

12-16-2013

Strengths-Based Supervision: Supporting Implementation of Family-Centered Practice through Supervisory Processes

Cynthia A. Lietz

Arizona State University, clietz@asu.edu

Follow this and additional works at: <http://digitalcommons.library.tmc.edu/jfs>

Recommended Citation

Lietz, Cynthia A. (2013) "Strengths-Based Supervision: Supporting Implementation of Family-Centered Practice through Supervisory Processes," *Journal of Family Strengths*: Vol. 13: Iss. 1, Article 6.
Available at: <http://digitalcommons.library.tmc.edu/jfs/vol13/iss1/6>

The Journal of Family Strengths is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact digitalcommons@exch.library.tmc.edu

Strengths-Based Supervision: Supporting Implementation of Family-Centered Practice through Supervisory Processes

Acknowledgements

The author would like to thank Arizona's Division of Children, Youth, and Families (AZ DCYF) and their Child Welfare Training Institute (CWTI) for their support in the development of this model of supervision.

Strengths-Based Supervision (SBS; Lietz & Rounds, 2009) is a model of supervision that was developed in 2008 for a statewide public child welfare system in the southwest. The model integrates supervisory processes designed to intentionally support a worker's implementation of Family-Centered Practice (FCP). Child welfare supervisors serve the dual purposes of monitoring and mentoring the practice of their workers. They are responsible for monitoring the quality of practice ensuring that workers adhere to agency policies and practice guidelines. Supervisors also mentor their workers, providing professional development that allows workers to take what they learn in training and apply it in the field. Considering the roles supervisors serve in monitoring and mentoring practice, the supervisory processes in which they engage are essential to effective implementation of family-centered practice principles.

Since 2008, SBS has been adopted by three states and a multi-state private non-profit child welfare agency. In addition, elements of the model have been incorporated into training conducted by several local agencies. It is estimated that almost 1000 supervisors have been trained in the SBS model across the western United States. The purpose of this article is to describe SBS and to discuss implications this model of supervision offers for public and private child welfare settings.

Child Welfare Supervision

Social service supervision has been described as a process that involves monitoring the work of another (Kadushin & Harkness, 2002). Essentially, social service supervisors maintain a responsibility to ensure the quality of the work of those they supervise. In child welfare more specifically, Salus (2004) contends that supervisors manage work conducted by caseworkers ultimately for the purpose of ensuring outcomes related to safety, permanency, and well-being of children and families. Through their efforts, child welfare supervisors exert both direct and indirect effects on the cases they supervise.

When a worker speaks with a parent at a case staffing and a decision is made based on that conversation, that supervisor demonstrated a direct effect on the outcomes of that case. However, more often a supervisor's impact is indirect. For example, when a supervisor conducts a case review with a supervisee, that worker may gain increased insight into that case generating solutions not previously considered. If that supervisory conversation leads to enhanced permanency outcomes, that supervisor has exerted an indirect effect on that case. In other words, what the supervisor did caused the worker to think and behave differently, leading to improved outcomes in the case. Harkness and Hensley (1991)

describe this as a “three link chain” (p. 506) and acknowledge the challenges in studying the indirect effect due to the multiple extraneous variables that also impact client outcomes. Despite the challenge in empirically describing a supervisor’s indirect impact, the idea that supervision can enhance a worker’s practice and ultimately the outcomes of a case is well-accepted in practice (Collins-Camargo, 2006; Dill & Bogo, 2009; Salus, 2004; Potter, 2009). Essentially, supervisors influence the quality of practice.

Strengths-Based Supervision

SBS integrates four guidelines that include supervisory processes established for child welfare settings. These guidelines provide direction to child welfare supervisors about how to structure their supervision to best support effective implementation of FCP. The four guidelines, which will be described in the following sections, include:

1. Fulfill the three functions of supervision; administrative, educational, and support.
2. Parallel the principles of FCP during supervisory conferences.
3. Utilize both task and reflective supervisory processes.
4. Conduct supervision using both individual and group modalities.

Supervisory Functions

Kadushin and Harkness (2002) suggest social service supervisors serve three functions: administration, education, and support. The administrative function involves monitoring practice and holding supervisees accountable for the quality of their work. Administrative tasks include assigning and tracking cases, reviewing and signing off on case reports, monitoring adherence to agency policy and procedures, and writing performance reviews or improvement plans. The administrative function involves setting clear expectations and tracking performance. When performance falls below expectations, supervisors are expected to exert administrative authority by having direct conversations with workers about how best to improve practice. Evaluating performance also involves identifying strengths and providing acknowledgment when a worker’s practice is of high quality. The hierarchical nature of the supervisor/supervisee relationship remains embedded in the administrative function. Despite concerns that some supervisors have about asserting administrative authority, research suggests supervisees expect to be evaluated and see the appropriate use of supervisory power as helpful (Murphy & Wright, 2005).

In addition to monitoring the quality of practice, supervisors are also expected to mentor their supervisees providing training and education to develop the skill level of their supervisees. When workers are new to their positions, supervisors need to provide information during supervisory conferences about the basic elements of doing child welfare case management. Although new caseworkers often attend training prior to starting their positions and periodically throughout their careers, supervisors serve an important role in the transfer of learning process making connections between training and the field (Curry, McCarragher, & Jenkins, 2005; Salus, 2004). Supervisory conversation can help link training content to practice when key concepts are incorporated into supervisory conferences. For example, if the agency engages in a training initiative regarding prevention of vicarious trauma, supervisors can deliberately incorporate concepts from the training such as “boundaries” and “self-care” during supervisory conferences to help infuse training content into daily practice.

In addition to training and information sharing, the educational function of supervision also involves asking questions that prompt critical thinking. When supervisors ask questions that cause their supervisees to think beyond their own knowledgebase and experience, this supervisory process helps to develop analytical skills that are essential to the complex work of child welfare (Deal, 2003; Lietz, 2010). This will be discussed in greater detail when task and reflective supervisory processes are reviewed. Clinical supervision, a process of in-depth case reviews is also linked to the educational function. There is a growing interest in increasing the amount of supervision in child welfare that is clinical in nature (Collins-Camargo & Millar, 2010; Ferguson, 2009), but some studies suggest the time constraints and crisis nature of the job redirect child welfare supervisors away from clinical supervision (Bogo & McKnight, 2006; Collins-Camargo, 2006; Dill & Bogo, 2009; Strand & Badger, 2005). SBS highlights the importance of clinical supervision and makes the case that prioritizing in-depth, case related supervisory conversations is essential to child welfare due to the complexity of the work.

Finally, moving beyond monitoring and mentoring workers, supervisors also serve a support function. Supervisor support involves providing workers what they need to conduct the challenging work of child welfare. This support can be both practical and emotional. Practical support means supervisors approve needed time off, provide answers in an urgent situation, and at times come alongside their workers completing tasks when necessary. Emotional support involves demonstrating genuine care and concern for the well-being of workers through the development of

a working alliance between supervisor and supervisee (Mena & Bailey, 2007). Considering the incidence of vicarious trauma and burnout in child welfare work, it is essential for supervisors to debrief high-risk situations that their workers might experience. Allowing supervisees to express their fears or concerns, as well as share their successes is an important part of demonstrating genuine interest and care for workers. There is a substantial body of literature indicating the importance of supervisor support suggesting retention and job satisfaction are positively impacted when workers rate their supervisors as “supportive” or see supervision as high quality (Ellett, Collins-Camargo, & Ellett, 2006; Faller, Grabarek, & Ortega, 2010; Landsman, 2007; Strand, Spath, & Bosco-Ruggiero, 2010). Supervisory support is an essential part of developing a solid workforce.

This first supervisory guideline of SBS, as conceived by Kadushin (1976), suggests child welfare supervisors remain mindful to serve the administrative, educational, and supportive functions, an idea that remains well-supported in the literature (Caspi & Reid, 2002; Dill & Bogo, 2009; Munson, 2002; Potter, 2009; Tsui, 2005). Kadushin and Harkness (2002) compare supervision to a three-legged stool suggesting that even if a supervisor is strong in two of the three functions, when all three roles are not well served, the supervisory program falls short. Supervisors may need to engage in self-reflection to recognize which of these three functions fits their natural strengths, and which might require increased intentionality to ensure all three functions are being fulfilled.

Parallel Process and Family-Centered Practice

The concept of parallel process stems from various theories. Systems theory suggests that within a large system such as the public child welfare system, there are subsystems that remain interrelated and influenced by one another (Holloway, 1995). Subsystems can include teams or units within the organization. The relationship between a supervisor and supervisee represents a dyad or subsystem. A supervisee’s interactions with children, youth, or families also represent a subsystem within the larger system. Systems theorists suggest there are often parallels between the interactions of one subsystem and that of another in an organization. In other words, there are often repeating patterns between the ways supervisors interact with supervisees and the ways supervisees interact with families (Cearley, 2004; Cohen, 1999; Shulman, 2005).

Social learning theory addresses repeating patterns as well, but this theory offers a different explanation. Social learning theory explains that people tend to replicate what they observe through modeling (Bandura, 1977). This is particularly true when that person was reinforced for the

behavior being modeled. If one were to perceive the promotion to supervisor as a reinforcement this theory suggests supervisees will reproduce behavior of their supervisors, because they observed their supervisor being reinforced for that behavior within the workplace.

Psychodynamic theory also addresses parallels in the workplace but once again, this theory offers a varied theoretical explanation suggesting repeating patterns occur due to reenactment or an unconscious desire to play out previous meaningful or challenging relationships in current interactions with others (Pearson, 2000; Ringel, 2001). Regardless of the theoretical explanation, all three theories contend it is common to observe interactional patterns repeat across systems. If supervisors accept there are parallels between how they interact with their supervisees and how their supervisees interact with families, it is asserted in SBS that they become more intentional about their supervisory interactions such that these interactions parallel the practice principles expected by the agency (Cearley, 2004; Cohen, 1999; Dill & Bogo, 2009; Shulman, 2005).

Family-Centered Practice (FCP) is a strengths-based approach to child welfare practice that is widely accepted across the United States as the preferred practice model (Allen & Petr, 1996; U.S. Department of Health and Human Services, 2007; Sandau-Beckler, Salcido, Beckler, Mannes, & Beck, 2002). Although there are various descriptions of FCP, the model generally includes fundamental practice principles and several corresponding key concepts. First, FCP seeks to keep children with their families whenever possible. When children cannot be raised within their own family system, efforts are made to seek permanency so that children can grow up in a familial environment. FCP is strengths-based, meaning it is founded on the premise that all families have strengths and these internal and external resources enhance the growth and restoration process. This approach seeks to rely on natural occurring resources by reaching out to family members, friends, faith organizations, and other community-based services that can help sustain the family even after child welfare intervention has ended. FCP focuses on empowerment and seeks to incorporate child and family voice into the decision-making process. For this reason, workers form collaborative relationships with children, youth, and families that acknowledge the expertise and knowledge of each family regarding their strengths, difficulties, and the appropriate next steps. Finally, FCP requires creative and critical thinking so that services can adapt to meet the cultural and personal preferences of each child and family. This approach highly values decision making that occurs through a

process of discussion, particularly when discussion involves bringing together a group of people committed to the best outcome for each child.

If agency leaders desire effective implementation of the practice principles defined in FCP, and if workers tend to replicate or parallel practices they observe in supervision, child welfare supervisors should become intentional about conducting supervision in ways that are consistent with FCP principles (Cearley, 2004; Cohen, 1999; Lietz & Rounds, 2009). Table 1 offers some examples of these key concepts and corresponding actions taken by child welfare supervisors that would remain adherent with FCP to illustrate the ways SBS can be implemented according to this second guideline.

Table 1: Family-Centered Practice (FCP) Principles and Supervisory Parallels

<u>FCP Key Concepts</u>	<u>Worker Displays Key Concept</u>	<u>Supervisor Parallels Key Concept</u>
Strengths-Based	Workers identify internal and external strengths and resources of each family that support the growth process.	Supervisors conduct an assessment of the strengths of their supervisees and utilize these internal and external capacities in doing the difficult work of child welfare.
Family-Centered	Workers seek to preserve families and when this is not possible, look to relatives for placement whenever possible.	Supervisors ask questions in supervision that demonstrate a value on family preservation and prompt efforts by workers to engage fathers and relatives.
Membership	Workers understand how important family and personal connections are and invite concerned parties to participate in processes such as family-group decision making.	Supervisors conduct group supervision as a way of fostering a sense of membership amongst their teams. Group supervision creates a place for peers to offer mutual aid and dialog-driven debriefing to support decision making.
Empowerment	Workers are deliberate to value the opinions of parents and include their voice as central to decision making.	Supervisors acknowledge the expertise of their workers knowing that supervisors offer increased knowledge and experience, but workers have increased knowledge and expertise about their cases.

Culturally Responsive	Workers are expected to move away from cookie-cutter case plans to ones that are individualized, remaining responsive to the unique cultural and personal preferences of each family.	Supervisors raise issues of culture in supervisory conversations and adapt their supervisory style to match the unique learning preferences of each supervisee.
Critical Thinking	Workers manage bias and articulate a position grounded in evidence.	Supervisors foster critical thinking in supervision by suspending judgment and asking questions to prompt critical thinking.
Respectful Communication	Workers are expected to engage families by forming respectful communication styles that include honest, direct feedback to families without judgment.	Supervisors develop respectful, give and take communication styles with their supervisees. They provide honest, direct feedback making expectations clear and providing constructive feedback in a positive manner when needed.
Hope	Workers approach each case believing all people maintain an inherent capacity for growth and change.	Supervisors highly value professional development, see the potential of their workers, and create opportunities to enhance skills through supervision.

Task and Reflective Supervisory Processes

The process of social service supervision can look very different depending on the needs of the moment. At times, supervision is more task-oriented. Task-oriented supervision tends to be more efficient, and its purpose is to provide an answer or solve a problem. The process involves more direction and information sharing on the part of the supervisor (Caspi & Reid, 2002). If one were to record a task-oriented supervisory conference, we would likely observe a supervisee asking a question and the supervisor responding with either an efficient answer or a more lengthy explanation regarding a policy, procedure, or a suggestion about how that supervisor perceives the worker should respond to the issue at hand.

Task-centered supervision is appropriate when workers are new, because they still need to grasp the basic knowledge and competencies required for their positions. For this reason, they need more direction and information. Task-centered supervision is also appropriate even for

experienced workers when the situation calls for urgent decision making. When a worker calls the supervisor from the field in a crisis situation, there is little time to engage in a lengthy debate about the question. Instead, that worker needs immediate direction and guidance from the supervisor.

Although task-centered supervision is an important part of child welfare when workers are new or to support urgent decision making, SBS integrates the use of task and reflective supervisory processes, because the use of reflective supervisory processes are also essential to developing skills needed in a child welfare workforce. Reflective supervision is less about providing direction and information, but it instead fosters analytical thinking by asking questions that prompt critical thinking (Deal, 2003; Lietz, 2010). Critical thinking involves suspending judgment, gathering evidence from various sources, evaluating the quality of the evidence, and managing bias to help workers form and articulate well-informed decisions (Gambrill, 2005). Reflective supervision as a process is better suited for enhancing critical thinking; rather than providing immediate direction, it slows down the process by asking questions that help workers to think critically. Table 2 provides a summary of the differences between task-oriented and reflective supervision.

Table 2: Task-Centered Supervisory Processes versus Reflective Supervision

<u>Task-Centered Supervision</u>	<u>Reflection Supervision</u>
Efficient in the short run	Takes longer in the short-run, builds skills that save time later
More concrete	Tolerates complexity
Directive approach	Collaborative approach
More information sharing	Less information sharing, more discussion
More answers	More questions
Good when supervisees are new	Good for more experienced workers
Supports urgent decision making	Supports critical decision making
Purpose: To solve a problem	Purpose: To prompt critical thinking

Some supervisory questions seek more information. Helping workers collect enough data to support well-informed decision making is an important part of critical decision making. Some questions, on the other hand, are less about gathering information but are more about helping workers manage bias by evaluating the quality of evidence. In other words, questions like, “Does the hotline caller have a vested interest in the outcome of this investigation?” can allow workers to consider the need to triangulate information gathered by one source with another. For example, in cases of heated custody battles, reporters may have a vested interest that could bias their reasons for reporting maltreatment. Supervisors might also ask the worker, “Is there anything about your experiences with recent cases that could bias your decision making?” to help workers recognize their own bias. For instance, back to the situation of investigating a report where there is a heated custody battle, some workers may inadvertently minimize evidence indicating a real safety threat due to recent experiences with parents who backlog the child welfare system with false claims of maltreatment. When workers experience frustration with this dynamic, this emotion can cause workers to miss a situation where a report by a parent involved in a custody battle is founded.

Reflective supervision slows down the process of decision making to help workers move beyond an initial reaction to instead gather needed information. It helps workers think critically about what they know and do not know. Reflective supervision helps workers evaluate the quality of the information available to them, and it asks workers to manage their own bias that can lead to reactive decision making.

As part of reflective supervision, training about SBS teaches supervisors to recognize common reasoning errors such as emotional reasoning, inaccurate generalizations, confirmation bias, and ecological fallacies (see Gambrill, 2005) that interfere with solid decision making. For example, ecological fallacy involves extrapolating what is known about a group to an individual. If a particular zip code is known for electing Republican candidates, assuming a person who lives in that area also voted Republican is an example of an ecological fallacy. In child welfare, when a worker heads out for a first-time investigation and makes the statement, “This is probably a removal, we always remove from this apartment complex,” that worker is assuming a child is unsafe prior to meeting that family or observing the environment. Although it may be true that the child is unsafe, a premature assumption of this outcome based on where the family resides illustrates an example of the ecological fallacy. This is particularly dangerous if a worker also experiences confirmation

bias. Confirmation bias involves only looking for or attending to evidence that supports someone's original conclusion. If a worker decides prior to meeting a child and parent that there are imminent safety threats due to the location of their residence, and then that worker only looks for evidence that supports that conclusion, workers are at risk of Type I or Type II decision errors.

Type I decision errors are false positives, meaning a worker sees a safety threat that is not there and removes or prematurely discontinues unsupervised visits without the need to do so. Type II decision making errors are false negatives, meaning the child is unsafe, but the worker perceives the situation as safe. Either error can lead to serious consequences for that child and family. Reflective supervision involves providing fewer answers and asking more questions to help supervisees collect more information, evaluate the quality of the evidence, and manage their own bias and potential for reasoning errors, ultimately for the purpose of assisting workers in articulating well-informed decisions. This guideline from SBS suggests supervisors be deliberate about using both task and reflective supervisory processes, depending on whether the purpose is to answer a question or solve a problem as in task-centered or to prompt critical thinking as in reflective supervision.

Individual and Group Supervisory Conferences

Individual supervision involves one-on-one meetings between a supervisor and supervisee, the most common modality for supervision (Bogo & McKnight, 2006). This modality allows supervisors to develop an in-depth relationship with the worker. During these discussions, supervisors come to know workers' strengths and areas for growth. Individual supervision creates an appropriate place for administrative conversations which involve providing constructive feedback. Redirecting supervisees in front of their peers can increase defensiveness on the part of the worker. Therefore, it is important for supervisors to provide feedback about performance in the context of these one-on-one meetings with supervisors.

Supervisors conduct group supervision when they facilitate supervisory conferences with their team. Group supervision can be clinical in nature when the content of these group discussions focuses on case consultation (Collins-Camargo & Millar, 2010; Collins-Camargo, 2006; Strand & Badger, 2005). This modality allows workers to bring complicated cases to the supervisor and peers to generate creative solutions. It also encourages workers to learn from one another as they observe how others respond to unique case details. Conversations

amongst the team can foster peer-driven mutual aid helping workers to rely on one another for problem solving and emotional support. Each team member brings unique strengths and varied backgrounds to group supervisory conferences. The diversity across members of the group can help foster creative, critical thinking, which is an important part of FCP. Group supervision also fosters a sense of belonging, also consistent with FCP.

The final guideline of SBS suggests supervisors conduct their practice using both individual and group modalities. Essentially, each modality offers different benefits and utilizing both modalities can enrich the supervisory program. The benefits of each modality are described in Table 3.

Table 3: Benefits of Individual and Group Supervision Modalities

<u>Benefits: Individual Supervision</u>	<u>Benefits: Group Supervision</u>
Build supervisory relationship	Coalesce the team
Provide practical and emotional support	Foster mutual aid and peer driven support
Explore supervisee strengths and capabilities in-depth	Tap unique strengths of individual team members to support one another
Examine cases in greater depth	Utilize the process of dialog of a group to support decision making
Conduct direct conversations in private	Enhance critical thinking based on diverse experiences and perspectives of team members
Provide accountability and monitoring	Increase efficiency by addressing common issues with all team members at once

Implications for Practice

SBS provides a conceptualization of a child welfare supervisory program that seeks to support implementation of FCP. Child welfare supervisors often claim they are promoted to position of supervisor with little to no training. To address this gap, a two-day training summarizing SBS was developed in 2008 and is now conducted in three states with new and experienced supervisors. During the training, the facilitators describe the four supervisory guidelines as building blocks that offer a foundation to strengths-based, family-centered child welfare practice. Each guideline is

then described in detail along with active learning exercises that help illustrate the importance of each guideline.

Based on training evaluations that were administered to several groups at multiple locations, the response to the training has been positive. For example, the training was held three times in 2011 in one large public child welfare system in the southwest. Hard copies of course evaluations were completed at the end of each class. Attendees responded to closed-ended items on a scale of 1 = “strongly disagree” and 5 = “strongly agree” regarding their level of satisfaction with the training. Mean scores during this period of time of attendees’ self-reported satisfaction with content ($M = 4.45$), relevance to their jobs ($M = 4.65$), and overall satisfaction ($M = 4.60$) indicate a high level of satisfaction. In addition to the closed-ended items, attendees were able to provide additional written feedback on the evaluations, and they often provided verbal feedback to the trainers. Comments by experienced supervisors indicated a desire to have had this training earlier in their careers. On the other hand, new supervisors commonly stated that they appreciated being able to begin their position with increased clarity regarding how to structure their child welfare supervisory program. This project has demonstrated a need in several states for increased training about supervision that is specific to child welfare.

Although child welfare agencies seek to implement FCP, recent research suggests the degree to which workers adhere to these principles remains inconsistent (Lietz, 2011). The work of child welfare is complex, emotionally challenging, and demanding in terms of what is expected (Potter, 2009). Managing higher caseloads and working with families who face multiple challenges can be a daunting task for any worker. These difficulties can undermine a worker’s ability and desire to implement strengths-based, family-centered practice. Considering these challenges, it is essential that child welfare supervisors are able to engage workers in the supervisory process by developing professional relationships grounded in respectful interactions (Mena & Bailey, 2007; Shulman 2005). These supervisors monitor the quality of practice while simultaneously mentoring their supervisees building the skills and knowledge needed to conduct child welfare case management (Dill & Bogo, 2009; Salus, 2004). Supervisors also teach workers how to conduct FCP by remaining committed to the philosophy (Sandau-Beckler et al., 2002) and paralleling these principles in the supervisory interactions (Cearley, 2004; Cohen, 1999; Lietz & Rounds, 2009). Finally, supervisors provide both emotional and practical support workers need (Landsman, 2007). Adopting a model of supervision that increases a supervisor’s intentionality regarding how to

conduct supervision in a way that supports effective implementation of FCP remains critical to its success. As public and private child welfare agencies seek to develop a prepared workforce and effectively implement FCP, training supervisors in a model of supervision that supports workers and models practice principles represents one way to accomplish these goals.

References

- Allen, R. & Petr, C. (1996). Toward developing standards and measurements for family-centered practice in family support programs. In G. Singer, L.E. Powers, & A. L. Olson (Eds.) *Redefining Family Support: Innovations in Public-Private Partnerships*, (pp. 57-86). Baltimore, MD: Brookes.
- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bogo, M. & McKnight, K. (2006). Clinical supervision in social work: A review of the research literature. *The Clinical Supervisor*, 24(1), 49-67.
- Caspi, J. & Reid, W. (2002). *Educational Supervision in Social Work*. New York: Columbia Press.
- Cearley, S. (2004). The power of supervision in child welfare services. *Child & Youth Care Forum*, 33(5), 313-327.
- Cohen, B. (1999). Intervention and supervision in strengths-based social work practice. *Families in Society*, 80(5), 460-66.
- Collins-Camargo, C. (2006). Clinical supervision in public child welfare: Themes from findings of multi-site study. *Professional Development*, 9(2/3), 100-110.
- Collins-Camargo, C. & Millar, K. (2010). The potential for a more clinical approach to child welfare supervision to promote practice and case outcomes: A qualitative study in four states. *The Clinical Supervisor*, 29, 164-187.
- Curry, D., McCarragher, T., Dellmann-Jenkins, M. (2005). Training, transfer, and turnover: Exploring the relationship among transfer of learning factors and staff retention in child welfare. *Children & Youth Services Review*, 27, 931-948.
- Deal, K. H. (2003). The relationship between critical thinking and interpersonal skills: Guidelines for clinical supervision. *The Clinical Supervisor*, 22(2), 3-19.
- Dill, K. & Bogo, M. (2009). Moving beyond the administrative. *Journal of Public Child Welfare*, 3(1), 87-105.
- Ellett, A., Collins-Camargo, C., & Ellett, C. (2006). Personal and organizational correlates of outcomes in child welfare: implications for supervision and continuing professional development. *Professional Development*, 9(2/3), 44-53.
- Faller, K.C., Grabarek, M. & Ortega, R. M. (2010). Commitment to child welfare work: What predicts leaving and staying? *Children and Youth Services Review*, 32, 840-846.
- Ferguson, S. (2009). Clinical supervision in child welfare. In C. Potter & C.

- Brittain (Eds.), *Child welfare supervision* (pp. 296–329). New York: Oxford University Press.
- Gambrill, E. (2005). *Critical Thinking in Clinical Practice*. Hoboken, New Jersey: John Wiley & Sons.
- Harkness, D., & Hensley, H. (1991). Changing the focus of social work supervision: Effects on client satisfaction and generalized contentment. *Social Work, 36*(6), 506–512.
- Holloway, E. (1995). *Clinical supervision: A systems approach*. Thousand Oaks, CA: Sage Publications.
- Kadushin, A. (1976). *Supervision in social work*. New York: Columbia University Press.
- Kadushin, A., & Harkness, D. (2002). *Supervision in Social Work*. New York: Columbia Press.
- Landsman, M. J. (2007). Supporting child welfare supervision to improve worker retention. *Child Welfare, 86*(2), 105–124.
- Lietz, C.A. (2010). Critical thinking in child welfare supervision. *Administration in Social Work, 34*(1), 68-78.
- Lietz, C.A. (2011). Theoretical adherence to family centered practice: Are strengths-based principles illustrated in families' descriptions of child welfare services? *Children and Youth Services Review, 33*, 888-893.
- Lietz, C.A. & Rounds, T. (2009). Strengths-based supervision: A child welfare supervision training project. *The Clinical Supervisor, 28*(2), 124-140.
- Mena, K.C. & Bailey, J.D. (2007). The effects of the supervisory working alliance on worker outcomes. *Journal of Social Service Research, 34*(1), 55-65.
- Munson, C. (2002). *Handbook of Clinical Social Work Supervision*. Psychology Press.
- Murphy, M., & Wright, D. (2005). Supervisees' perspectives of power use in supervision. *Journal of Marital and Family Therapy, 31*(3), 283–295.
- Pearson, Q. (2000). Opportunities and challenges in the supervisory relationship: Implications for counselor supervision. *Journal of Mental Health Counseling, 22*(4), 283-294.
- Potter, C. (2009). Child welfare supervision: An overview. In C. Potter & C. Brittain (Eds.), *Child welfare supervision* (pp. 3–22). New York: Oxford University Press.
- Ringel, S. (2001). In the shadow of death: Relational paradigms in clinical supervision. *Clinical Social Work Journal, 29*(2), 171-179.
- Salus, M. (2004). *Supervising Child Protective Caseworkers*. U.S.

- Department of Health and Human Services.
- Sandau-Beckler, P., Salcido, R., Beckler, M.J., Mannes, M., & Beck, M. (2002). Infusing family-centered values into child protection practice. *Children and Youth Services Review, 24*(9/10), 719-741.
- Shulman, L. (2005). The clinical supervisor-practitioner working alliance: A parallel process. *The Clinical Supervisor, 24*(1/2), 23–47.
- Strand, V., & Badger, L. (2005). Professionalizing child welfare: An evaluation of a clinical consultation model for supervisors. *Children and Youth Services Review, 27*, 865–880.
- Strand, V., Spath, R. & Bosco-Ruggiero, S. (2010). So you have a stable child welfare workforce-What's next? *Children and Youth Services Review, 32*, 338–345.
- Tsui, M. (2005). *Social Work Supervision: Contexts and Concepts*. Thousand Oaks, CA: Sage Publications.
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2007). *Children's Bureau Child and Family Services Reviews Practice Principles*. Retrieved on 10/21/09 from http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/hand-2.htm