Day Two

Part One: Supervisor as Self

TOPICS

Rethinking Supervision

Building Resilience

**Culminating Project—
Leadership
and Workshop**

Day Two

Part One: Supervisor as Self

Topic	Activities
Day Two Introduction	Making Connections
Rethinking Supervision	▪ Chairs ▪ Use of Self in Casework: Alexander Case Scenario ▪ Ask More Questions!
Building Resilience	▪ Recognizing Your Resilience ▪ Trauma Discussion ▪ Alexander Case Scenario ▪ Resilience Assessment
Culminating Project—Leadership and Workshop	▪ Culminating Project Workshop ▪ Culminating Project Homework
Wrap-up	▪ Complete Evaluations

Objectives

Rethinking Supervision

- ✓ Explore the connection between supervision and family outcome.
- ✓ Discuss the relationship between supervision and the worker's ability to engage in a working and positive relationship with a family and a positive outcome with that family.

Building Resilience

- ✓ Define resilience and identify resilience capacity.
- ✓ Identify the effects of worker exposure to trauma in the lives of clients.
- ✓ Understand how compassion fatigue and unresolved work-related grief erode resilience.
- ✓ Develop and apply strategies that promote and enhance resilience, including self-care actions.

Culminating Project—Leadership and Workshop

- ✓ Utilize areas of importance for local leadership as a foundation for developing your culminating project idea.
- ✓ Work on projects in class so that you may ask questions and brainstorm ideas.

Activity – Alexander Case Scenario

Note Type: Field/Office Visit – Medical/Psych. Office/Facility
Worker Activity Type:
Contact Begin Date: 10/26/2006 – At 1:00 PM
Contact End Date:
Performed by: CPI
Contact Person: Detective Lopez, Miriam
Contact Person Role: Law Enforcement
Outcome: Completed
Subjects of Note: Alexander, Samantha (V) (Face-to-face – completed)

Notes:
CPI Wallace responded to Munroe medical Center in reference to a suspected sexual abuse case of a child. Upon arrival contact was made with detective Miriam Lopez/Marion County Sheriff Dept. in emergency room #37 where she was conducting an interview with child victim Samantha Alexander, age 6. During the interview Samantha was able to distinguish between good touch/bad touch and truth and lie. She verbally demonstrated an understanding of both. Samantha stated that she went to the bathroom in the middle of the night and then went back to bed. She stated that she woke up and there was blood on her and that it came from inside of her. She stated that there was blood on the sheets. Initially Samantha stated that she had lost a tooth and that it had bled down her legs. She stated that on Sunday she fell and split her legs. Detective Diaz related to the victim child that she knew her and her mother from when Samantha had accidentally been shot in the hand. Detective Diaz asked her about that injury. Samantha stated that she fell from the top of the trash can. Then she stated that what really happened was that she had been playing with her mother's boyfriend's gun and it had gone off and shot her hand. Samantha stated that the gun accident happened a long time ago. Samantha then related that on Sunday (10/23/06) her cousin, Brian Capos, put his hands all the way inside her "pie pie", which is what she calls her vagina. She said that he covered her mouth and told her not to holler. Samantha said Brian told her not to tell and that they were alone when it happened. Contact was then made with Nurse Julie Browning. Nurse Browning conducted a brief visual examination of Samantha's vagina and observed tearing of the hymen and vaginal opening. Nurse Browning made contact with the Child Protection team in Gainesville, FL. The decision was made for Samantha to be transported to Kimberly's Cottage (CPT) for an initial forensic medical examination. Due to the severity of Samantha's injuries she was transported to Gainesville, FL. By Detective Linda Schieb at the request of Dr. Steve Minor, who recommended that she be evaluated there regarding the possible need for suturing.

Contact Begin date: 10/26/2006 At 1:30 PM
Contact End Date:
Performed by: CPI
Contact Person:
Contacted Person Role:
Outcome:
Subjects of note: Alexander, Martha (A) (Face-to-face – Completed)

Activity, cont.: Alexander Case Scenario

Notes:
CPI initiated a brief interview with Martha Alexander, mother of Samantha. Interview was limited due to child victim being released from the emergency room to be transported to Kimberly's Cottage in Gainesville. Mother was accompanying child. The mother stated that she woke up around 5:30 AM this morning to get ready for work and get Samantha ready for school. She stated that she the observed Samantha with blood in clothes and on her legs. She stated that she took Samantha to the bathroom and pulled down her panties and saw blood coming from her vaginal area and blood clots were in her underwear. Mother stated that she asked Samantha what happened and Samantha related to her that Brian had scratched her. She stated that she had attempted to further question Samantha and she started to cry. Mother stated that she then transported Samantha to the emergency room. She stated that her cousin has been living with her for a month and a half. She stated that he sometimes babysat Samantha for her on the weekends while she is at work. Mother stated that there were no problems or concern about Samantha being around the cousin prior to this incident. She said that Samantha had never told her that Brian had inappropriately touched her. Phone contact was then made with Julia Duncan/godmother. She stated that Martha Alexander had called her around 6:45 this morning and told her what happened. Julia Duncan stated that Martha was a good mother to Samantha and loved her very much. She stated that she had no problems/concerns with the mother's ability to parent.

Contact Begin Date: 10/26/07 at 4:47 PM
Note Type: Telephone Contact
Performed by: CPI
Contact Person: Dr. Andrew Willis, CPT, Kimberly's Cottage, Gainesville, FL

Notes:
CPI made telephone contact with CPI physician Andrew Willis. Dr. Willis stated that he had examined Samantha upon her arrival from the Munroe Regional Medical Center emergency room. He had determined that no suturing of Samantha's injuries was necessary. Dr. Willis stated that Samantha had been released to her mother around 4:00 PM.

Contact Begin Date: 10/27/06 at 09:50 AM
Note Type: Telephone Contact
Contact end Date:
Performed by: CPI
Contact Person: Reporter – Dr. Steve Minor
Contacted Person Role: Other
Outcome: Completed

Activity, cont.: Alexander Case Scenario

Notes:
CPI Wallace initiated contact with Dr. Steve Minor who related that he was the attending physician for Samantha Alexander. Dr. Minor stated that there was a concern regarding the mother's ability to protect and provide safe supervision for Samantha in her home. He related that in addition to the vaginal tearing Samantha had a burn on her left leg and another on her right arm. The doctor stated that the burns appeared to be about one week old and that Samantha had told him that her cousin Brian had burned her with a cigarette lighter by accident. Dr. Minor stated that Samantha had told him on 10/26/05 that her cousin Brian had sexually assaulted her. He stated that Samantha related to him that Brian, her mother, and aunt smoke marijuana.

Contact Begin Date: 10/27/06 at 10:30 AM
Performed by: CPI
Contact Person:
Contact Person Role:
Outcome:
Subjects of note: Alexander, Samantha I (V) (Face-to-Face – Completed)

Notes:
CPI Wallace conducted F/F contact with Martha Alexander/mother and Samantha Alexander/Child in the home. Samantha was appropriately dressed and clean. She was smiling and appeared to be happy. Samantha waited in the living room while the CPI spoke with mother in the kitchen. An R&R pamphlet was given to the mother and the allegations were read to her. Martha Alexander stated that on 10/25/06 she and Samantha went to bed around 10:30 PM and woke up between 5:30 and 6:00 AM to prepare for work and school. She stated that she saw blood on Samantha's clothing and took her to the bathroom and pulled down her panties and saw blood and blood clots in Samantha's underwear. She stated that she took Samantha's clothes off and put them in a bag. She said that she called Samantha's godmother Julie, and then took Samantha to the hospital. Mother stated that Samantha sleeps with her (the mother). She states that her apartment only has one bedroom and that her cousin Brian sleeps on the couch in the living room. She stated that Samantha told her that Brian scratched her and that when she continued to question her Samantha began to cry. Martha Alexander stated that her cousin Brian is 16 years of age and has been living with her for approximately six weeks. She related that her grandmother had brought Brian down from Georgia to stay with her and Samantha. She stated that there were no prior concerns about Brian and Samantha. She stated that Brian would sometimes get in trouble at school for disrupting class and cursing. Mother states she bathes Samantha every night and has never noticed anything wrong with her vagina or anal area. She stated that on the

Activity, cont.: Alexander Case Scenario

night/early morning of 10/25/2006 she did not hear anything and did not wake up during the night. She stated that Samantha usually does not get up during the night, but that sometimes she might get up to use the bathroom. She stated that she does not know when the sexual abuse might have occurred. Mother stated that Brian has babysat Samantha about 4-5 times for her on the weekends while she works from 6 Am – 12 PM at the Kwik King on Old Jacksonville Road. She stated that Samantha has never told her that Brian touched her inappropriately. She stated that Samantha has told her when Brian messes with the television. Mother related that Samantha told her that she was in the bedroom playing with the lighter, causing the burns on her leg and arm. Mother stated that Samantha was verbally disciplined and the burns were treated with Neosporin and peroxide. Mother stated that she does not smoke marijuana. She related that she has never observed Brian smoking marijuana. She stated that Brian's mother is her Aunt Priscilla and she saw her about a month ago. The mother was given drug screen # 628954. She stated that Brian will not be allowed back in her home. She stated that he was arrested and is currently in the Marion County Juvenile Detention Center. She stated that no one else will be allowed to live in her home.

What are your initial impressions?

How would your impressions about this family influence your interactions with them?

Handout – Resources for Clinical Supervision

Munson, Carlton. (2001). *Handbook of Clinical Social Work Supervision* (3rd edition). The Haworth Press: New York.

Kadushin, Alfred. (1992). *Supervision in Social Work*. Columbia University Press: New York.

Shulman, Lawrence. (1995). *Supervision and Consultation. Encyclopedia of Social Work.* NASW Press: Washington, D.C.

Activity – Recognizing Your Resilience

Directions:
We've all demonstrated resilience in our lives. Take a few moments to recall a challenging time in your life (professionally or personally) in which you were able to demonstrate each of the characteristics below and describe that time.

I stayed positive when:

_____

_____

_____

I stayed focused when:

_____

_____

_____

I stayed flexible when:

_____

_____

_____

I stayed organized when:

_____

_____

_____

I stayed proactive when:

_____

_____

_____

Handout – Child Welfare Professionals' Exposure to Trauma

"Social work trauma can occur when a caseload event or series of events is beyond the capacity of the social worker to manage. This does not mean that any challenge at work will result in workplace trauma. Professionals grow by encountering workplace challenges that are beyond their grasp and developing new skills necessary to manage new situations. Trauma effects, however, can develop when a social worker is confronted with an event or series of events that cannot be readily managed, either emotionally, or practically, and in which there is an element of danger. These events may be directed at the worker or they may be directed at the client and have an indirect effect on the social worker. In either scenario the impact of the event will be in part determined by the personal vulnerabilities of the particular worker." (Horowitz, 1998)

Direct and Indirect Worker Trauma

Direct Trauma

- Assault and vandalism
- Verbal abuse; threat of assault
- Public sources of harassment, ridicule, criticism and disrespect, including the media
- Organizational demands, such as high caseloads and lack of resources for families resulting in limited hope for success

Indirect Trauma

- Exposure to repeated stories of the dismal and destructive events in clients' lives
- Repeated exposure to client affect including extreme anger and sadness—emotional contagions
- A sense of responsibility for the conditions leading to a difficult event
- A sense of similarity with a client due to a situation or personal characteristic ("It could have been me, or my child.")

Effects

The effects of exposure to trauma are defined by the degree to which workers are directly exposed to ongoing client trauma events, and to which workers have responsibility for the conditions in a client's life.

What Effects Can Look Like

- Constant awareness of pain surrounding work
- Intrusive thoughts about clients and their circumstances
- Hyper-vigilance
- Depression
- Lack of competence in decision-making
- Work spillover into personal life

Handout, cont.: Child Welfare Professionals' Exposure to Trauma

Trauma Continuum		
Mild	Middle	Severe
▪ Providing services in a contained office environment for a set period of time. ▪ Affected by the stories they hear. ▪ These stories are at times related to ongoing events, but often these stories describe events in the past from which the client is currently safe.	▪ Exposed to on-going trauma events directly related to clients. ▪ Working with the client in the office and in the client's home. ▪ Perceive themselves as having a degree of responsibility for determining conditions under which the trauma events may occur.	▪ Providing home-based services. ▪ Spending many hours in the client's home and witnessing traumatizing conditions and events on a continual basis.

Personal Vulnerability Factors

- Past experiences in the worker's life (i.e., worker's own experience with abuse)
- Worker's coping style
- Current life situation (i.e., divorce, death of a parent, birth of a child)

Professional Vulnerability Factors

- Caseload size
- Organizational structure and policies
- Resources for clients
- Public opinion

Self Care

- Create a ritual to let your day go at the end of every day.
- Do not leave the best part of yourself at work.
- Don't hold it in. Allow yourself to feel and express your feelings. Help others around you do the same.
- Exercise—take time for yourself. Use positive self-talk.

Building Resilience on Your Team

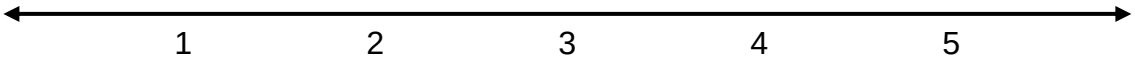
- Use group supervision to process group feelings.
- Look for signs of vulnerability in staff: loss of confidence, difficulty feeling empathy, feeling powerless, noticeable irritably.
- Ask: "How did you feel about that?" "How did it affect you?"

Activity – How Resilient Are You?

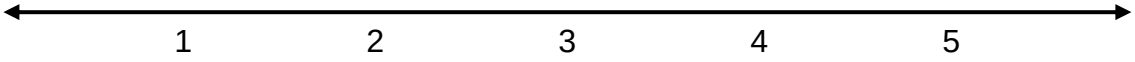
Rate yourself on the following statements:

1= strongly disagree ⟷ *5= strongly agree*

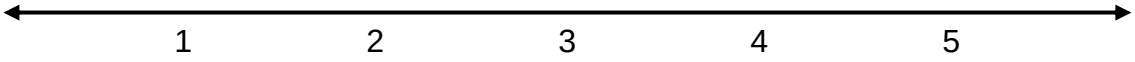
1. I'm very resilient. I adapt quickly. I'm good at bouncing back from difficulties.



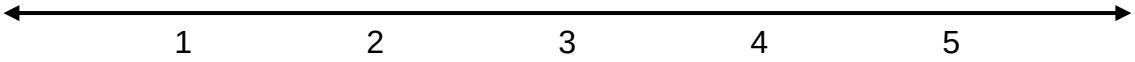
2. I'm optimistic, see difficulties as temporary, expect to overcome them and have things turn out well.



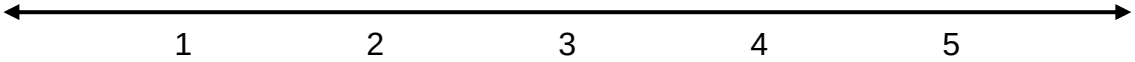
3. In a crisis, I calm myself and focus on taking useful actions.



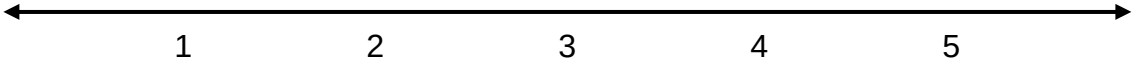
4. I'm good at solving problems logically.



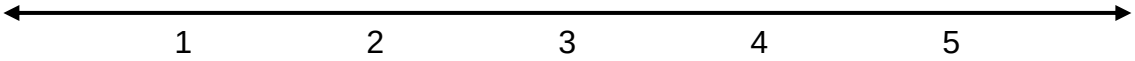
5. I can think of creative solutions to challenges.



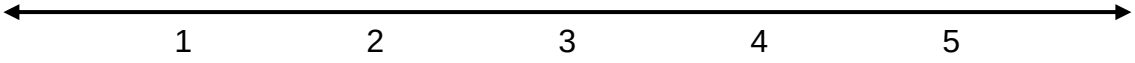
6. I trust my intuition.



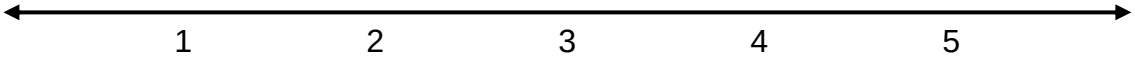
7. I'm curious. I ask questions and want to know how things work. I experiment.



8. I learn from my experiences and the experiences of others.



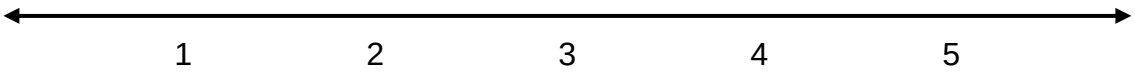
9. I'm very flexible. I feel comfortable with inner complexity (trusting and cautious, unselfish and selfish, optimistic and pessimistic, etc…)



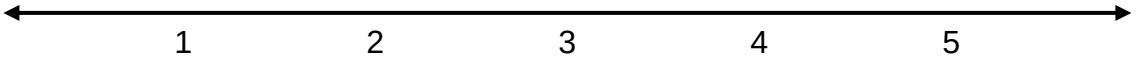
Activity, cont.: How Resilient Are You?

1= strongly disagree ⟷ *5= strongly agree*

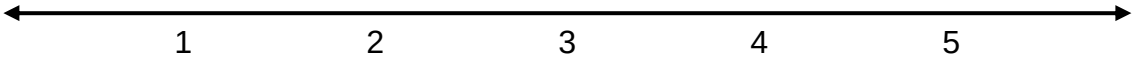
10. I anticipate problems to avoid and expect the unexpected.



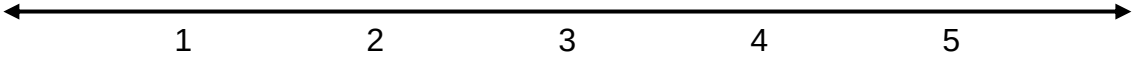
11. I'm able to tolerate ambiguity and uncertainty in situations.



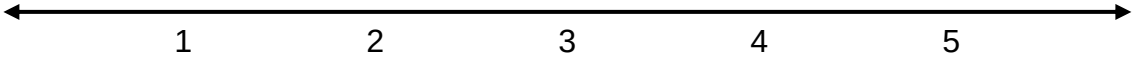
12. I feel self-confident, enjoy healthy self-esteem, and have an attitude of professionalism about work.



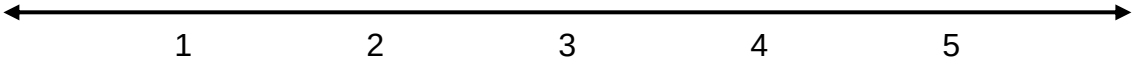
13. I'm a good listener and have a lot of empathy for people. I can "read" people well.



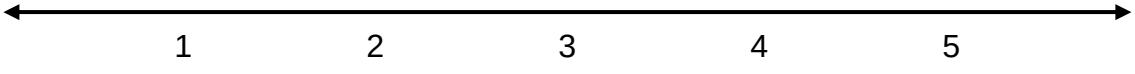
14. I can adapt to various personality types (even difficult people). I'm non-judgmental.



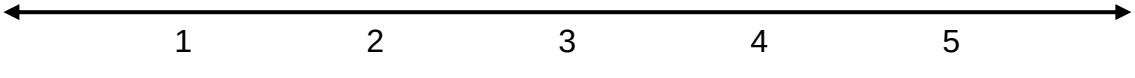
15. I'm able to recover emotionally from losses and setbacks.



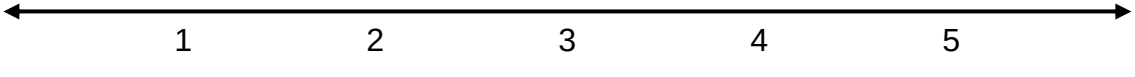
16. I'm very durable and keep going through tough times. I have an independent spirit.



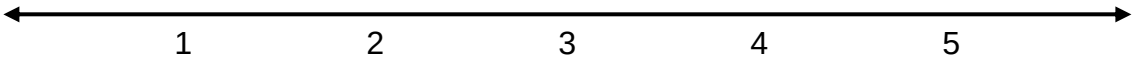
17. I have been made stronger and better by difficult experiences.



18. I can convert misfortune into good fortune and discover unexpected benefits in al- most any situation.



19. I can express feelings to others, let go of anger, overcome discouragement, and ask for help.



Day Two PowerPoint

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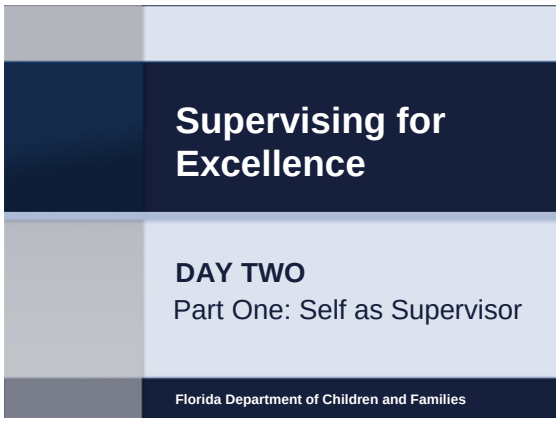

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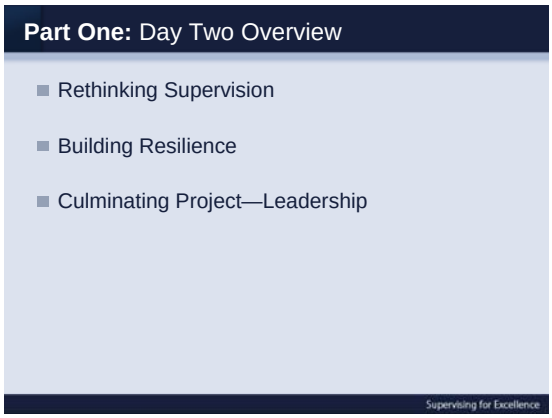

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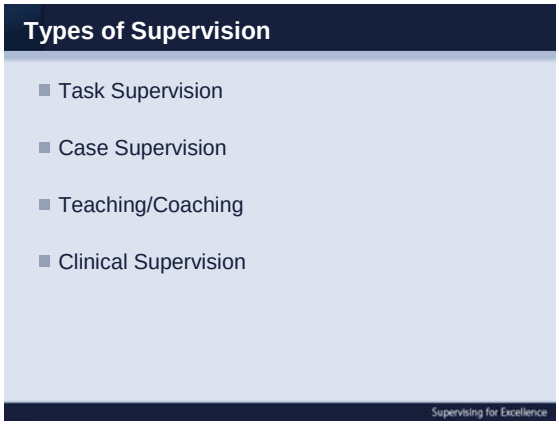

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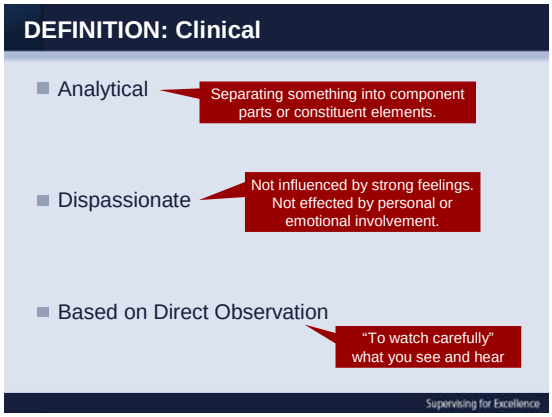

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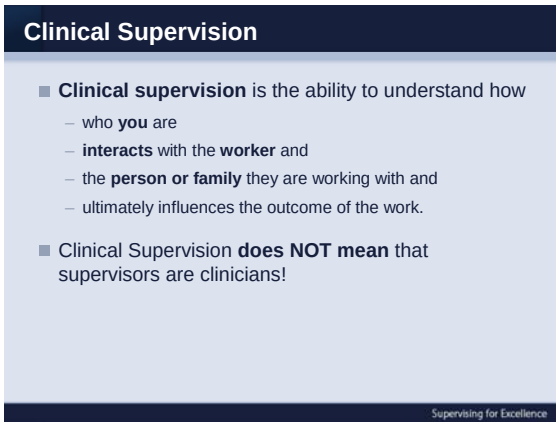

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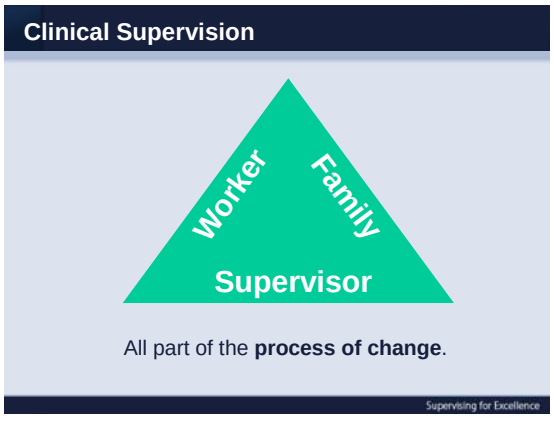


Day Two PowerPoint

Slide 2.7

Dimensions of Clinical Supervision

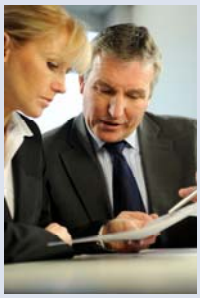
- Regular and thorough supervision
- Manage anxiety
- Focus on thinking
- Parallel process
- Context for ethical and liability concerns
- Expand empathy
- Increase awareness
- Serve as a role model

Supervising for Excellence

Slide 2.8

Regular and Thorough Supervision

- Regular and in Crisis
- Thorough
  - Knowing about work with the family
  - Knowing the worker
    - Skills
    - Knowledge
    - Attitudes



Supervising for Excellence

Slide 2.9

Managing Anxiety

- Helps worker remember the purpose and importance of the case and the casework
- Provides a historical and experience perspective
- Reinforces that workers are not alone

Supervising for Excellence

Slide 2.10

Focus on Thinking

- Often **reactive** work
  - Intuition
- Focus on **thinking**
  - objective and logical criteria to self-assess
  - objective and logical process for doing the work

Supervising for Excellence

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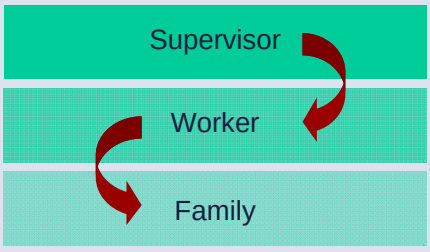
Parallel Process



Supervising for Excellence

Slide 2.12

Context for Ethical and Liability Concerns

Engaged

\+

Completely Objective

=

Tall Order

Supervising for Excellence

Slide 2.13

Expand Empathy

People will forget what you said, people will forget what you did, but people will never forget how you made them feel.

--Bonnie Jean Wasmund

Supervising for Excellence

Slide 2.14

Increase Awareness

- Attending to the **individual**.
- Stressing the **critical role** that the worker plays **on every case**.
- Helping staff see how their personal situation, values, views, and style **impacts their work**.

Supervising for Excellence

Slide 2.15

Statements Vs. Questions

Statements

- *Statements* **do not invite curiosity**
- *Statements* are often **generated from anxiety**

Questions

- Questions **invite** the other person to tell us something about themselves

Supervising for Excellence

Slide 2.16

Power of Questions

Questions stimulate thinking

What When Where Who Why How

Questions give us information about ourselves and how we see the world

Questions ask people to develop their listening skills

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In Between the Questions

- **Acknowledge** any feelings.
- **Validate** what they are doing correctly.
- **Identify** theory, research, or practice wisdom that applies.
- **Check in** – related to what they are going to do.
- **End with a statement** related to the next steps.

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Casework Activities

- The ability of the caseworker to engage the client
- The rapport or the helping relationship between the caseworker and the client
- Risk and safety assessments and the associated decisions and plans
- The development of a case plan with the family
- Casework decision-making
- Casework activities designed to facilitate change
- The review and evaluation of client progress

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Definition of Resilience

The capacity to rebound from adversity **strengthened** and **more resourceful**.

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Professional Vulnerability Factors

- Caseload size
- Client Behavior
- Competency is Challenged
- Expectations and Liability are high
- Public Opinion
- Organizational Structure and Policies

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Personal Vulnerability Factors

- Past history of trauma and/or abuse - We can re-experience our history
- Our coping style
- Current life situation - divorce, death of a parent, birth of a child

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Impact of Trauma

- Primary Traumatic Stress
- Secondary Traumatic Stress
- Vicarious Traumatization
- Burn Out

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Seven Areas of Functioning Impacted by Trauma

- The individual's personal frame of reference about self and others in the world
- Safety
- Dependency and trust
- Power
- Self-esteem
- Independence
- Intimacy

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Vicarious Traumatization Defined

Enduring psychological consequences for helpers who are exposed to the traumatic experiences of victim clients. People who work with victims may experience profound psychological effects, effects that can be painful and disruptive for the helper and may last for months…

-- (McCann and Pearlman, 1990)

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Vicarious Traumatization

- Often experienced by workers who work with traumatized individuals
- Overlaps with burnout — work situation that is stressful, demanding and/or unrewarding
- Form of counter-transference — induced by exposure

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Common Stimuli

- Witnessing the effects of violence, abuse and/or severe neglect
- Providing treatment to victims who suffer from post-traumatic syndrome
- After effects are disturbing —we see what it does
- Treatment process which requires engagement exposes us to trauma

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Sadness, Grief and Anxiety

- **Sadness**
  –an invitation to empathy and self knowledge
- **Grieving**
  –a pathway to connection and healing
- **Anxiety**
  –a window to self

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Sadness - An Invitation to Empathy and Self-knowledge

- When do you feel sad about work?
- What do you tell yourself the sadness is about?
- What do you do with sadness?
- What do you learn about your staff, your clients, or yourself when you are sad?
- Who would you like to talk to when your sad?

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Anxiety – A Window to Self

- What are you struggling with at this time?
- Is your competency in question?
- What are you trying to re-think/re-work?
- How is anxiety spread or contained?
- What are you doing with your anxiety?

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Resiliency Philosophy

- Look for **meaning** in ordinary things.
- **Detach** yourself from expectations.
- **Pay attention**, don't think too much and stay light on your feet.
- Be **positive** and **hopeful.**
- Don't take anything **personally.**

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Self-Care Actions

- Identify **support person** within the workplace with whom you can make daily contact.
- Cultivate a **mentoring** relationship.
- Develop **rituals** to open and close your interactions with clients and your work.
- **Celebrate your life**, what you have, and where you are headed.

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Self-Care Actions

- Write and post **self-affirmations** on competency, your wisdom, and your creativity.
- Take **time to recover** from loss through conversations, moments away from your desk, and reminders to reflect on self and the work.
- Engage in **normal** and **healthy activities** outside of work.

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Supervision Strategies

- **Identify stressful encounters** – give voice to the experience.
- **Assess reactive statements and positions**, ask questions about these statements and emotional responses.
- Use **group supervision** to **reduce isolation**.
- **Debrief** encounters that generate anxiety.
- **Encourage people to take time** – their vacations, lunch, and to take time off when they have put in long days.

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Supervision Strategies

- Use the **parallel process**.
- Talk about **counter-transference responses** – what to learn from them about ourselves and our clients.
- Utilize **case staffings** to teach about the work and it's effect on us.
- **Celebrate together** – birthdays, anniversaries, years of service.
- Focus on **Quality Practice** and utilize the **Family-centered approach** – positive family outcomes are healthy for EVERYONE!

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End of Day Two

Thank you for participating today.

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