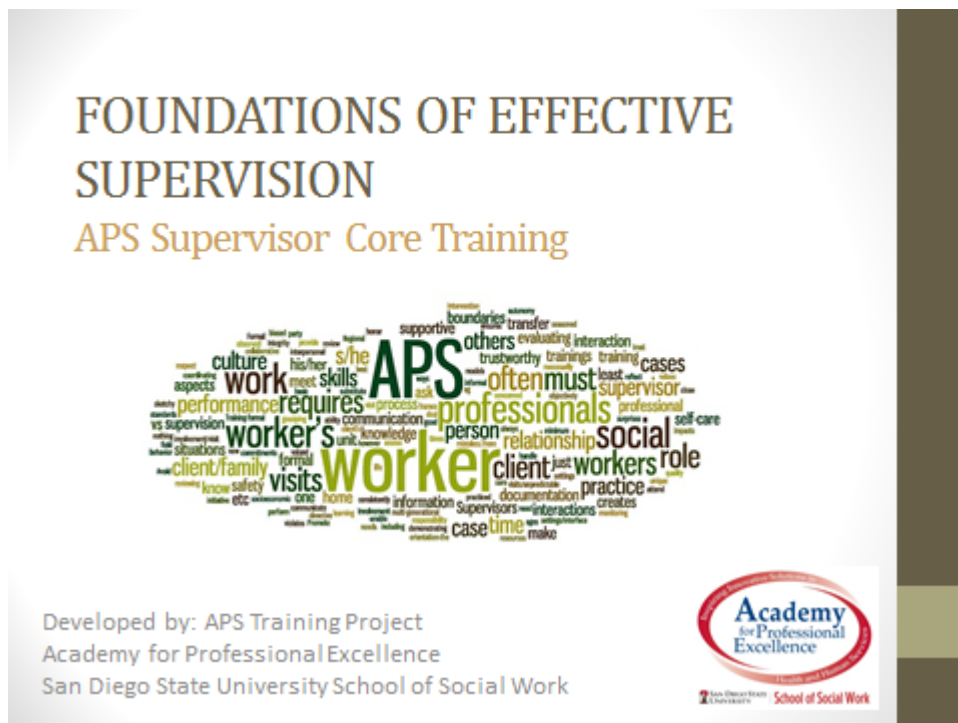


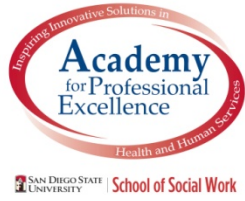
# *Foundations of Effective Supervision*

# PARTICIPANT MANUAL



# PARTICIPANT MANUAL

## Foundations of Effective Supervision



Department of  
**SOCIAL SERVICES**



**This training was developed by the Academy for Professional Excellence, San Diego State University School of Social Work which is funded by California Department of Social Services, Adult Services Branch.**

**Curriculum Developer**  
Carol Kubota, LCSW

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## INTRODUCTION

### THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to Understanding Self as Supervisor developed by the Adult Protective Services (APS) Training Project, a project of Academy for Professional Excellence, San Diego State University School of Social Work.

The Academy for Professional Excellence was established in 1996 and provides training, technical assistance, organizational development, research, and evaluation to public and private health and human service agencies and professionals.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

The Academy has extensive experience in providing specialized services, including:

- multi-disciplinary competency-based trainings
- curriculum development
- needs assessment
- research
- evaluation
- meeting facilitation
- organizational development consultation services

The APS Training Project is a CDSS funded project of Academy for Professional Excellence and has the overarching goal to develop standardized core curricula for new APS social workers and supervisors and to share these trainings on a national scale. Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their clients. The APS Training Project has worked extensively with state and national partner agencies in the development of this curriculum.

Our partners include:

- National Adult Protective Services Association Education Committee (NAPSA)
- California Department of Social Services, Adult Services Branch
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)
- California Association of Public Administrators, Public Guardians and Public Conservators

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## ACKNOWLEDGMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APS Training Project would like to thank the following individuals and agencies:

### **Agencies & Committees**

California Department of Social Services, Adult Services Branch  
California State University Sacramento IHSS Training Project  
California Social Work Education Center Aging Initiative  
Protective Services Operations Committee of the California Welfare Directors'  
Association  
National Adult Protective Services Association Education Committee

### **Evaluation Consultant**

Carrie Gibson

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## EXECUTIVE SUMMARY

**Course Title:** *Foundations of Effective Supervision*

**Curriculum Development:** Carol Kubota, LCSW, in collaboration with the Protective Services Operations Committee, NAPSA Education Committee and the APS Training Project/Academy for Professional Excellence.

**Target Audience:** APS Supervisors

### Training Description:

APS supervisors are tasked with many different roles (educational, supportive and administrative) and among these roles are a multitude of foundational elements that once acquired are the building blocks for an effective supervisor. In this training, participants will explore each supervisory role and its elements in-depth and practice using tools to manage case consultations, professional boundaries, case review/QA, performance evaluations, and other topics.

This training utilizes lecture, PowerPoint, and large and small group activities. Opportunities for participants to explore out-of-class partnerships with peers will be introduced.

### Learning Objectives:

- 1) Recognize the components of APS culture and how they impact the APS supervisor's role.
- 2) Identify three key roles for the APS supervisor and practice elements from these roles, including:
  - Establishing rapport;
  - Determining professional boundaries;
  - Utilizing clinical skills and strength-based practice concepts in case consultations;
  - Applying a formal case review process;
  - Providing effective feedback.

- 3) Describe the key elements for quality assurance via the case review process.
- 4) Identify ways to effectively structure and utilize unit meetings.

**Transfer of Learning:** *Ways supervisors can prepare for the training and then utilize knowledge and skills acquired during the training on the job.*

### **BEFORE the training**

Supervisors can work with their managers to:

- Identify their strengths as APS Supervisor in the key roles - Educational, Supportive, and Administrative
- Identify their challenges as APS Supervisor in the key roles - Educational, Supportive, and Administrative
- Review learning objectives and identify goals for this training

### **AFTER the training**

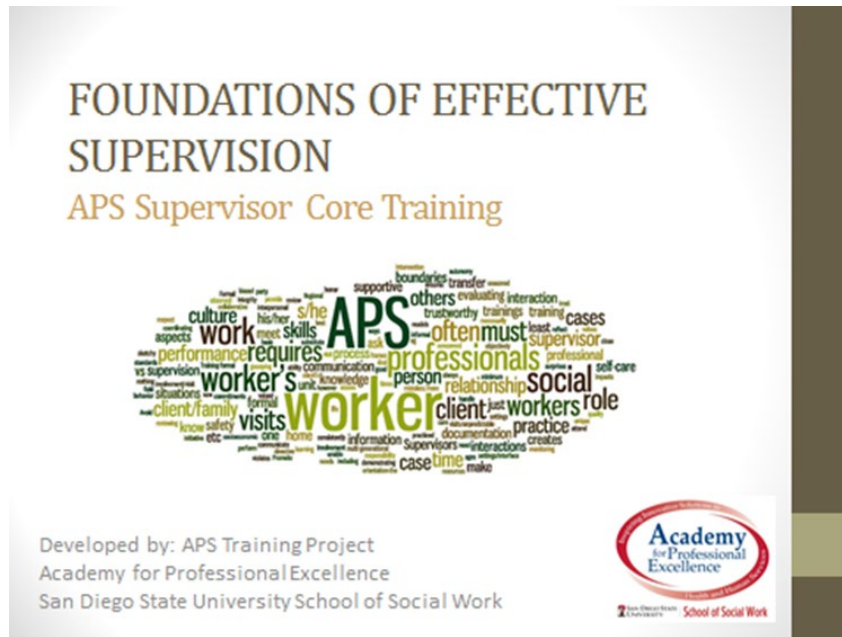
Supervisors can practice the following activities:

- Revisit goals established prior to taking the training
- Identify the elements from the key roles that are missing from their supervision with workers and create an action plan (goal(s) + action steps) for how to incorporate those elements into their practice
- Identify three Supervisory Best Practices that they can incorporate into their job in the next three months.
- At the three month mark, ask for feedback from their manager as to their development regarding the strengths and challenges identified prior to the training.

## COURSE OUTLINE

<b>Content</b>	<b>Total Time</b>
<b>Welcome; Introductions; Learning Objectives</b> <ul style="list-style-type: none"> <li>- Letter to Participants</li> <li>- ID Code Assignment</li> </ul>	20 minutes
<b>APS Cultural Framework</b>	15 minutes
<b>Educational Role: Case Consultation Factors &amp; Elements</b> <ul style="list-style-type: none"> <li>- Evidence-Based Practices</li> </ul>	45 minutes
<b>Break</b>	15 minutes
<b>Educational Role: Case Consultation Factors &amp; Elements (cont.)</b> <ul style="list-style-type: none"> <li>- NAPSA Code of Ethics &amp; Guidelines</li> <li>- Case Consultation Scenarios</li> </ul>	35 minutes
<b>Supportive Role</b> <ul style="list-style-type: none"> <li>- Supportive Case Consultation Role Play</li> </ul>	50 minutes
<b>Lunch</b>	60 minutes
<b>Administrative Role: Case Review &amp; QA</b> <ul style="list-style-type: none"> <li>- QA Case Review</li> <li>- Case Review/QA Form</li> </ul>	60 minutes
<b>Break</b>	15 minutes
<b>Administrative Role: Evaluating Performance &amp; Managing Meetings</b> <ul style="list-style-type: none"> <li>- Fishbowl Exercise</li> <li>- Common Meeting Purposes</li> <li>- The Life Cycle of a Meeting: The Core Meeting Process</li> </ul>	75 minutes
<b>L.I.F.E. Partner Exchanges</b> <ul style="list-style-type: none"> <li>- L.I.F.E. Reports</li> </ul>	15 minutes
<b>Closing/Evaluation</b>	15 minutes
<b>Total Time (including lunch)</b>	<b>7hrs</b>

## TRAINING GOALS AND OBJECTIVES



Upon completion of this training, APS frontline supervisors will be able to:

- 1) Recognize the components of APS culture and how they impact the APS supervisor's role.
- 2) Identify three key roles for the APS supervisor and practice elements from these roles, including:
  - Establishing rapport;
  - Determining professional boundaries;
  - Utilizing clinical skills and strength-based practice concepts in case consultations;
  - Applying a formal case review process;
  - Providing effective feedback.
- 3) Describe the key elements for quality assurance via the case review process.
- 4) Identify ways to effectively structure and utilize unit meetings.

# PRESENTATION

## FOUNDATIONS OF EFFECTIVE SUPERVISION

APS Supervisor Core Training



Developed by: APS Training Project  
Academy for Professional Excellence  
San Diego State University School of Social Work



# WELCOME AND INTRODUCTIONS



**TIME ALLOTTED: 20 minutes**

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## Slide #2



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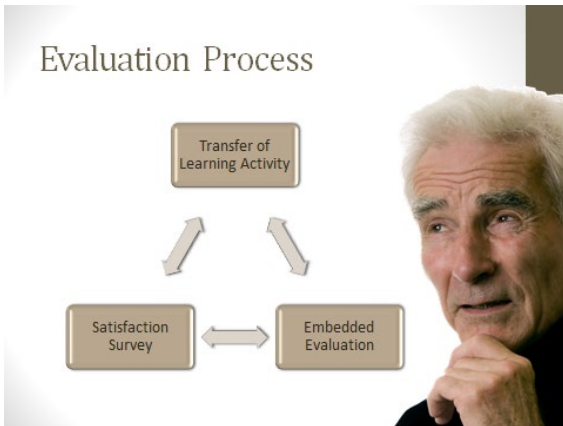
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## Slide #3



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**Slide #4**

Developing an ID Code

- What are the first three letters of your mother's *maiden* name?  
**Alice Smith**
- What are the first three letters of your mother's *first* name?  
**Alice Smith**
- What are the numerals for the DAY you were born?  
**Nov 29th**

Trainee ID Code

S	M	I	A	L	I	2	9
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Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (*Multi-disciplinary Adult Services Training & Evaluation for Results*) has begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete various training evaluation activities.

These training evaluation activities have two main purposes:

1. To improve trainings' effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

**Our goal is to evaluate training, NOT the individuals participating in the training.**

In order to evaluate how well the training is working, we need to link each person's assessment data using a code. You will generate the code number using the first three letters of your mother's maiden name, the first three letters of your mother's first name, and the numerals for the day you were born. **Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time.** ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this linking is done, we will only be looking at class aggregate scores, rather than individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy's training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

If you agree to participate, you will fill out a questionnaire administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.



There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the questionnaires.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants. If you have any questions about the evaluation or how the data you provide will be used, please contact:

James Coloma, MSW  
Training & Evaluation Specialist  
Academy for Professional Excellence  
San Diego State University – School of Social Work  
6505 Alvarado Road, Suite 107  
San Diego, CA 92120  
(619) 594-3219  
[jcoloma@projects.sdsu.edu](mailto:jcoloma@projects.sdsu.edu)

Trainee ID Code

Date  /  /   
M M D D Y Y

**YOUR IDENTIFICATION CODE:**

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an *identification code*. We would like you to create your own *identification code* by answering the following questions:

1. What are the first three letters of your mother's *maiden* name?  
Example: If your mother's maiden name was Alice Smith, the first three letters would be: **S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

\_\_\_ \_\_\_ \_\_\_

2. What are the first three letters of your mother's *First* name?  
Example: If your mother's maiden name was Alice Smith, the first three letters would be: **A L I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

\_\_\_ \_\_\_ \_\_\_

3. What are the numerals for the DAY you were born?  
Example: If you were born on November 29, 1970, the numerals would be **2 9**. If your birth date is the 1<sup>st</sup> through the 9<sup>th</sup>, please put 0 (zero) in front of the numeral (example **0 9**).

\_\_\_ \_\_\_

Combine these parts to create your own identification code (example: **S M I A L I 2 9**). Please write your identification code in the space at the top right corner of all evaluation materials you receive.

***Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.***

**Slide #5**

APS Supervisor Core:  
A Roadmap

- Understanding Self as Supervisor
- Foundations of Effective Supervision
- Teambuilding and Motivating Staff
- Data and Fiscal Operations
- Management of Personnel Issues
- Critical Thinking
- Collaborations and Resources
- Workplace Safety



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**Slide #6**

Who's in the Room?

- Name & County
- How long have you been a supervisor?
- One thing you hope to take away from this training?
  
- "Suggestion Box" - Please list an issue you are currently experiencing with one of your staff.

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**Slide #7**

LEARNING OBJECTIVES

- 1) Recognize the components of APS culture and how they impact the APS supervisor's role.
- 2) Identify three key roles for the APS supervisor and practice elements from these roles, including:
  - Establishing rapport;
  - Determining professional boundaries;
  - Utilizing clinical skills and strength-based practice concepts in case consultations;
  - Applying a formal case review process;
  - Providing effective feedback.
- 3) Describe the key elements for quality assurance via the case review process.
- 4) Identify ways to effectively structure and utilize unit meetings.

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# APS Cultural Framework



**TIME ALLOTTED: 15 minutes**

## Slide #8

<b>Crisis Intervention</b>	<ul style="list-style-type: none"><li>Requires good professional boundaries</li><li>Ability to be directive when needed</li></ul>
<b>Unpredictable Situations</b>	<ul style="list-style-type: none"><li>Requires creative/quick thinking to deal with "surprises"</li><li>Calm/non-reactive</li><li>Strong professional boundaries</li></ul>
<b>Diversity</b>	<ul style="list-style-type: none"><li>Requires multi-cultural &amp; multi-generational knowledge and sensitivity</li><li>Resourcefulness and flexibility</li></ul>
<b>Interdisciplinary</b>	<ul style="list-style-type: none"><li>Requires effective communication with other professionals</li><li>Ability to work in various settings</li></ul>
<b>Voluntary Services</b>	<ul style="list-style-type: none"><li>Process vs. goal orientation</li><li>Respect autonomy and self-determination</li></ul>

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## Slide #9

### Promoted From Inside APS

<b>Positives:</b> Credibility/respect Technical knowledge of the job Knowledge of personalities/styles in the unit	<b>Challenges:</b> Reorientation of relationships Shift in professional identity Need to repair damaged relationships Different expectations from staff/management
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Acknowledge how your relationship will change.  
Acknowledge feelings of discomfort in the role changes.  
Request feedback on how you can best support the workers.  
Redefine working relationships - other units/agencies; workers.  
Make home visits with all your workers.

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**Slide #10**

Promoted from outside APS

<b>Positives:</b> Fresh start – no preconceived expectations Offer educational insight/different perspective	<b>Challenges:</b> Steeper learning curve-technical & cultural Shift in professional identity Establish working relationships/credibility
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Acknowledge that you are learning a new job and a new culture- ask for help  
Learn about the regulations/mandates and resources involved in APS work  
Make home visits with all your workers  
Avoid frequent references to your past work culture

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**Slide #11**

Professional Boundaries for Supervisors

- No dual relationships with supervised staff
- Friendships
  1. Does the relationship affect my ability to perform my job duties fairly and objectively?
  2. Does this relationship create the appearance of impropriety/favoritism?



Resource:  
<http://www.socialworktoday.com/archive/EoEJanFeb09.shtml>

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Web resource which reviews guidelines for professional boundaries for supervisors.

<http://www.socialworktoday.com/archive/EoEJanFeb09.shtml>

# Educational Role: Case Consultation Factors & Elements



**TIME ALLOTTED: 90 minutes**

## Slide #12



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## Slide #13



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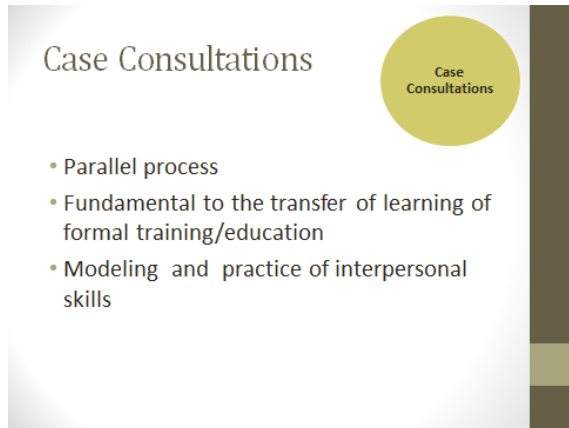
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**Slide #14**

Case Consultations

- Parallel process
- Fundamental to the transfer of learning of formal training/education
- Modeling and practice of interpersonal skills



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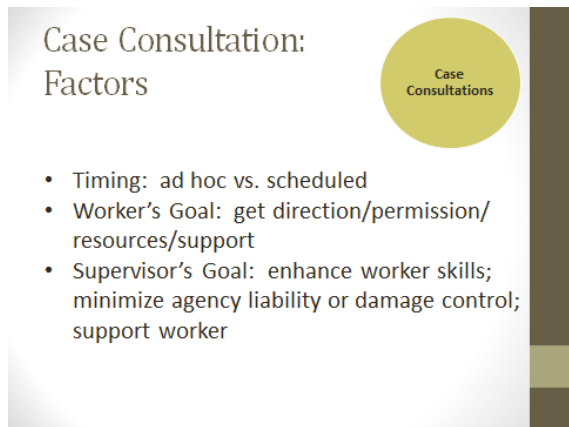
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**Slide #15**

Case Consultation:  
Factors

- Timing: ad hoc vs. scheduled
- Worker's Goal: get direction/permission/resources/support
- Supervisor's Goal: enhance worker skills; minimize agency liability or damage control; support worker



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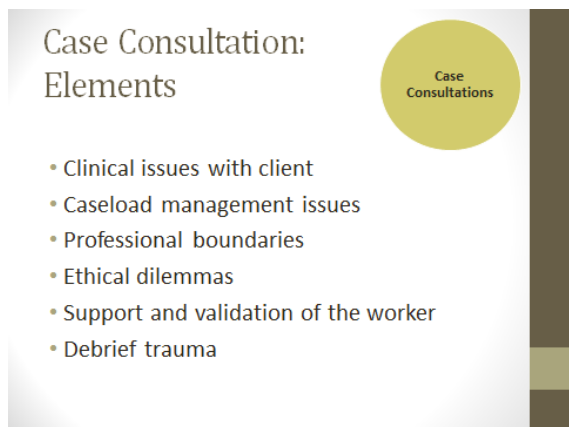
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**Slide #16**

Case Consultation:  
Elements

- Clinical issues with client
- Caseload management issues
- Professional boundaries
- Ethical dilemmas
- Support and validation of the worker
- Debrief trauma



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**Slide #17**

**Using Your Clinical Skills in Case Consultation**

You don't need all the answers, but you need to be able to ask questions to solicit critical thinking within your workers.

Many of the clinical skills you used to use in the field with your clients may be applied to working with your staff.

**Case Consultations**

- Motivational Interviewing
- Solution-Focused Practice
- Cognitive Behavioral Therapy

Shulman 2010

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**Slide #18**

**"Suggestion Box" Activity**



The slide features three circular images. The top-left image shows a woman with her hand raised in a 'stop' gesture. The top-right image shows a man with his hand to his chin in a thoughtful pose. The bottom-center image shows a woman talking on a mobile phone.

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## Handout 1 – Evidence-Based Practices

### Motivational Interviewing

- **Basic Tenets**
  - To assist the client to resolve about ambivalence regarding change
  - Change only occurs when client is motivated
    - Ready (is prepared to change now)
    - Willing (desires to change)
    - Able (has confidence that s/he can change)
- **Four Principles**
  - **Express empathy:** Acceptance facilitates change. Skillful reflective listening is fundamental to expressing empathy. The worker will acknowledge that ambivalence is normal when considering any change.
  - **Develop discrepancy:** The client, rather than the worker, should present the arguments for, and against, making the change. Change is motivated by a perceived discrepancy between present behavior and important personal goals or values.
  - **Roll with resistance:** Avoid arguing for change. Resistance is not directly opposed. Resistance is a signal to respond differently. New perspectives are invited by not imposed.
  - **Support self-efficacy:** The client is the primary resource for finding answers and solutions.
- **OARS**
  - **Open-ended questions:** invite the listener to do most of the talking and to come up with the solutions.
  - **Affirm:** expressions of appreciation or understanding or compliments about aspects of what the person says, strengths identified.
  - **Reflective listening:** Listening to the content and the meaning of the statement. So, if someone says “I wish I was more sociable”, might mean “I feel lonely, and I want more friends;” or “I’d like to be popular” or “I get nervous when I have to speak with strangers.” As the worker, you would make a statement which

corresponds do what you believe the client is saying.

- **Summarize:** Periodically summarizing links together concepts discussed and reinforces what has been said

## **Solution-Focused Therapy**

### **Basic Tenets**

- If ain't broke, don't fix it
- If it works, do more of it
- If it doesn't work, do something different
- The solution is not necessarily related to "the problem"
- The language of solution is hopeful and positive; problem language is negative and past-oriented
- The future is created and negotiable

### **Strategies**

- **Asks client to envision what s/he would like to see different.** The miracle question - If you went to sleep tonight and overnight, a miracle occurred. The problem is now resolved - how would you know that the miracle had occurred? How would things be different? What would the world look like?"
- **Scaling questions:** Asking the client to rate the severity of the problem or the emotional pain on a scale of 1-10, useful in helping client identify changes/progress.
- **Exception Questions:** No problem exists continuously at the same intensity. By asking the client, has there ever been a time when the "problem" did not exist, or was less severe, the worker/therapist can explore what the client did differently- can focus on past incremental successes and coping strategies.
- **Coping questions:** by exploring what the client has done successfully, and validating those strengths, the worker allows the client to acknowledge his/strengths and inspire the confidence that s/he can resolve the current situation.

## Cognitive Behavioral Therapy (CBT)

### Basic Tenets

- How we think affects how we act
- Cognitive distortions lead to maladaptive behavior, which then strengthens the distortions
- The goal of intervention is discover these distortions and explore their validity – are these beliefs true?
- Therapy is also structured to teach clients how to identify and reframe cognitive distortions

### Strategies

- **Open ended questions** to solicit important information from the client.
- **Ask alternative interpretations** to what is observed/perceived (reframing), particularly perceived negative events.
- **Assigning “homework”** helps the client and the worker to identify incremental actions which the client can master and to serve as material for further exploration.

### References:


Beck, J. & Beck, A. (2011) *Cognitive behavior therapy: Basics and beyond*. (2<sup>nd</sup> ed.) .NYC, NY: Guilford Press.

de Shazer, S., & Dolan, Y. (2007). *More than miracles: The state of the art of solution-focused brief therapy*. Binghamton, NY: Haworth Press.

Miller , W., & Rollnick, S. (2002). *Motivational interviewing: preparing people for change*. (2nd ed.). New York, NY: Guilford Press

**Slide #19**

Caseload Management



- To close or not to close, that is the question.
- I want to write the great American novel in this case file.
- But the client needs me!

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**Slide #20**

Professional Boundaries



- Over-identification
- Limit self-disclosure
- Maintain confidentiality at all times
- No dual relationships
- NASW Code of Ethics - <http://www.socialworkers.org/pubs/code/code.asp>
- NASW Professional Boundaries Brochure <http://careers.socialworkers.org/documents/Professional%20Boundaries.pdf>

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**Slide #21**

Values & Ethics



- Do no harm
- Balance autonomy/self determination vs. public safety
- Involvement of the client

Questions to ask the worker:

- How does taking/not taking this action serve the client's best interest?
- What is the potential liability/risk to client/worker/agency/public in taking/not taking this action?  
Law suit, media exposure, others get hurt.
- Will you be able to sleep tonight with the decision you make?

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**Slide #22**

Values and Ethics:  
Mandated Actions



- Confidentiality
- Cross-reporting (law enforcement; child protective services; adult protective services)
- Tarasoff/duty to warn: varies state to state
  - Defines who is required to warn & under what circumstances.
  - California - Ewing v. Goldstein (2004)  
<http://www.stanford.edu/group/psylawseminar/Ewing.htm>

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## Handout 2

### NAPSA (or APS) Code of Ethics

Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

#### ***Guiding Value***

Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

#### ***Secondary Value***

Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

#### ***Principles***

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

Learn about the APS practice guidelines developed from these principles.

### NAPSA (or APS) Practice Guidelines

APS worker practice responsibilities include:

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.
- Recognize individual differences such as cultural, historical and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.

- To the best of one's ability, involve the adult as much as possible in developing the service plan.
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first whenever possible—community-based services rather than institutionally-based services.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

Source: <http://www.napsa-now.org/about-napsa/code-of-ethics/>

Slide #23

Case Consultation Exercise

The slide displays five headshots of individuals in a grid. The top row contains three photos: Pamela (a woman with glasses), Kim (a woman with dark hair), and John (a man with short hair). The bottom row contains two photos: Alicia (a woman with blonde hair) and Michael (a man in a suit). Each photo is labeled with the person's name above it.

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### Handout 3 – Case Consultation Scenarios

#### **Case Consultation 1: Experienced Worker- Pamela Hernandez**

An experienced worker, Pamela Hernandez, comes to discuss a client, Anne Price. Ms. Price is a 70 year old Caucasian woman who has insulin-dependent diabetes and arthritis, walks with a walker and requires assistance with personal care, medication management, shopping, and transportation. She has been allotted 39 hours/month from IHSS. She does not appear to have any memory problems.

Her only child is her daughter, Danielle Price, who was early-released from jail 3 months ago for possession of methamphetamines. She is in an out-patient drug treatment program & has lived with Anne her entire life. Danielle is also Mrs. Price's IHSS provider. Recently, Danielle grabbed Anne and pushed her against the wall, when Danielle demanded money for cigarettes and Anne refused. Both Anne & Danielle admitted that this occurred, but said it was an isolated incident and would not happen again. Pamela confirmed physical abuse allegation.

The confirmation of the abuse violates the conditions of Danielle's parole, but both Anne & Danielle have begged the Pamela not to report it to Danielle's parole officer because Danielle would need to serve out her jail term (one year) and there is no other person who Anne wants to take care of her.

Pamela believes she shouldn't report this to the police-even though it is mandated. By Danielle being jailed, client will be harmed and this is contrary to the APS code of ethics.

Read the scenario and discuss the following questions:

1. What element(s) of APS practice need(s) to be addressed (e.g. Mandated actions/reporting; Values and ethics; Best interest of the client; Professional boundaries; Skill practice/role play; Affirmation and support of worker; Debrief trauma with worker).
  
2. What might you say/information would you provide to assist your worker to learn from this case scenario?

**Case Consultation 2: New Worker-Kim Park**

Your new worker, Kim Park, comes to you, concerned about what she should do. Kim is second-generation Korean-American and her client, Mr. Thomas Austin is 74 year old Caucasian man with mild memory impairments, who lives alone in a dilapidated small home. He has no living family. He has both Social Security and a pension and manages his own finances-he is not eligible for public benefits. Mr. Austin is a “frequent flyer” client, who has multiple allegations for self-neglect and nutrition. He has a history of accepting services and then stopping them. Mr. Austin is familiar with Korean culture, his deceased wife was Korean and he speaks some Korean. He has asked Kim about her personal life and Kim, believing it was important to establish rapport, disclosed to Mr. Austin that she is a widow herself, has two young sons and is a devout Christian. Mr. Austin is also a devout Christian and asked Kim to pray with him, which Kim did, expressing it was her Christian duty. In the last visit, Mr. Austin told Kim he wants to provide for Kim and her children and would like to leave her his house for her and her sons in his will. Kim recognizes she can’t accept his gift, but doesn’t know what to say to him, “I’m the only family he has.”

Kim asks you what she should do.

Read the scenario and discuss the following questions:

1. What element(s) of APS practice need(s) to be addressed (e.g. Mandated actions/reporting; Values and ethics; Best interest of the client; Professional boundaries; Skill practice/role play; Affirmation and support of worker; Debrief trauma with worker).
  
  
  
  
  
  
  
  
  
  
2. What might you say/information would you provide to assist your worker to learn from this case scenario?

### **Case Consultation 3: New Worker - John Matthews**

A new worker, John Matthews, has recently gone to see a client, Rose Nuncio. Ms. Nuncio is in her late 70's, lives alone and is reportedly thin and disheveled when seen by the reporting part. The allegation is self-neglect for nutrition, health and safety, made by an anonymous neighbor.

When John made an unannounced home visit, he saw that there were numerous boxes, broken appliances and trash surrounding her home. None of this could be seen from the street, because the property is surrounded by a 6 foot high hedge. When Rose came to the door, she wore a thin cotton nightgown and was barefoot, despite the weather being close to freezing. John noted that she appeared quite thin, her hair was unwashed and John could detect the smell urine and alcohol from her person. She would not allow John into the house, but from what John could view from the door, Rose is a "hoarder" with stacks of boxes, newspapers & magazines stacked floor to ceiling. John reports that he was cordial, identified that he was APS and asked how she was doing, her how she got food, and if she had any health concerns. She refused to answer most of his questions, becoming more irritable with each minute and so, after trying to speak with her about 10 minutes, he gave her his card and left.

John asks you what else he should have done to engage her. He tells you he was shocked to see that someone could live like that.

Read the scenario and discuss the following questions:

1. What element(s) of APS practice need(s) to be addressed (e.g. Mandated actions/reporting; Values and ethics; Best interest of the client; Professional boundaries; Skill practice/role play; Affirmation and support of worker; Debrief trauma with worker).
  
2. What might you say/information would you provide to assist your worker to learn from this case scenario?

#### **Case Consultation 4: Experienced Worker - Alicia Gordon**

An experienced worker, Alicia Gordon, comes to discuss a “frequent flyer” client, Donna Brown, age 40. Alicia has seen Ms. Brown several times in the past several years. The allegations are always for self-neglect and findings for self-neglect have been inconclusive-she has always had food in the house, is oriented to person place and time and her home, although very sparsely furnished, does not present any safety hazards.

When Alicia made an unannounced visit yesterday, Ms. Brown came to the door without a top/bra on, exposing her breasts. She appeared to recognize Alicia but would not allow her in the home. Ms. Brown accused Alicia of having reported her to the FBI and stated she had to protect herself from mind melding. Tin foil now covered all the windows, which had been applied since Alicia’s last visit 2 months ago. Alicia thought she smelled a sour, decaying odor coming from inside the house. Alicia terminated the visit, called the emergency mental health team for an evaluation. When the mental health worker, Sally Hampton, arrived, Alicia and Sally went to the door again and when Ms. Brown answered, she still had no top on. Ms. Brown became openly hostile toward Sally and accused Sally of being an FBI agent and slammed the door before Sally could say a word to her. Sally told Alicia that she couldn’t smell anything because of her allergies and just because Ms. Brown chose not to wear a top/bra was not sufficient criteria for “gravely disabled.” Alicia explained that Ms. Brown appears to have decompensated (tin foil on the windows, inappropriate dress); however, Sally told Alicia there was nothing further that could be done and that she had to go pick up her daughter at soccer.

Alicia is angry, because she feels Ms. Brown should be have been hospitalized. She believes the only reason this didn’t happen is because Sally didn’t want to 5150 the client so Sally wouldn’t have work the overtime which would have been required.

Read the scenario and discuss the following questions:

1. What element(s) of APS practice need(s) to be addressed (e.g. Mandated actions/reporting; Values and ethics; Best interest of the client; Professional boundaries; Skill practice/role play; Affirmation and support of worker; Debrief trauma with worker).
  
2. What might you say/information would you provide to assist your worker to learn from this case scenario?

### **Case Consultation 5: New Worker - Michael Edmundson**

A new worker, Michael Edmundson, comes to discuss his new client, Muhammad Shirazi. Mr. Shirazi, who is 84 year old man from Iran, lives with his daughter, Roya & son-in-law, David Smith. Mr. Shirazi made the report himself, and alleges that his family is withholding medication from him.

Michael made an unannounced visit and interviewed Mr. Shirazi alone in Roya's home. The home was clean and nicely furnished; there were no apparent safety hazards. Mr. Shirazi appeared as well-nourished, well-groomed man with no noticeable memory or cognitive deficits. He stated that his daughter and son-in-law were withholding his pain medications which he needs for his rheumatoid arthritis and gout. He walked with a cane, but he stated he is able to manage his own personal care. He would like to move out of their house and live on his own, but he stated because he does not have an income, Roya & David must support him. Mr. Shirazi was a high ranking official in Iran prior to the revolution, and he proudly showed Michael a photograph of himself standing behind the former Shah of Iran.

Roya called Michael the next day. She admitted that she and David hide Mr. Shirazi's medications and "dole it out" as prescribed (every 6-8 hours) She stated that her father is addicted to prescription pain killers, Vicodin & Oxycontin and demands them every two-three hours. Mr. Shirazi has been hospitalized twice in the past 3 years for overdosing. Her father's physician is an old friend from Iran and writes out the prescriptions however Mr. Shirazi demands.

Michael is not sure if he should confirm or find the allegation of abuse inconclusive.

Read the scenario and discuss the following questions:

1. What element(s) of APS practice need(s) to be addressed (e.g. Mandated actions/reporting; Values and ethics; Best interest of the client; Professional boundaries; Skill practice/role play; Affirmation and support of worker; Debrief trauma with worker).
  
2. What might you say/information would you provide to assist your worker to learn from this case scenario?

# Supportive Role



**TIME ALLOTTED: 45 minutes**

## Slide #24



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## Slide #25



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**Slide #26**

Model Strength-Based Practice



- Use strength-based language (empathy, inclusion, optimism; hope)
- Make your workers' development a priority in your everyday work life
- Remain humble and open to learning from your worker

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**Slide #27**

Promote Well-Being



- Review
  - Agency policies
  - High risk situations/neighborhoods
  - Hazards cited in the case referral
- Coordinate Resources
  - Cell phones, laptops, GPS
  - Emergency roadside assistance
- Encourage and model self-care

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**Slide #28**

Promote Safety and Trust



- Communication is collaborative
  - Invite comment and discussion
  - Avoid becoming defensive
  - Maintain confidential communication (unless it violates agency policy)
  - Speak respectfully of everyone (including those with whom you disagree/don't like)

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**Slide #29**

Signs of Trauma Impact

- Being afraid to take time away from your daily activities.
- Thinking the worst in every situation
- Reacting disproportionately.
- Never taking a vacation.
- Forgetting why you do your job.
- Decreased performance at work.
- Constantly not getting enough sleep.
- Increased arguments with your family.
- Decreased social life.
- Isolated from colleagues, friends, and family.

What About You? National Center on Family Homelessness, 2008

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**Slide #30**

Supportive Supervision:  
Debriefing Trauma

Trauma: a psychological or emotional injury caused by exposure to a deeply disturbing event.

- Ensure the well-being of the worker
- Appreciate silence
- Allow tears and venting
- Trauma-Informed Practice



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**Slide #31**

Supportive Consultation Role Play



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### **Handout 4 – Supportive Consultation Role Plays**

Instructions: Divide into pairs. You will be assigned a follow-up scenario (e.g. If pair reviewed Scenario 1 last activity, then the pair would be assigned Role Play 1)

Read your role play scenario and select a person to be the “supervisor” and another person to be the “worker.”

For those in the supervisor role –consider:

1. How to promote the well-being of the worker
2. How to use silences

#### **Role Play 1: Experienced Worker-Pamela Hernandez**

Pamela reported that she confirmed physical abuse to local law enforcement. The police then contacted Danielle’s parole officer. Danielle was arrested and it was determined she would have to spend the next year in jail. Mrs. Price was very angry and demanded her case be closed. Two weeks after her daughter was arrested, Mrs. Price was found unconscious in her front yard by a neighbor, and was hospitalized for complications related to her diabetes. She was placed in a nursing home following her hospitalization. Pamela closed the case; however, she learned from the nursing home social worker that the Mrs. Price has significantly deteriorated and has become very despondent.

Pamela comes to you and confesses she feels very guilty about what happened. How will you provide support to her?

#### **Role Play 2: New Worker-Kim Park**

In her next meeting with Mr. Austin, Kim thanked Mr. Austin for his kind thoughts, but indicated she would not be able to accept his home, that it would get her into trouble with her employer. She explored with him the possibility of leaving his home to a church or a charity. He seemed to accept that, and asked Kim to pray with him again, which she did. He politely refused other services/referrals Kim offered to him.

A week later, Mr. Austin was found dead in his home. Kim comes to you, very upset, because she believes that he “gave up” after she told him she couldn’t accept his gift.

How will you support Kim?

**Role Play 3: New Worker-John Matthews**

Three days after John Matthews closed the case, you receive a call from Mayor Bigwig. After John left, Ms. Nuncio called the mayor (who is her nephew) to complain about her treatment by John. Mayor Bigwig, phoned John and demanded that John write an apology to his aunt. Mayor Bigwig told John, “This is just another example of how social services intrudes on the privacy of citizens,” and he refused to listen to John’s side of the story.

John is visibly upset when he comes to talk with you. How will you support him?

**Role Play 4: Experienced Worker- Alicia Gordon**

Mrs. Brown is 5150’d a few days later by the police. She had gone to a store to purchase canned whipping cream-without a bra or top on. Your social worker, Alicia, was contacted by the responding police officer, who found her APS card at Mrs. Brown’s door. The officer said the conditions of Mrs. Brown’s house were truly weird- Mrs. Brown had apparently believed that canned whipping cream could diffuse the electro-magnetic currents, and so she had sprayed whipping cream in the electrical sockets and along the seals of windows and doors (which had caused the “sour” odor that Alicia had smelled on the earlier visits) The officer commented “Aren’t you social workers supposed to keep these old folks safe-looks like you really screwed up on this one.” Alicia became very defensive and told the officer that she had tried to get Mrs. Brown 5150’d but mental health wouldn’t do it. The officer replied “Yea, yea, and the check is in the mail.”

Alicia was furious and comes to your office to vent. How will you support her?

**Role Play 5: New Worker-Michael Edmundson**

Michael visited Mr. Shirazi the following week and tries to explore the nature of Mr. Shirazi’s drug use. Mr. Shirazi denied he had a problem with medication and stated that since Michael’s last visit, he and Roya have come to an understanding. Roya now administers his medications as the doctor prescribed. Michael leaves some written materials about prescription medication abuse and closes the case.

The next day, Michael is contacted by Roya. Mr. Shirazi was furious that Michael had talked to him about his drugs and he struck Roya several times with his cane for

“humiliating me to strangers.” Roya is very angry, saying, “I thought what I told you was confidential, and now my father will never forgive me!”

Michael is very upset, and feels responsible for what occurred-that he hadn’t handled the substance abuse issue well. How will you support him?



# Administrative Role: Case Review & QA



**TIME ALLOTTED: 60 minutes**

**Slide #33**



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**Slide #34**



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**Slide #35**

**Administrative Role**

What is your agency's business objectives?

Supports the agency's business objectives :

- Recruitment/training new workers
- Work delegation
- Evaluating/monitoring work
- Procure resources
- Structure communication
- Provide vision/leadership
- Serve as advocate for workers
- Serve administrative buffer for client issues
- Serve as agent for organizational/community change

Kadushin & Harkness, 2002



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**Slide #36**

**Authority and Power**

- New supervisors are often uncomfortable with authority.
- Feels at odds with social work values such as self-determination; equity, democratic principles.
- Implement power and authority in a non-authoritarian manner.
  - Balance support with holding workers accountable for their performance.



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**Slide #37**



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**Slide #38**

Case Reviews:  
Individual vs. Group

Monitoring/  
Evaluating  
Performance

Individual Case Review (done by supervisor)	Group Case Review (done by workers)
<ul style="list-style-type: none"><li>• Offer individualized feedback privately</li></ul>	<ul style="list-style-type: none"><li>• Reinforces key case components for all workers</li><li>• Allows for exchange of ideas/tips between workers</li></ul>

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**Slide #39**

Case Review:  
Compliance

Monitoring/  
Evaluating  
Performance

- Mandated time frames met
- Mandated case documents present
- Mandated cross-reporting done

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**Slide #40**

Case Review:  
Quality Assurance

Monitoring/  
Evaluating  
Performance

- Documentation/Narrative Notes
  - Objectively written
  - Correct grammar/spelling
  - Substantiates the findings of each allegation
  - Substantiates need for APS involvement
  - Substantiates the service plan
  - Substantiates case closure

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**Slide #41**



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**Individual Activity**

Refer to **Handout 6 – QA Case Review** and **Handout 7 - Case Review/Quality Assurance Form** in your manuals.

There are 5 cases and you can work on the case review related to previous activities (e.g. If you were in Group 1 and worked with Case 1, you may want to continue to work on Case 1 for the QA exercise).

Review the narrative documentation provided by the worker and use the Case Review/Quality Assurance Form to identify items for correction.

Provide comments to assist the worker in correcting the deficiencies



Handout 5 – QA Case Review

Case 1

<b>Client Name:</b> Anne Price		<b>Date Referral Received:</b> March 13, 2012	
<b>Reporting Party:</b> Dr. Henry Bryant		<b>Assigned APS Worker:</b> Pamela Hernandez	
<b>Allegations:</b> Physical abuse by daughter		<b>Findings for Allegations:</b> Confirmed	
<b>10 Day Response:</b> <input checked="" type="checkbox"/>		<b>Emergency Response:</b> <input type="checkbox"/> <b>No Face-to Face Required:</b> <input type="checkbox"/>	
Date	Narrative		
3/14/12	Received referral from supervisor.		
3/26/12	<p>Home visit</p> <p>Client came to the door and gave permission for undersigned to enter. Interviewed client alone in her living room. Home is neatly maintained and no obvious safety hazards were observed. Client stated that Danielle has been her government paid caregiver for the past 10 months and that she receives 39 hours/month for assistance with household chores, personal care and medical appointments. When undersigned asked how client and daughter were getting along, client stated "Fine, I so grateful she's getting clean" Per client, daughter attends outpatient drug rehab 3 times per week and she has been "clean-tested" several times by her parole officer. Client admitted that her daughter had become agitated with her a couple of weeks ago and had pushed into the wall. "She wanted cigarettes, and I wouldn't give her the money." Client stated she hadn't hit her head, but had been bruised on her back. Client denied that Danielle had ever hurt her before.</p> <p>Danielle arrived home about 30 minutes after undersigned arrived. Danielle spoke rapidly and seemed to have difficulty concentrating on the topic of discussion, frequently commenting on unrelated things (eg. asking her mother if they could get a dog, saying "Look, it's getting sunny, so maybe the roses will grow"). Danielle demanded to know why I was there and who had reported her mother to APS. Undersigned informed her that due to confidentiality, this information could not be disclosed. Danielle stated, "Look, my mom &amp; I just want to be left alone." Undersigned asked about the alleged incident a couple of weeks ago. Danielle looked at her mother and then began saying that she accidentally pushed her mom, "Actually, I just put my hands on her shoulders and she fell backwards, I didn't push her, no way." Undersigned reviewed with daughter the elder abuse penal code and apprised her that physical abuse of an elder was considered a crime. Danielle said, "You're not going to call my P.O., are you?" Client also stated that she didn't want this incident reported to Danielle's P.O. Undersigned stated that she would need to consult with her supervisor. Client stated that she does not have any other needs. Daughter assists with medical appointments, household chores and personal care. Client manages to pay her own bills, medications and meal prep. Client insists that she only wants her daughter as her paid provider.</p>		
3/27/12	<p>Consultation with supervisor. Undersigned does not agree with the recommendations of the supervisor, but will comply.</p> <p>T/C to Riverton Police Department-apprised Detective Aaron Adams of the confirmation of physical abuse of client by daughter. He will contact Danielle's P.O. and will arrange for her to be detained.</p>		

**FOUNDATIONS OF EFFECTIVE SUPERVISION - PARTICIPANT MANUAL**

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3/29/12	T/C from client, very angry and upset. Danielle arrested by P.O. yesterday. She cannot appeal her jail time and will be in jail for the next 12 months. Undersigned attempted to refer her to the Public Authority agency to hire a care provider, but client said, "I never want to see you again", and hung up. Mailed client a brochure for the Public Authority to locate an alternate care provider.
3/30/12	Case closure: Case closed at client's request to no longer have contact with APS. Allegation of physical abuse by daughter was confirmed. Daughter taken into custody for violation of her parole. Client without a care provider at the time of case closure; resources to locate care provider mailed to client.

**Case 2**

<b>Client Name:</b> Thomas Austin		<b>Date Referral Received:</b> March 12, 2012	
<b>Reporting Party:</b> Martha Reed (neighbor)		<b>Assigned APS Worker:</b> Kim Park	
<b>Allegations:</b> Self neglect-Health and safety; nutrition		<b>Findings for Allegations:</b> Inconclusive for health and safety; unfounded for nutrition	
<b>10 day response:</b> <input checked="" type="checkbox"/>		<b>Immediate Response:</b> <input type="checkbox"/>	
<input type="checkbox"/>		<b>No Face to Face Required:</b>	
<b>Date</b>	<b>Narrative</b>		
3/12/12	I received this referral. I read the previous 4 referrals on Mr. Austin. He accepts help and then he stops the help		
3/13/12	I went for a home visit this afternoon. Mr. Austin let me into his house, which was very dark inside. He was very polite and asked me how long I had worked in my job. I told him that wasn't important, but that I wanted to make sure he was safe. He asked me if I was Christian, and I told him I was. He told me I reminded him of his wife, and then he said you are pretty in Korean. He said that he had spent time in Korea working for a food import company and had met his wife there. They had been married for 30 years. She died 4 years ago from cancer. They had not had any children. I asked if he has enough food to eat, he said he does, and he showed me his refrigerator that has lots of frozen foods. I asked him if he feels safe in his home, he said he does. He said he has everything he needs. He said he had enough money-that he gets Social Security and a pension and that he is able to pay his bills. He says he does not go to the doctor, because he only goes when he is sick, and he says he has not been sick for a long time. I asked him what else I could do for him, and he asked me to pray with him that his wife be at peace. I prayed with him and we said the Lord's Prayer together and then I left.		
3/20/12	I went to visit Mr. Austin again this week. He asked me to have tea with him and I did. He spoke about his wife and how much he missed her. He started to cry. I told him, I was a widow but I know God intended good for me and my two sons. He told me he had always wanted children, but that the Good Lord had not blessed him with children, that his wife had been infertile. He said he had no relatives and did not want his estate to go to the state. He told me because I was Korean and Christian, he wanted to leave his money to me and my sons. I told him I couldn't accept that –but he insisted. We prayed together and I left.		
3/21/12	I talked with my supervisor about Mr. Austin. I should tell him not to leave me anything in his will. I should tell him to leave it to a church or a charity. I should give him referrals for help, like the Senior Center, Friendly Visitor Program. I should close his case because he does not have any protective needs. I called Mr. Austin. I told him since he was OK , I needed to close his case. He asked me to visit again, but I said I could not. I gave him the numbers for the Senior Center and Friendly Visitor program.		

**Case 3**

<b>Client Name:</b> Rose Nuncio		<b>Date Referral Received:</b> 3/12/12	
<b>Reporting Party:</b> Anonymous		<b>Assigned APS Worker:</b> John Matthew	
<b>Allegations:</b> Self neglect-health/safety Self-neglect-nutrition		<b>Findings for Allegations:</b> Inconclusive for self-neglect for health and safety; inconclusive for self-neglect for nutrition	
<b>10 day response:</b> <input checked="" type="checkbox"/>		<b>Immediate Response:</b> <input type="checkbox"/>	<b>No Face to Face Required:</b> <input type="checkbox"/>
<b>Date</b>	<b>Narrative</b>		
3/12/12	Received referral on client. No prior referrals on this client.		
3/15/12	<p>Home Visit to client's home at 2233 Maple Street. Home is surrounded by a large ivy hedge, and worker had a hard time opening the gate into the property. Front yard was cluttered with lot of useless appearing items, like broken furniture and appliances; porch had many boxes and bags filled with old newspapers and magazines piled up. Worker knocked several times loudly on the front door. After several attempts, client opened the door. She wore a thin cotton nightgown that had stains on the front and she was barefooted. She appeared thin. Her hair was thin and greasy, I could see a lot of dandruff. She smelled strongly of urine, and I think I smelled alcohol coming from her as well. I could see little past her in the doorway; I saw a lot more magazines, newspapers and clothing piled up, but couldn't see much beyond the hallway because it was very dark in her house. She demanded to know who I was and why I was there. I explained that I was with APS and was there to check on her welfare and make sure she was safe. She told me she was fine and told me to go away and leave her alone. I said I'd leave, but I just want to make sure that she has enough to eat, I asked if I could come in and check her kitchen. She said, "Absolutely not." I told her I couldn't leave until I made sure she had enough food. She said, I've plenty to eat-you don't have to worry about that." I asked her what she had eaten that morning, she said she had made Quaker Oatmeal and prunes. I asked her what she planned to have for lunch, she said, none of your business, now go away, and she slammed the door in my face. I called through the door and said I was going to leave my card in case she had any other needs. Left my business card in the door jam.</p> <p>As I was getting into my car, an elderly man approached me. He told me that he was the one who had made the APS report and wanted to know what I was going to do to help "crazy Mrs. Nuncio." I told him I didn't think I would be back, because she didn't want any help.</p>		
3/16/12	Meeting with supervisor regarding this case. Will close the case as APS services are voluntary.		
3/16/12	Received telephone call from Mayor Bigwig; he was very angry; it turns out that Mrs. Nuncio is his aunt and she called him right after I left to complain about me. Mayor Bigwig accused me of violating his aunt's right to privacy and said this is another example of how social workers intrude on the lives of private citizens. He demanded I write a formal letter of apology to his aunt.		

**Case 4**

<b>Client Name:</b> Donna Brown	<b>Date Referral Received:</b> March 12, 2012
<b>Reporting Party:</b> Anonymous	<b>Assigned APS Worker:</b> Alicia Gordon
<b>Allegations:</b> Self neglect-health and safety; self-neglect-nutrition	<b>Findings for Allegations:</b> Confirmed for health and safety; inconclusive for nutrition
<b>10 day response:</b> <input type="checkbox"/>	<b>Immediate Response:</b> <input checked="" type="checkbox"/> <b>No Face to Face Required:</b> <input type="checkbox"/>

<b>Date</b>	<b>Narrative</b>
3/16/12	Home visit-arrived at the home at 2:45PM. Undersigned noted all windows have been covered with tin-foil; previously, client had kept shades down, so this is new for her. Undersigned called out and identified herself several times at the door. After several minutes, client opened the door a few inches. Undersigned noted client wore several hats but was topless, without a bra or shirt. Undersigned detected a sour, moldy odor when the door opened; however, was unable to view inside the house or determine the source of the odor. Undersigned asked client if she would like to put on a top; client stated that there was no need for that, because her hats protected her. Client indicated she recognized undersigned from prior visit last month. She stated she has taken measure to stop the FBI from reading her thoughts. Undersigned asked her how she was able to accomplish that; client replied that she has disconnected all electrical appliances and has used the foil to deflect the mind rays that the FBI attempts to beam at her home. She indicated that she needed to close the door, to prevent any potential spy bots from entering her home. T/C to the Psychiatric Evaluation Team, requested an immediate evaluation for a 5150. Explained client's deterioration based on dress, pronounced paranoia and the weird odors which undersigned suspects may be dangerous to client's wellbeing. PET to send out worker to evaluate the situation.
3/16/12	4:30PM Team visit with Sally Brown, psychiatric social worker from PET. Undersigned knocked on the door and client opened the door a few inches. She remained without a top and when she saw Ms. Brown, she screamed, "FBI agent" and slammed the door. Undersigned detected the same odor previously detected; however, Ms. Brown stated she was not able to detect it due to allergies. Undersigned attempted to re-engage the client, but she refused to open the door. After several minutes, Ms. Brown and undersigned conferred. Ms. Brown stated that she didn't see any evidence that client was a threat to herself or others. She stated that just because she chose to answer the door topless, was not sufficient grounds for gravely disabled.
3/19/12	Consultation with supervisor. Will make another attempt to visit client later this week.
3/24/12	T/C from Officer David Edinger. He and his partner 5150'd client to Riverton Psychiatric Hospital last night. Client had gone to ABC Grocery store without a bra or top and had tried to purchase several cans of whipped cream, but apparently had no money. Officer Edinger had gone to the client's home to secure it and had found the undersigned's business card in her door jam. He stated "You really blew this one, aren't you supposed

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**FOUNDATIONS OF EFFECTIVE SUPERVISION - PARTICIPANT MANUAL**

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	to keep this folks safe?" I explained that it was due to the PET team's laziness that client had not been hospitalized last week. He also had found she had filled all the electric sockets and all crevices with whipped cream; apparently she believed that the whipped cream had properties which could protect her from electromagnetic rays.
3/24/12	T/C to Riverton Psychiatric Hospital. Social worker Christine Murray would not confirm client's presence in the facility and consequently would not discuss any discharge plans with undersigned.
3/24/12	T/C to Sally Brown (555-1212). Apprised her that client had been 5150'd to Riverton Psychiatric Hospital. Also told her what Officer Edinger said, she denied she was responsible-I told her that she was unprofessional and she hung up on me.
3/25/12	Case closed

**Case 5**

<b>Client Name:</b> Muhammad Shirazi	<b>Date Referral Received:</b> March 12, 2012
<b>Reporting Party:</b> Self	<b>Assigned APS Worker:</b> Michael Edmundson
<b>Allegations:</b> neglect by others (dau/son-in-law)	<b>Findings for Allegations:</b> Unfounded
<b>10 day response:</b> <input checked="" type="checkbox"/>	<b>Immediate Response:</b> <input type="checkbox"/> <b>No Face to Face Required:</b> <input type="checkbox"/>

<b>Date</b>	<b>Narrative</b>
3/12/12	Received the referral.
3/13/12	<p>Made home visit. Met Mohammed at his home, which is in a very high-priced neighborhood. He was at home alone. He let me into the home, which was very large and expensively furnished, there was a pool in the backyard and there were a lot of Middle Eastern antiques throughout the house. Clt looks to be a man in good health, he walks slowly with a cane, but I didn't see any balance problems-it looks like he uses the cane for effect, rather than he actually needs it. Mohammed was very polite and well spoken. He told me he was a government official in Iran, and showed me a picture of him standing behind the Shah of Iran. He stated he has lived in America since 1982, after having lived in England for a short time after the Shah was deposed.</p> <p>When asked about the report he made yesterday, he said that Roya and her American husband, David, refuse to give him his pain medications. I asked what medications he takes; he said he takes Vicodin &amp; Oxycontin. I asked him what he takes them for, he said he has rheumatoid arthritis and gout, which cause him a lot of pain. He stated he was unable to show me his medications, because Roya hides them from him. I asked why she would do that, and clt says he suspects that David is addicted to the medications and Roya is keeping them for David to use. I asked him about any other health conditions, he stated that he has high blood pressure, and takes Dyazide for that. Other than withholding his medication, Mohammed likes living with his daughter, who is his only child.</p> <p>Clt stated that he is able to manage his own personal care. Roya, does all the housework and cooking and son-in-law, David, manages the household finances. Mohammed is a typical Middle-Eastern man, he doesn't do any housework at all. I got the impression that clt does not like his son-in-law, his tone changed whenever he mentioned David's name. He asked me what I was going to do, would I make Roya give him his medications. I asked his permission to speak with his daughter and son-in-law and he said it was OK. He refused to sign a release to speak with his doctor-"no need to get my physician involved in a family matter." I left my card and asked him to have his daughter call me.</p>
3/14/12	T/C from Roya. She said her father asked her to call me but she didn't know why. I explained her dad had filed a report saying that she and her husband were abusing him by withholding needed medications. I did tell her that Mohammed alluded to the possibility

	<p>that David taking her father’s medication. She was very quiet and then asked “Did my father tell you that?” She said, “Of course he did.” She then stated that her father is addicted to Oxycontin and Vicodin. She stated that he has been hospitalized twice in the past 3 years for overdosing and that she and her husband have to hide his medications and dole them out every 6-8 hours as prescribed, but that her father demands them every 2-3 hours. I asked her why she didn’t ask the doctor to restrict his prescriptions; she said her father’s physician is an old friend from Iran, who will do whatever her father demands. She has tried to get her father to get treatment for his addiction, but he refuses. David, who is a psychotherapist, has spoken with clt several times, but clt becomes so agitated that David has given up trying. David got on the other line and confirmed what Roya had said. He said I should call a psychiatrist Dr. Allen, who treated clt both times he was hospitalized.</p>
3/14/12	<p>Case consultation with supervisor. Findings for neglect appear inconclusive, daughter/son-in-law appear to be keeping client safer by managing his medications.</p>
3/20/12	<p>Home visit to drop off some resources for client. Clt looks the same. I told him I had spoken with Roya, and that she seemed to believe that he had a problem with prescription drugs. He adamantly and loudly denied he had a problem with medications, that it was David “is the addict.” He said, “It doesn’t matter, Roya &amp; I have come to an understanding about all this.” He thanked me for my time. I left some brochures about treatment programs for drug addiction.</p>
3/20/12	<p>Closed the case. Allegations of neglect by others inconclusive.</p>



### Handout 6 - Case Review/Quality Assurance Form

#### Case assigned as:

- Emergency Response       Client seen within 24 hours
- 10 day response               Client seen within 10 days
- No Face to Face Indicated       Client/significant other contacted within 10 days
- If client/significant other not contacted within mandated time frame- adequate documentation explaining the reason why (including attempts to contact)

#### Initial Assessment Documentation & Time Frames

Initial Assessment documentation reflects:

1.  Client/family gave permission for APS to enter the home
2.  Client was interviewed alone **or** reason why client was not interviewed alone
3.  Full names of those interviewed and their relationship(s) to the client
4.  Objective observations (including quotes), that support findings for allegations
5.  Assessment of client's strengths and needs
6.  Worker obtained signed release(s) of information form to speak with other involved parties
7.  Client consented to additional APS involvement
  - If client refuses further APS involvement-referrals offered to client
1.  Assessment completed and signed by worker within 21 calendar days of initial contact
8. Comments for unchecked items:

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#### Service Plan Documentation & Time Frame

Service Plan documentation reflects:

2.  Client was involved in the development of the Service Plan

3.  Client consented to the Service Plan
4.  The desired outcomes/goals of APS involvement
5.  Strategies and resources to be used to achieve desired outcomes/goals
6.  Anticipated length of APS involvement
7.  Service Plan completed and signed by worker within 30 calendar days of initial contact
8.  Additional services offered and refused/ unavailable

Comments for unchecked items:

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### Narrative Case Notes

Case Notes reflect:

1.  Objective documentation
2.  APS social work activities outlined in the Service Plan
3.  Monitoring of providers/resources to promote desired outcomes of Service Plan
4.  If applicable, home visit made at required intervals for duration of the case **or** alternative visitation plan documented and approved  
 Not applicable-case closed before additional visits required
5.  If applicable, changes in client's situation which require amendment to the Service Plan  
 Not applicable-no changes in client's situation which required Service Plan amendment
6.  If applicable, mandated cross reporting  
 Not applicable-no mandated cross reporting indicated in case

Comments on unchecked items:

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### Case Closure

Case Closure notes reflect:

1.  Each allegation and the findings for each allegation
2.  The reason that the case is being closed
3.  The extent to which the Service Plan goals were achieved
4.  Services in place at the time of case closure

5.  The services provided by APS

Comments on unchecked items:

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Source: The Case Review/Quality Assurance Form was derived from common elements from QA forms shared by Florida, Texas, Oregon, Los Angeles County and San Diego County.

## Administrative Role: Evaluating Performance & Managing Meetings



**TIME ALLOTTED: 75 minutes**

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### Slide #42

<p>Evaluating Performance</p> <p>Monitoring/ Evaluating Performance</p> <ol style="list-style-type: none"><li>1. Ability to establish &amp; maintain effective, meaningful professional relationships with clients</li><li>2. Social work process-knowledge and skills</li><li>3. Orientation to the agency administration- objectives, policies and procedures</li><li>4. Relationship to and use of supervision</li></ol> <p>Kadushin &amp; Harkness, 2002</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**Slide #43**

Evaluating Performance

Monitoring/  
Evaluating  
Performance

5. Staff and community relationships
6. Management of work requirements and work load
7. Professionally related attributes and attitudes
8. Evaluating cultural competence

Kadushin & Harkness, 2002

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**Slide #44**

Effective Feedback

Monitoring/  
Evaluating  
Performance

- Timely and consistent
- Tied to established expectations
- Based on observable and verifiable information;
- Given in the context of a trusting relationship;
- Given in the context of a clear agency or unit purpose (e.g., meeting time frames, benefiting clients, or improving relationships).

Salus, 2004

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**Slide #45**

Fishbowl Exercise



Carol – Social Worker



Leslie - Client

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**Slide #46**

- After observing Carol's interaction, how would you, as her supervisor, give her feedback for improvement in the following skills areas?

*Skills areas: developing rapport/trust; cultural sensitivity; interviewing skills/obtaining information; professional boundaries; ethical issues*

- How would you phrase it? What would you suggest?



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### Handout 7 - Fishbowl Exercise

#### Scenario:

A 25 year old woman, Leslie Chambers is a Regional Center consumer, who attends a sheltered workshop 3 days/week. The reporting party is her job coach, Donna. Per reporting party, Leslie functions at the level of a 7-8 year old child. Her mother, Linda Armstrong, is the probate conservator of person and finances for Leslie. A few weeks ago, Leslie met Pete (last name unknown) at the local convenience store. Pete is approximately 50 years old, and has tried to visit Leslie at the sheltered workshop several times-Donna has always told him he was not allowed on the property. Today, Leslie left the premises at lunchtime without permission. When she returned, she said that she had gone to lunch with Pete. Leslie's shirt was inside out and she did not want to answer any questions of her job coach, saying "Pete told me not to tell." Reporting party suspects Pete sexually abused Leslie.

This is assigned as an immediate response visit. The social worker, Carol Carson has just started with APS. She has a background in clinical psychology and substance abuse counseling, but has never worked with sexual abuse or developmental disabilities.

**Script for Interview**

Leslie (client) is seated in a chair, she plays nervously with her hair, twirling it, or pulling on it. Carol (social worker) comes in and sits across from her and immediately starts into the interview.

	<b>Script</b>
<b>Carol:</b>	Leslie, my name is Carol and I am a social worker. I need to talk with you about what happened today.
<b>Leslie:</b>	<i>Where's Donna?</i>
<b>Carol:</b>	Donna's in the next room and she said it was OK that we talked about what happened today.
<b>Leslie</b>	<i>I want Donna.</i>
<b>Carol</b>	Well, I need to talk with you alone right now. We can talk with Donna later, OK? (Carol reaches over and pats Leslie's shoulder/hand)
<b>Leslie:</b>	<i>OK. (pause, looks down) Am I in trouble?</i>
<b>Carol</b>	What makes you think you're in trouble?
<b>Leslie</b>	<i>I don't know.</i>
<b>Carol</b>	(pause)Let's talk about where you went today, shall we? Donna said you left the workshop today.
<b>Leslie</b>	<i>I don't know.</i>

<b>Carol</b>	You don't know? (Pause). Leslie, you're not in trouble, you know.
<b>Leslie</b>	<i>Pete said if I told, I'd get in trouble.</i>
<b>Carol</b>	Well, you're not in trouble. Can you tell me who Pete is?
<b>Leslie</b>	<i>He's my friend.</i>
<b>Carol</b>	How long have you known Pete?
<b>Leslie</b>	<i>I don't know.</i>
<b>Carol</b>	Is he your boyfriend?
<b>Leslie</b>	<i>I don't know.</i>
<b>Carol</b>	Did you see Pete today?
<b>Leslie</b>	<i>I don't know.</i>
<b>Carol</b>	Well, Donna said you told her went to lunch with Pete. Did you go to lunch with Pete?
<b>Leslie</b>	<i>I don't know.</i>
<b>Carol</b>	Leslie, I need for you to tell me the truth. I am trying to help you.
<b>Leslie</b>	<i>I don't want to get in trouble.</i>
<b>Carol</b>	(somewhat exasperated tone) You're not in trouble. But I can't help you unless you tell me the truth. Can you tell me, did you see Pete today?
<b>Leslie</b>	Yes.
<b>Carol</b>	And did he touch you in an inappropriate way?
<b>Leslie</b>	<i>I don't know.</i>

**Slide #47**

Making the Most of Meetings

Managing Meetings

- What makes a positive meeting experience?
- What makes a negative meeting experience?



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**Slide #48**

Common Meeting Problems

Managing Meetings

- What makes a negative meeting experience?
  - No focus
  - Confusion between process and content
  - Personal attack
  - Unclear roles and responsibilities
  - Communication problems
  - Data overload
  - Repetition

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**Slide #49**

Exercise

- Common Meeting Purposes



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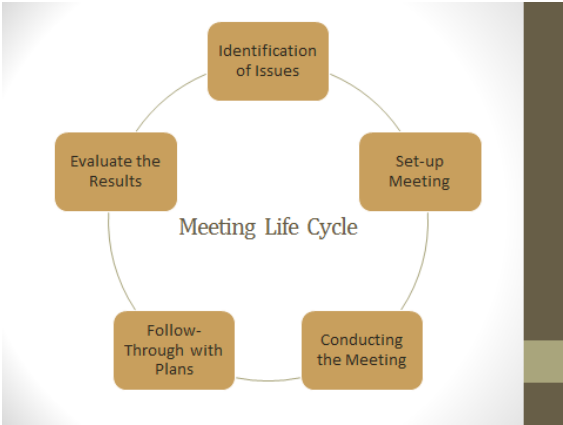
**Handout #8 - Common Meeting Purposes**

Purpose	Description	Example
Affiliating	Providing an experience belonging to the Organization or Unit or Team	
Analyzing	Determining the causes of a situation or the relationship between things	
Celebrating	Recognizing and honoring achievements and life passages	
Conciliating	Bringing conflicting parties together to acknowledge the legitimacy of other's point of view	
Decision-Making	Reaching conclusion about what action to take	
Enrolling	Requesting participation or partnership in achieving outcomes	
Evaluating	Assessing relative success in achieving planned objectives	
Informing	Providing or receiving data or clarifying information, usually for use at a later time	

Mediating	Facilitating the resolution of conflict among people	
Planning	Setting goals and establishing a schedule of activities	
Problem-Solving	Working in a team to resolve issues or take advantage of an opportunity	
Socializing	Creating opportunity for people to relax with each other	
Team-Building	Creating feelings of trust and establishing common norms among members	
Tracking	Monitoring progress toward goals (usually for work that is done independently)	

Source: Garrison, M and Dahlin, P. (2009). *Team development* – Foundations of Supervision Series, Participant Manual. (p. 27).

**Slide #50**



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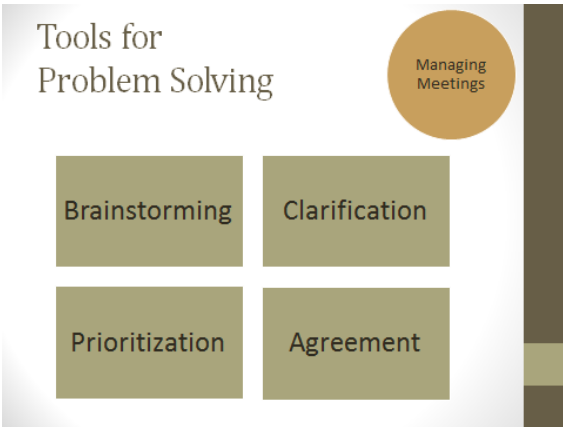
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**Slide #51**



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## **Handout #9 - The Life Cycle of a Meeting: The Core Meeting Process**

### **Step 1: Identification of the Issues**

- What are the issues?
- What are the barriers to solutions?
- Who are the stakeholders?
- What is already in writing about this?
- Why is this important?

### **Step 2: Setting Up the Meeting**

- Who should be there?
- What will the goal be?
- What are the likely roles that participants will play?
- Where am I on the issue?
- Where am I in my relationships with the participants?
- Where should the meeting be?
- How long should the meeting be?

### **Step 3: Conducting the Meeting**

- Roles of participants
- Agenda review
- Agreement on type of meeting
- Agreement on decision-making method
- Agreement on structure and timeframes
- Review of meeting results
- Plus/delta (evaluation)
- Next steps

**Tools for Conducting Meetings**

<p><b>1. Brainstorming</b></p> <p><i>No judgments</i>  <i>Free-flowing</i>  <i>No defending</i>  <i>No rationales</i>  <i>Everything goes</i>  <i>Possibly add-on, if initiator agrees</i>  <i>Scrunching words</i></p>	<p><b>2. Clarification</b></p> <p><i>Illustrating so each person has an idea of the concept</i>  <i>Freedom to combine, if initiator agrees</i>  <i>No need to try to combine</i>  <i>Not a time to defend or justify</i>  <i>Not a time to attack or lobby</i></p>
<p><b>3. Prioritization</b></p> <p><i>n/3, n=number of IDEAS</i></p> <p><i>Each participant chooses their top concerns and votes on top n/3</i></p> <p><i>Facilitator highlights group's scores</i></p>	<p><b>4. Agreement</b></p> <p><i>Facilitator asks each individual to agree on top n/3 to work on</i></p> <p><i>Disagreeing person(s) asked what could be changed so that they are 80% satisfied</i></p>

**Step 4: Follow Through**

**Check-In for Actions Plans – Example**

Objective	Who	Start Date	IPR (In-Progress Report)	Stop Date	Additional Resources Needed	Additional Action Plans	Remarks
Case review standards	Sue	1/1/13	Policy never completed but was drafted and forwarded to Program Managers for decision on implementation	N/A	Program Managers need to meet with Supervisors to determine implementation process	Program Managers to meet with Supervisors to get feedback	Meeting scheduled for 5/1/13. Program Managers to get back to Sue by 4/15/13. Sue to then present updated IPR.

**Meeting Results – Example**

- Summary of what happened (content)
- Summary of the meeting process (how)
- The following agreements were made:
- The following decisions were made:
- The evaluation of the meeting was:

	+	Δ
1		
2		
3		
4		

- Next actions are:

Note Taker & Date: \_\_\_\_\_

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### **Step 5: Seeing the Results**

- Outcomes
- Celebration
- Implementation
- Acknowledgment
- Termination of any special committees
- Finalization of policies and procedures





# L.I.F.E. Partner Exchanges



**TIME ALLOTTED: 10 minutes**

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**Slide #53**



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### ***Handout: Learning In The Field Experience (L.I.F.E.) REPORTS***

#### **Purpose:**

The Learning In The Field Experience (L.I.F.E.) provides supervisors with the following learning opportunities:

- To apply concepts and methods learned in training.
- To practice providing feedback to other supervisors.
- To expand awareness of supervisory practices specific to APS work.
- To apply collaborative learning techniques.
- To receive feedback on professional development.
- To develop professional, supportive relationships with colleagues in neighboring counties or programs.

#### **Rationale:**

APS Supervisors work with complex issues and situations in similar settings. The scope and nature of supervision varies according to local or state practice, departmental procedures, administrative focus and organizational climate. Given the lack of federal oversight for APS programs, supervisors are often faced with the challenge of having limited direction in order to determine best practices. Additionally, new supervisors face the daunting challenge of learning skills that pertain to supervision while stretching or modifying casework behavior that worked for them when they were APS field workers.

Providing field experience for APS Supervisors provides an opportunity for collaborative learning while simultaneously developing professional relationships and connections that could prove to be useful long after the end of the project. Working with a learning partner from another agency, supervisors will be able to provide and receive feedback on their development or refinement of supervisory skills. Working on their goals, both supervisors will be able to compare the progress of their learning. Through a dialogue with professional support, supervisors can candidly examine their strengths and developmental needs.

#### **Guidelines for the Supervisor's Field Experience (L.I.F.E.):**

1. When choosing a learning partner, consider the following:

-Does this partner work in a jurisdiction or office that is reasonably close in proximity?

- Does this partner have a similar role within her/his department?
- Does this partner work within a similar type of state, county, parish or local office? (i.e., rural vs. areas of high urban density; APS staffing ratios similar).
- Partnerships will be finalized by the end of the second session.

2. Schedule two days for collaborative learning

Supervisors will schedule a full day for visiting and learning in another agency and a full day when their learning partners will visit their agency. It is critical that supervisors schedule this time in advance. Your APS Supervisor CORE facilitator will give you parameters for these dates.

3. Focus on your own learning goals:

The field experience provides an opportunity for structured observation and feedback related to personal learning goals. The material that is being covered in the APS Supervisor CORE series will help you to determine these goals.

As you complete the APS Supervisor CORE classes, consider and take note of potential areas that may be appropriate for you to address as learning goals.

4. Between APS Supervisor CORE sessions, consider the following:

- How do the components of APS culture impact your role as supervisor?
- Are there elements from the key roles (Educational, Supportive and Administrative) that are missing from your supervision with workers? How can you incorporate missing elements into your practice?
- How do you currently evaluate and monitor staff performance? How can you incorporate elements presented in this training to your practice?
- Identify three Supervisory Best Practices and explain how you use them/will use them on the job.

After completing the two day visit to your partner's program (between sessions 6 and 7), you will complete a L.I.F.E. Report and then present your findings to the whole class.

# Closing/Evaluation



**TIME ALLOTTED: 15 minutes**

## Slide #54

Best Practices

- Know the regulations and mandates
- Model open communication
- Consistently apply strength-based language
- Remain open to learning - attend non-mandatory trainings
- Regularly scheduled case conferences
- Joint home visits with all workers
- Regularly scheduled group case review



The diagram titled "SUPERVISORY ROLES" features three overlapping circles: a red circle labeled "Educational", a blue circle labeled "Supportive", and a yellow circle labeled "Administrative". Each circle contains a small photograph of a person. The circles are arranged in a triangular pattern with some overlap.

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## Slide #55

Closing/Evaluations

- Identify one way that you will apply the information that were presented today with your staff.
- Questions
- Training evaluations
- Thank you!



The image shows a clock face with the text "time for change" written across it in a stylized font. The clock hands are positioned to suggest a specific time.

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## REFERENCES

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