



October 22, 2024

Clinical Supervision is a space for anyone to practice and model DCS values.

Safety:

- considering child safety and employee safety;
- being mindful of creating a safe environment for critical thinking and learning, which can be uncomfortable;
- approaching your own ideas and others' with open-mindedness, kindness, and humble curiosity;
- viewing mistakes as an opportunity to learn.

Accountability:

- viewing accountability as a way to help all involved be successful;
- sharing decision making, where all participants (DCS Specialist/Supervisor) hold each other accountable to the process and outcome; and,
- recognizing that each individual's behavior impacts those around them, and using this knowledge to improve how we hold each other accountable so we can improve accountability partnerships with families.

Change:

- believing people can and do make changes in their lives;
- changing our approach when the current plan isn't working;
- highlighting the changes our families experience throughout the life of the assessment or case;
- recognizing development, progress, and change in our own and others' application of policy and practice standards, e.g. SAFE AZ, Youth Thrive, family engagement, etc.; and,
- being open to changing our conclusions or decisions when new information is available.

Key Elements of High-Quality Clinical Supervision

Clinical Supervision is a standardized process of discussion between the DCS Program Supervisor and the DCS Specialist about actions, responses, and decisions of the DCS Specialist during assessment and case management.

The focus of the clinical supervision discussion is to:

- guide and coach the DCS Specialist to promote critical thinking;
- address bias and assumptions that may affect interaction with the family and/or case outcomes;
- identify strategies for effective family engagement; and
- analyze the processes, patterns, and dynamics that are occurring within the family

Clinical supervision enhances DCS' ability to analyze and address the specific needs of the family to support safety, permanency, and well-being of children.

- The DCS Program Supervisor coaches and guides the DCS Specialist in discovering the causes and meanings of problems affecting the family, and effectiveness of interventions using tools to promote critical thinking. The DCS Program Supervisor and DCS Specialist work together to ensure the family is viewed with an unbiased perspective and engaged with empathy and respect, while clearly defining concerns related to safety, permanency, and well-being. Family strengths and protective capacities are considered in relation to safety assessment, safety management, and case planning.
- Implicit bias is the unconscious assigning of particular qualities to a member of a certain social group. Everyone has implicit biases, so it is critical to examine and address them. If not addressed and mitigated, they may create inaccuracy and unfairness in decisions that often have a lasting impact on the lives of children and families. Clinical supervision is a venue to safely examine our biases and assumptions and develop a plan to mitigate them.
- Considering a family's culture is necessary to ensure the safety decision is accurate and that services are provided that will best meet the family's unique needs.
- The clinical component of supervision allows DCS Program Supervisors to model a strength-based coaching approach to interaction, which in turn is used by the DCS Specialist with families to identify pertinent needs, provide intervention, implement services, address barriers, and support parents through the stages of change.

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When should clinical supervision occur?

- For a detailed list of clinical supervision timeframes, please refer to the DCS Policy Manual, Chapter 7 : Section 14 Providing Strength-Based Supervision

Refer to the "[Is this a Clinical Discussion?](#)" guide to determine whether a discussion qualifies as clinical supervision.

Family:

- honoring and respecting each child's family and supporting them to maintain and grow important connections to family, kin, and community; and,
- expanding our definition of family.

Engagement:

- having open, honest, and respectful conversations with each other and with families, even when it's uncomfortable; and,
- partnering with DCS specialists - who will then partner with families, to develop individual and family specific solutions that build upon individual and/or family strengths.

Compassion:

- extending empathy and respect for all, acknowledging each individual is influenced by their own experiences, context, and social conditions.
- partner and attune with families to alleviate the pain and suffering of their situation(s).

Teaming:

- developing plans on how the family will be included in decision-making about safety assessment, safety planning, services, and level of DCS oversight; and,
- partnering between the DCS Specialist, DCS Program Supervisor, and other DCS team members in the clinical process, which supports partnered decision-making.

Advocacy:

- advocating for children by advocating for families;
- focusing on strengths-based assessment and case planning; and,
- taking care of ourselves so we can advocate for others.

Equity:

- enhancing our cultural competence, acknowledging and respecting our differences, and actively looking for opportunities to create equity; and,
- recognizing some families need more support in order to be successful, and that's okay.

What are the roles and responsibilities of the DCS Program Supervisor?

Preparing for clinical supervision:

- Make sure your needs are met so you can be fully present and focused on the discussion
- Come prepared to address the purpose of the conversation, e.g. Pre-commencement, Case Planning, etc.
- Consider the knowledge and skills of the Specialist and adjust approach accordingly
- Use your judgment to know what documentation, if any, needs to be reviewed prior to holding the discussion
 - ▶ When possible, reviewing documentation prior to the clinical discussion can reduce the time spent in the meeting and increase the quality of the outcome

During clinical supervision:

- Establish structure to the discussion
 - ▶ Find out what the Specialist needs answers to in order to move the assessment or case forward
 - ▶ Use the purpose of the discussion to help focus your questions on the most relevant information for the decisions that must be made
 - ▶ Limit summary of case information to topics related to the decisions that must be made
- Follow up on actions from previous discussions
- Recognize when educational supervision is needed and guide the Specialist when they need explanation or modeling of behavior
 - ▶ Help the Specialist determine how they will apply their learning in other circumstances
- Clearly define actions to take away from the discussion (include target date)
- Provide and receive feedback
- Ensure both you and the Specialist got your needs met

After clinical supervision:

- Write the case note
- Identify time frame for next discussion – when does it make sense to have another discussion?

What are the roles and responsibilities of the DCS Specialist?

Preparing for clinical supervision:

- Set aside distractions to be able to focus on the conversation
- Come prepared knowing what you need help and guidance with to move the family closer to permanency or complete the assessment
- Come prepared to address the purpose of the conversation, e.g. Pre-commencement or Case Planning

During clinical supervision:

- Ask questions, even if it's uncomfortable
- Ask for guidance when you don't know how to do something or what to do next
- Share your ideas and thoughts
- Provide and receive feedback
- Develop a clearly defined plan to complete follow up actions from the discussion, including target dates

After clinical supervision:

- Complete follow-up tasks/plan developed during the clinical discussion.
- Ask for help when needed while completing follow up tasks.