers and supervisors to better manage their time.

Fiction - It is fiction that every meeting has to be scheduled and formal. A case that is being closely monitored for safety or when circumstances change in the family system that compromises safety may warrant immediate attention or more frequent consultation. The important thing is that consultation meets the needs of the worker and the needs of families under case management.

Truth or Fiction

Supervisors should have a completely open door policy.

Fiction - Supervisors with an open door policy promote openness and accessibility to workers, however, supervisors who do not set aside scheduled times for consultation and do not set reasonable limits with workers may find themselves in a bind, failing to complete equally important tasks or spending a disproportion amount of time on worker's with high needs. Supervisors must strike a balance between being available and sticking to structured scheduling with workers.

Truth or Fiction

Supervisors and workers who prepare for consultations have productive and more informative consultation.

Truth - Preparation for a supervisor may include the collection and analysis of individual worker and unit data, reviewing case history, or reviewing prior consultations to establish the most productive line of consultation. Preparation of a worker may include reviewing current cases, or action steps established in past consultations for cases or for the development of the worker's skills. The Clinical Supervision Guide not only serves as a good reference during case consultations, but can guide supervisors or workers during preparation for consultation.

Truth or Fiction

Supervisors must enter all consultations in FACES during the consultation.

Fiction - This is a matter of preference and personal style. Some supervisors have suggested that documenting in FACES at the time of the consultation detracts from supervisor/worker engagement. Supervisors who model good eye contact, attentive body positioning and an interactive listening style can instill principles in their workers which translate to worker/client relationships. These supervisors enter the information into FACES at the conclusion of the consultation.

On the other hand some supervisors have suggested that promoting efficiency and time management is also an essential skill. These supervisors can easily multi-task and have no problem entering information while they are engaging in consultation. There is going to be a learning curve and the process of capturing the information, navigating FACES and providing meaningful consultation with each worker will become more natural with time.

Truth or Fiction	The only use for data in the Clinical Supervision Process is to measure compliance and to report to the federal government.
Fiction - It is true that the CD has developed many sources of data to track compliance to state and federal laws however data, specifically at the worker and unit level, can also be used to establish bench marks for the unit, monitor individual worker development, and assess service needs in the local community, as well as many other functions. For more information on available data sources and how to use data in clinical supervision contact your QA/QI Specialist.	
Truth or Fiction	The primary purpose for the Clinical Supervision Process and Guide is to provide a standardized, structured process to be used consistently the same statewide.
Fiction - The Clinical Supervision Process and Guide is intended to provide a framework from which a supervisor can develop a flexible and thoughtful approach which is responsive to the needs of each worker, circumstances of the family and local resources in the community.	
Truth or Fiction	The Clinical Supervision Process and Guide should improve documentation in FACES as well as documentation of worker development activity.
Truth - When Clinical Supervision is prepared for, well thought out and focused on the needs of the family and the worker's development, documentation should be more focused, streamlined, less repetitive and more efficient.	
Truth or Fiction	During Clinical Supervision, supervisors should model and promote worker practice which is empathetic and fully trauma-informed.
Truth – For workers to be truly empathetically responsive to the needs of families, they must factor in the family's history of traumatic events and to understand its impact on family functioning. Interventions that are effective in working with one family may trigger responses in the family connected to trauma history that could be counterproductive to the family's progress. The role of the supervisor in consultation may be to focus the worker's attention on the family's traumatic events, its impact on family functioning and the most effective approaches to addressing the family's service needs.	
Truth or Fiction	The development of the Clinical Supervision Guide was to provide supervisors with a structured and consistent set of questions to assure critical areas of concern are addressed in the same way during every consultation.
Fiction – Supervisor Consultation should be responsive to the needs of the case and to the worker. Many questions on the guide may not be relevant at the time of the consultation just as concerns not covered on the guide may be very important. For example, sibling reunification may be of central importance in a particular case. The supervisor may emphasize the worker's need to proactively pursue quality sibling visitation.	
Truth or Fiction	The Clinical Supervision Process should focus exclusively on the case under review. Worker development is a separate issue and should only be addressed separately.
Fiction – We all know how important on the job training is in the field of child protection. Clinical Supervision is the perfect opportunity for supervisors to model best practice with the worker to hone worker's case management skills as the worker provides quality service to the family. When supervisors effectively model parallel processes in the supervisor/worker relationship which correlates to effective case management, there is a mutual benefit to the family as well as the worker.	
Truth or Fiction	The minimum requirement for completion of one Clinical Supervision Consultation is once per month per worker.
True - That is not to say there may be a need to meet with a worker more often or that an impromptu meeting on situations where a family needs more attention. It does mean you have a thorough conversation about a case and the needs of the family, as well as related worker performance at least once a month.	