

Person Centered Supervision that Works!

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Only when we start
creating scenarios of
possibility do people
move in directions more
satisfying to them, and....
(their) problems become
lost or much less
influential.

Saleeby, 1994



Strengths Guiding Principles

People are recognized as having many strengths and have the capacity to continue to learn, grow and change

Problems are seen as the result of interactions *between* individuals, organizations or structures rather than deficits *within* individuals, organizations or structures

Interventions are based on self-determination

Communities and social environments are seen as being full of resources

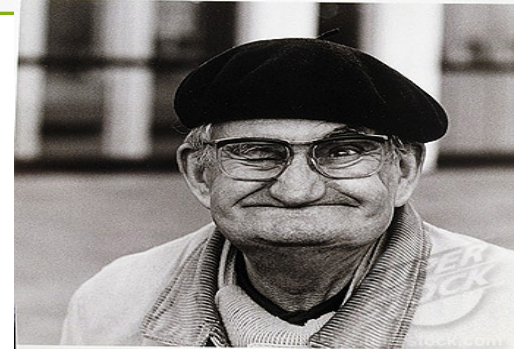
The focus of intervention is on the strengths and aspirations of the people we work with

Service providers collaborate with the people they work with

There is a commitment to empowerment

Types Of Strengths

1. **Qualities/Personal Characteristics**
2. **Talents and Skills**
3. **Environmental Strengths**
4. **Interests/ Aspirations**



Six Critical Components of the Strengths Assessment

- Introduce in a context that is meaningful for the person
- Conducted in conversational manner
- Thorough, detailed and specific
- On-going process/updated on regular basis
- Consumer paced
- Consumer language used

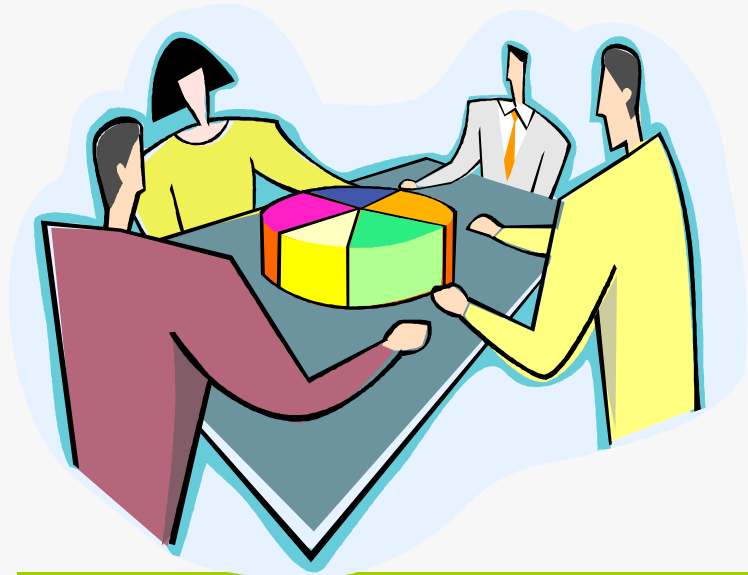
I am a supervisor now what?

Key Elements Supervisory Elements:

- Group Supervision
- Quality Review of Documentation
- Quality Feedback
- Field Mentoring

The Strengths Model Case Management with People with Psychiatric Disabilities

Group Supervision



Overview of the Process

- Norms, Expectations, and Ground Rules for Group Supervision
- Preparation with staff
- Major skills needed for each step of the group supervision process
- Follow-up to the group supervision
- Evaluation of group supervision

Group Supervision: Process Description

Step 1: Hand out Assessments

Step 2: What do I need?

Step 3: Thumbnail sketch

Step 4: Questions only

Step 5: Brainstorming

Step 6: Clarification of Ideas/Plan of Action

Step 7: Follow-up

Step 1:

Strengths Assessment

- Having enough information and current information
- Having other complementary documentation
- The SA must be available (can find other ways to do this e.g. projecting it up on the wall, ?)
- Do not review until after CM has stated her needs based on the client's goal

Step 2:

What do I need from the group?

- *The expressed need from the case manager is key to making the group supervision session a success*
- The expressed need must be
 - Specific
 - Conducive to brainstorming
 - Hope inducing not spirit breaking
 - In line with/Supportive of the client's goal

The Practitioner's Expressed Need

- Indicators of needs that are not helpful for resulting in good ideas for moving toward a client's recovery goal.
 - “how do I make ...”
 - “how do I overcome the resistance the client has”
 - “how do I get this person to ...”
 - “good luck with that”
 - Eye rolling

Supervisory Guidance

- Stop the group supervision to reframe or change the expressed need. Use as a teaching moment. What is the client's goal?
- If the case manager is not ready to receive feedback (they are too angry or frustrated), they should not bring the situation to group supervision.
- Ensure that information about context of the client's situation is included.
- Has the case manager lost hope for the client?
- Does the case manager need help getting refocused.

Step 3:

Current situation & what has been tried?

- *Helping staff become skilled at being relevant and concise when presenting the current situation & what has been tried is key*
- Strategies for Supervisor
 - What are the 3-4 pieces of information that the group needs to know to be helpful?
 - Make staff write out in a small space
 - Dot-point the key points
 - No spirit-breaking language or information

Step 4:

Clarification Questions

- This is when group reviews assessment. Give the group enough time to do this.
- Keep clarification questions focused on the assessment.
- Do not allow staff to default to medical model questions.
- Avoid “why” questions.
- Encourage questions related to what gives meaning or value to consumer.

Supervisory Guidance

- The supervisor:
 - Reinforces good questions
 - Reinforces good information on strengths assessment
 - Ensures the questioning relates back to what the case manager's expressed need it. (how?)
 - Uses shaping questions (examples?)
 - Prompts updating of strengths assessment
 - Ends questioning period when enough information is obtained (cue – periphery questions)

Supervisory Guidance

Remember, Group Supervision is Supervision.



- If you see someone that is struggling with an attitude, skill, idea, etc., make a note and talk with staff individually.

Step 5:

Brainstorming

- Practitioner writes down all ideas
- Practitioner can not speak during this part
- There are NO “yes, buts”
- Encourage thinking outside of the box
- Try for 20 or more ideas

Step 6:

What will be my plan?

- The practitioner then reviews the list and states what the top 3 ideas are and what they are going to try next
- The practitioner takes the list back to the individual and they decide together

Step 7:

Supervisor Follow Up

- Keep a log
- Follow up is key!
- Brief report in the next meeting
 - What additional steps maybe needed to ensure success

References

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- Rapp, C., & Goscha, R. (2006). *The Strengths Model Case Management with People with Psychiatric Disabilities (2nd ed)*. New York, New York: Oxford Press.