

Committed to Excellence Through Supervision

Clinical Practice Supervision

National Resource Center for
Family Centered Practice

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Clinical Practice Supervision

- Trainer Introductions
- Review of Two Day Agenda

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Clinical Practice Supervision

What you told us:

Need up-to-date knowledge on

- child and adolescent development
- child and adult mental health

Want to know about research and best practice
but don't have time to read lots of research
studies

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Clinical Practice Supervision

Need help in guiding workers to do a
better job after the initial assessment
data is in:

- Developing alternative hypotheses
- Planning and recommending interventions
- Understanding and monitoring the process of change

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Today's Agenda

Schedule: 8:30-4:30; Lunch: 12-1

- Welcome and Overview
- **Morning:**
 - **Clinical Supervision Issues**
- **Afternoon:**
 - Finish up Clinical Supervision
 - Trauma and Attachment Issues (Bruce Buchanan)
- **Evening:**
 - Dinner on Own

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Tomorrow's Agenda

8:00-4:00; Lunch: 12:30-1

Morning:

- Social Worker Competencies and Task Analysis
Evaluate Your Staff!
- Adult Mental Illness (Bonnie Mikelson)

Afternoon:

- Child Mental Illness (Eileen Swoboda)
- Unit Evaluation Data Returned
- Individual/Unit Development Program
- Closure – Done by 4:00 p.m.

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Introductions



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First things first

- Evaluation instruments

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NRC Players present . . .

IRON CHEF: THE CHILD WELFARE CHALLENGE



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What's missing in this recipe?

ASSESSMENT

WHAT GOES ON IN THE MIDDLE?

DECISION-MAKING

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What happens in the middle?

- **Challenges:**
 - Dearth of Treatment Research Availability**
 - Complexity**
 - Time and Focus**

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Good News

Interdisciplinary collaboration has produced more practice wisdom

Treatment research is starting to come in

Emphasis on evidence-based practice leading to user-friendly interpretations of research data

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CLINICAL SUPERVISION

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Clinical Practice Supervision

Supervision of child welfare case management/practice requiring **SPECIALIZED KNOWLEDGE** about how families overcome challenges and build on strengths

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Worker Values, Knowledge, Skills

- We need a target – what are we trying to supervise for?

VALUES
CRITICAL THINKING
PRACTICE SKILLS

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HOW DO YOU KNOW HOW YOUR CASE MANAGERS THINK ABOUT & INTERACT WITH FAMILIES?

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- When it comes to learning what social workers actually do . . . ask them.
- And occasionally observe them.

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A Practice Theory

An individualized set of propositions which workers use to:

- Describe** families
- Explain** problems
- Predict** how change will be produced

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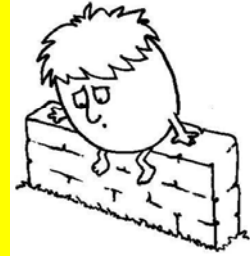
Supervisors' practice theories

- Developed through experience and education – PRACTICE WISDOM
 - continually updated
 - occasionally re-examined
 - SHARED in supervision

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Clinical Supervision

The heart of the supervisory interaction is separating the elements of a complex whole and creating a new whole – a new understanding



-Munson

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In other words, you may have to take the case apart in order to put it together again



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Supervisors help workers say what they KNOW and OBSERVE &

articulate MORE than they KNOW and OBSERVE

- How do you shape the way your workers describe, explain and predict their cases?

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Articulating a Practice Theory (Describe/Explain/Predict)

DESCRIBE PROBLEM LEADING TO ABUSE OR NEGLECT	EXPLANATION (HYPOTHESIS) OF CAUSES OR ISSUES UNDERLYING THE PROBLEM	WHAT SOLUTION/SERVICE DO YOU PREDICT WILL HELP FAMILY ACHIEVE THIS CHANGE?	IF SOLUTION/SERVICE WORKS FOR FAMILY, PREDICT THE RESULTS (Immediate benefit to family members and effect on child safety)
Young mother does not parent	Grandmother rescues her daughter so that she doesn't have to parent (a family systems problem)	Family therapy to work on mother-daughter relationship	When grandmother quits rescuing mom, mom will step up to her responsibilities and the children will be kept safe.

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Holding our hypotheses "lightly"

- Much we don't know
- Several if not many possibilities
- "Judgments can wait"
- Always have a Plan B . . . C . . . etc.
- Families have resources and wisdom that may not have been revealed



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CAUTION: INTERVENTION OVERLOAD AHEAD



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Prioritizing Interventions

You gotta know when to hold 'em
And know when to fold 'em



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Top priorities – Hold 'em

- Child safety
 - Environmental issues related to child safety
 - “Deal breaker” parental conditions or behaviors

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Top priorities – Hold 'em

- Child physical and emotional health
- Child behavioral issues

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Placement Stability, Reunification, and Foster Care Re-entry

Courtney (1994, 95) studies of California foster children found:

- Children with physical, mental and emotional problems:
 - returned to parents at significantly lower rates
 - far more likely to re-enter foster care

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- Children with behavioral problems experienced significantly more foster care moves
- Children who experienced more moves much more likely to re-enter foster care

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Courtney, 1995,1996

[

Zinn et al (2006) study of Illinois foster children:

27% of foster parent requested moves are due to inability to tolerate children's behavioral or emotional problems

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[Secondary priorities – fold ‘em]

- Interventions offered for their **potential** for improving the family's ability to benefit from services or support

FOLD ‘EM if
not working
family finds them unacceptable
interfering with progress on a critical goal

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[

- Not every clinical issue for a family will be relevant to child welfare business
- Some case strategies also ought to be “held lightly”

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[Application]

- 30-60% co-occurrence between domestic violence and child maltreatment
- If child in home where domestic violence present . . . Is this our business?

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[Application]

- Mother has been in counseling and on medication for depression for a year
- New founded report of physical abuse of her 8-year old son by her live-in boyfriend ; mom asks boyfriend to move out, complies with all DHS requests but decides to discontinue counseling and meds

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[Action Planning Principles]

- Handout

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RECOMMENDING INTERVENTIONS

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Evidence-Based Practice

Practice which is:

- Consistent with the best research available
- Intersects with sound clinical judgment and experience
- Aligns with the goals and values of the child/family being served
 - The California Evidence-Based Clearinghouse for Child Welfare

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Recommending Interventions

- Interventions that have a reasonable chance of supporting change*
- What combination of services and supports will approximate “best practice”?

*Human Systems Outcomes, 2006

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Treatment Research

Looks not only at outcomes but also at the process of change

- Attitudes
- Knowledge
- Behaviors
- Elimination of environmental stressors
- Use of social supports
- Timing –how long does it take?

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Treatment Research

Where to find it:

- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
<http://www.cachildwelfareclearinghouse.org/>
- National Crime Victims Research and Treatment Center
<http://colleges.musc.edu/ncvc/>

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Treatment Research

National Institute on Drug Abuse
<http://www.drugabuse.gov/drugpages.html>
Portal to information on drugs and treatments

Substance Abuse and Mental Health Services Administration (SAMHSA) website
www.samhsa.gov (Model Programs)

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Substance Abuse Treatment Research

(See handout)

- Treatment works
 - Reduction in drug use (by 50%)
 - Reduction in criminal activity (by 80%)
 - Reduction in arrests (64%)
- Multiple attempts at treatment may be required
- “Dose” level is 90 days (3 months)

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Process of Substance Abuse Recovery

Four stages of recovery:

Denial

Transition

Early Recovery

Ongoing Recovery

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Measuring Progress in Substance Abuse Treatment

Progress Measured Across 9 Variables Over Time:

- Treatment participation/completion
- Following Aftercare/Relapse Prevention Plan
- Substance Abuse Education/Insight into Addiction
- Abstinence
- Participation in Recovery Support System
- Compliance with family case plan
- Consistency in visitation (if applicable)
- Improvement of parenting skills/parental functioning
- Interpersonal Relationships
- Participation in Skill Building

(D'Aunno, L, and Chisum, G., 1998)

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Treatment Research on Domestic Violence

For Men:

Batterers Education Programs (BEP)

- Standard of practice in most communities
- No academic consensus on effectiveness
- Sound research on what makes BEP more likely to support change

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Treatment Research on Domestic Violence Programs

Difficult to measure “success” due to many variations in treatment fidelity, dropout rates, measurement methods, etc.

Researchers now measuring retroactively, in the same manner as substance abuse and sex offenders

- 80% of men had not battered for the last 12 months—when measured 30 months after BEP

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Results of interest to CPS Workers

- If men are going to change, they begin to do so within 3 months of counseling.
- Men who stay in BEP longer than 2 months re-assault at a much lower rate than those who drop out before 2 months.
- Two-thirds of men who re-assaulted did so within 9 months of program intake.
- Most men relied on behavioral constraints to avoid violence, only 20% changed their attitudes towards women.

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What Makes for Better Outcomes for Batterers Education Programs

- Screening for psychiatric disorders and alcohol abuse at intake.
- Intensive counseling (3-4 times per week) in the first one to two months for severely assaultive men, or men with a history of violent crime.
- Swift and certain response to non-compliance and re-assault
- Pre-trial referral of first-time cases (i.e. similar to popular "drug courts")

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Better BEP

BUT.....

- Punitive programs also may keep women from seeking help, and may make programs less effective for the men in treatment.

Particularly in minority families, or families from communities with histories of strained relations with police.

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For Women and Children

- (see table in handout)

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Treatment Research on Child Physical Abuse

See Handouts:

- 24 Treatment Approaches for Child Sexual and Physical Abuse
 - Interventions that have a Reasonable Chance of Supporting Change – Child Physical Abuse
 - Proxy Measures of Change

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Two Highly Rated Programs

- Child Focused: Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
See <http://tfcbt.musc.edu/>
- Parent-Child Focused: Parent-Child Interaction Therapy (PCIT)

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Risk Reduction in Serious Child Maltreatment (Wilson, 2000)

- Treatment of parents for serious cases of child maltreatment requires several months (at least) of intensive treatment
- Probability of recurrence of maltreatment during the course of treatment is high, but not an indicator that treatment has failed or cannot succeed

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Risk Reduction in Serious Child Maltreatment

- When children remain in home, incidents of child maltreatment should become less frequent and less serious
- Parental functioning should improve:
 - Attitudes, perceptions, behavior
 - Parent-child interaction
- Parent's ability to retain new skills or behaviors under stress is an indicator that positive changes are likely to be stable
 - Reversion to old habits under stress calls for additional support and/or time in services/treatment

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Proxy Measures of Change

Especially important in cases of:

Physical abuse (low baseline rate)
Placement cases prior to reunification
(parent hasn't had opportunity for further maltreatment)
(see handout)

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Summary themes

- Achieving sustained behavioral change is a not a simple linear process
- "Spiral" model of change (Prochaska and DiClemente)



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Summary themes

- Attitudes don't necessarily change
- Change takes time
- "Bundled" services may make a difference



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Interventions with a Reasonable Chance of Supporting Change

How do you know what's offered in your community and how well it's working?

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Questions for Community Providers

- How does your program purport to work?
- What are you looking for to assure that change is taking place? Are there expected steps or stages in the change process?
- Define success:
 - completion?
 - level of compliance or benefit?
 - how measured?

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Questions for Community Providers

- Does your program keep data on client outcomes?
- Would your treatment team be willing to consider incorporating child welfare goals into your treatment plan?

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Questions for Community Providers

4. Role of social support in change process:
- What kind of support do clients need in order to sustain and integrate change into their family systems?
 - What can concerned family members be doing in order to best support the change process?
 - Resources for family members?

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Important Considerations

- Program fidelity – Is there a manual? Is it being followed?
- Procedural fidelity – Is program being offered at correct dose (number of sessions), intensity, by persons with appropriate credentials?

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Important Considerations

- Does the service address the family's view of their situation? Is the service acceptable to the family?
- Assessment should address cultural concerns (e.g., fathers, groups for young women, etc.)

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Supervision Strategies

- When do you talk to workers about the pathway to change?
- How could workers learn this information outside of your educating them in supervision?

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Why do workers need to know process of change?

- Ethical considerations:
 - Competence
 - Informed consent
- Help family prepare for/engage in process
- Monitoring progress

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Grid for Measuring Change

- Developed by Stephen Wong, Ph.D for Illinois Department of Children and Family Services

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Grid for Measuring Change

Developed by Stephen Wong, Ph.D., for the Illinois Department of Children and Family Services Office of the Inspector General. (1995)

Key: + means positive change 0 means no change - means negative change

Change Measured	Date _/_/__	Date _/_/__	Date _/_/__	Date _/_/__	Date _/_/__	Date _/_/__	Date _/_/__

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