



**National Center on Child Abuse and Neglect**

# **Supervising Child Protective Services Caseworkers**

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***The User Manual Series***

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148607

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Administration for Children and Families**  
Administration on Children, Youth and Families  
National Center on Child Abuse and Neglect

**U.S. Department of Justice  
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# **Supervising Child Protective Services Caseworkers**

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and  
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**1994**

**U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
National Center on Child Abuse and Neglect**

*This manual, and other manuals in the series, are available from:*

*The Clearinghouse on Child Abuse and Neglect Information  
P.O. Box 1182  
Washington, D.C. 20013*

**This manual was developed and produced by Circle Solutions, Inc., McLean, VA., under subcontract No. HHS 105-89-1730 with Westover Consultants, Inc.**

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## ATTRIBUTION

The Department of Health and Human Services acknowledges the contribution of Julius R. Ballew, Marsha K. Salus, and Sheila Winett, who were the authors of *Supervising Child Protective Workers*, August 1979.

## PREFACE

The Child Abuse Prevention and Treatment Act was signed into law in 1974. Since that time, the Federal Government has served as a catalyst to mobilize society's social service, mental health, medical, education, legal, and law enforcement resources to address the challenges in the prevention and treatment of child abuse and neglect. In 1977, in one of its earliest efforts, the National Center on Child Abuse and Neglect (NCCAN) developed 21 manuals (the *User Manual Series*) designed to provide guidance to professionals involved in the child protection system and to enhance community collaboration and the quality of services provided to children and families. Some manuals described professional roles and responsibilities in the prevention, identification, and treatment of child maltreatment. Other manuals in the series addressed special topics, for example, adolescent abuse and neglect.

Our understanding of the complex problems of child abuse and neglect has increased dramatically since the user manuals were developed. This increased knowledge has improved our ability to intervene effectively in the lives of troubled families. For example, it was not until the early 1980's that sexual abuse became a major focus in child maltreatment research and treatment. Likewise, we have a better grasp of what we can do to prevent child abuse and neglect from occurring. Furthermore, our knowledge of the unique roles key professionals can play in child protection has been defined more clearly, and a great deal has been learned about how to enhance coordination and collaboration of community agencies and professionals. Currently, we are facing new and more serious problems in families who maltreat their children. For example, there is a significant percentage of substance abuse in families known to Child Protective Services (CPS) who are experiencing substance abuse problems; the first reference to drug-exposed infants appeared in the literature in 1985.

Because our knowledge base has increased significantly and the state-of-the-art of practice has improved considerably, NCCAN has updated the *User Manual Series* by revising many of the existing manuals and creating new manuals that address current innovations, concerns, and issues in the prevention and treatment of child maltreatment. The User Manuals offer a distillation of the current knowledge base in the field of child maltreatment, but cannot cover all topics completely. These manuals should not serve as substitutes for a thorough familiarity with professional standards of practice.

This manual, *Supervising Child Protective Services Caseworkers*, provides the foundation for supervisory practice in CPS. It describes the roles and responsibilities of the CPS supervisor, and it provides practice-oriented advice on how to carry out supervisory responsibilities. This manual is designed primarily for CPS supervisors and administrators. However, because it describes basic supervisory practice, it is relevant to all child welfare supervisors. It may also be useful to child welfare agency staff who provide training for supervisory personnel and to schools of social work as they prepare new social workers for the child welfare field.

## ACKNOWLEDGMENTS

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# INTRODUCTION

Supervisors in child protection face a number of current challenges. In some instances, practice and policy development lag behind issues in the field. Though many agencies have adopted risk assessment models/instruments, valid measures for predicating a child's safety remain elusive. Meanwhile, communities show increasing intolerance when agency actions fail to protect children. The number of children in foster care keeps rising (242,000 in 1982 to over 400,000 in 1991), and pressures grow to preserve families.<sup>1</sup>

Expectations of agency performance increase, while resources remain level or decline in most states. Although States are moving toward better training for new staff, many still lack a comprehensive approach to training. Very few States require prior education specific to child welfare as a condition for employment. Consequently, supervisors may well continue to experience high staff turnover, delays in filling vacancies, and new employees with little preparation for the job.

As the investigatory function of child protective services (CPS) increases, some professionals are calling for the separation of the investigation role from the intervention role, giving the former to law enforcement and latter to child welfare agencies. Such an approach would help reduce the inherent difficulties CPS staff face in carrying out both roles with families; that is, gathering information for possible court action while attempting to develop a therapeutic relationship. It is unlikely, however, that most agencies will be able to implement the separation of these two roles in the near future.

On the positive side, there is greater advocacy for children at the national and local levels than ever before. Research is helping agencies improve their intervention strategies with children and families. More is known about the skills and resources needed for success in the supervisory role. Furthermore, the supervisor has many more tools available today to support staff and make a difference in the lives of children and families.

# OVERVIEW OF THE MANUAL

Most CPS supervisors began their career as caseworkers before being promoted to a supervisory position. The belief among child welfare agency administrators generally is that if a person is a “good” caseworker, he/she will be a “good” supervisor. Consequently, most CPS supervisors move into their position with little advance training, guidance, or support. The transition from caseworker to supervisor is not an easy one. As caseworkers, they provided direct casework services to clients, and as supervisors they get the work done through their staff. What caseworkers take with them into the supervisory position are good sound practice knowledge, effective interpersonal skills, the ability to engage others in a working relationship, and the respect of coworkers. The remaining supervisory knowledge and skills must be learned. The knowledge and skills necessary for CPS supervision are learned more readily in agencies that have clear policies, procedures, and performance expectations.

CPS supervisors are responsible for ensuring that the agency mission and CPS goals are accomplished and that positive outcomes for children and families are achieved through the delivery of competent, sensitive, and timely services. Supervisors play a critical role in ensuring that children reported to CPS are protected from harm, that the children receive the necessary services to ameliorate the effects of the harm they have suffered, that families receive the necessary services to reduce/eliminate the risk of maltreatment occurring in the future, and that clients are treated with respect and dignity with their rights to self determination and confidentiality assured.

This manual provides the foundation on which effective CPS supervision is based. The manual:

- provides a conceptual framework for supervisory practice;
- provides a description of the roles and responsibilities of the supervisor in achieving the agency mission and goals of CPS;
- offers practice-oriented advice on how to carry out supervisory responsibilities;
- offers guidance in developing a foundation for productive unit functioning;
- provides information on how to build and assess staff capacity;
- discusses techniques for monitoring practice on the case, caseload, and unit levels;
- provides strategies for recognizing staff performance;
- provides a conceptual framework for analyzing and responding to performance problems; and
- describes strategies for increasing job satisfaction/motivation and preventing burnout.

# **THE NATURE OF CPS SUPERVISION**

The primary function of the CPS supervisor is to enable casework staff to meet the needs of families and fulfill the mission of the agency. The supervisor is the link between the front line of service delivery and upper levels of administration. The supervisor brings the resources of the organization into action at the front line, the point of client contact. Simultaneously, the supervisor communicates information from the unit to upper management, which enables agency administrators to plan and allocate resources.

The CPS supervisor has two overarching roles—building the foundation for and maintaining unit effectiveness and developing and maintaining individual staff capacity.

## **BUILDING THE FOUNDATION FOR AND MAINTAINING UNIT FUNCTIONING**

First, the supervisor is the person through whom the agency's mission, policies guiding service delivery, and practice guidelines are communicated to casework staff. Clarity in communication from administrators to supervisors and from supervisors to staff guides unit and individual caseworker performance.

Second, supervisors ensure that all relevant laws and policies are followed, and they maintain the standards of performance for the unit. Through their actions, CPS supervisors directly influence the nature of unit and individual staff performance. How quickly supervisors intervene to deal with problems and the pace at which they pursue solutions are important cues about their concern for results. Unit performance takes its cue from the personal performance standards of the supervisor. Most supervisors say they want results. Not all know how to get results.

Third, in large measure, supervisors set the tone for their unit. The supervisor needs to take the necessary action to establish a positive work climate. A work climate is viewed as positive when staff feel their needs are being met in the workplace and display motivation in accomplishing their tasks.

## **DEVELOPING AND MAINTAINING STAFF CAPACITY**

Historically, supervisors have been the primary resource for developing the knowledge and skills of CPS caseworkers. In the past few years, several States have recognized that supervisors do not have sufficient time or resources to adequately or consistently develop the basic skills staff need for practice. Consequently, these States have developed extensive training programs for newly hired staff, and the supervisor's role has shifted more to coaching and aiding the transfer of learning to the job situation. In most States, however, pre-service training is not sufficient to prepare caseworkers for the job, or training occurs months after hiring. This situation leaves the supervisor with the responsibility for developing the core CPS skills of caseworkers. As the caseworker develops the expertise to perform the required CPS tasks and activities, the supervisor lessens the amount of direction and guidance and provides increasing autonomy.

The amount of autonomy the supervisor delegates to the caseworker depends on the demonstrated skill level of the caseworker, his/her judgment, and problem-solving and decision-making abilities. Less experienced caseworkers require greater guidance, help with decisions, and more detail in case assignments. However, it is the supervisor's role to create the capacity for greater autonomy. If dependence on the supervisor persists, it may reflect the need to communicate more confidence in the caseworker's abilities. Given the critical

nature of CPS decisions, many casework actions and decisions are made in consultation between the supervisor and caseworker. For the experienced caseworker, this consultation should emphasize review, feedback, and coaching as needed, rather than direct decision making by the supervisor.

## **SUPPORTIVE PRACTICES**

There are a number of supervisory practices that assist in building and maintaining staff capacity and in establishing the foundation for unit performance. These practices include delegating, monitoring performance, giving feedback, supporting the emotional needs of staff, influencing others, analyzing problems, making decisions, initiating action, and mediating.

### **Delegating**

The major forms of delegation in child welfare supervision are assigning cases and delineating the role of the caseworker and the supervisor on each case. When assigning cases, the supervisor must clarify several expectations for the worker. For example, what actions or responses are required immediately by the caseworker? What information must be gathered for decisions about next steps? What decisions should the caseworker make independently, and what decisions should be made in consultation with the supervisor? What are the roles of other agency staff and other community agencies in responding to the immediate needs of the case? What are the time frames within which action must be taken? What information will the supervisor require from the caseworker after actions have been completed?

Other information may be necessary for the caseworker to respond to the needs of the family. Often, supervisors have information about the history of the family that may not yet be documented in the case record or in the report to CPS. This information should be given along with the case assignment.

### **Monitoring Performance**

A critical supervisory practice is the monitoring of achievement of case outcomes and activities by individual caseworkers and by the unit as a whole. Monitoring is necessary so that the supervisor can intervene to redirect practice when current methods and procedures are not achieving the overall results the agency seeks. Further, monitoring enables the supervisor to recognize and encourage successful performance.

### **Providing Feedback**

When supervisors provide feedback to their staff they are communicating that performance matters. An absence of feedback suggests just the opposite. Effective feedback generally enhances staff security because they know how they are doing, what needs to be changed, and the extent to which their efforts and results are appreciated. Feedback helps staff develop by providing information about results and the actions that caused those results. In addition, feedback is important to feelings of self-worth and contributes to communication, trust, and warmth in the unit.

### **Supporting the Emotional Needs of Staff**

Another critical role of supervision involves recognizing and responding to the needs and concerns of staff. This element of supervisory responsibility can be challenging. Staff may identify many needs that cannot be met or that must be balanced with other needs and limited resources.

Recognizing the needs of staff and providing emotional support involves empathy more than identification. Staff want to know that their needs are heard and understood. Although feelings are a legitimate part of business in any organization, the emotional nature of child protection work makes the expression and acceptance of feelings even more important.

## **Influencing Others**

Supervisory authority and influence facilitate individual accomplishment of performance expectations and encourage unit achievement of CPS goals. Supervisors are also influential links to upper management, other units in the agency, and the community. The degree to which supervisors are able to influence others affects the availability of agency and community resources for the unit. The supervisor's ability to verbally persuade, cooperate with, and support others is critical in influencing others.

## **Analyzing Problems**

By design, supervisors are positioned a step back from the front line. This perspective permits a broader view of issues affecting practice. Much of the supervisor's time is spent dealing with aspects of the caseworker's intervention with families. For many supervisors, this means assisting the caseworker in assessing families' needs and formulating service/treatment plans. Of equal importance is the interaction of the caseworker with individual clients. Analysis of problems and needs in intervention must include the dynamics of the caseworker's actions with each family member/client.

Like the caseworker, the supervisor is the trustee of the agency's mission to help the child and family. Therefore, when caseworker-client conflict occurs, the supervisor must consider the needs of all concerned — the caseworker, the client, and the family as a unit.

## **Making Decisions**

Decision making is often seen as an internal cognitive process. It is also a social process. Supervisors determine who will have input into decisions and the balance between unilateral action and group consensus. A balance must be struck between the need for staff to view the supervisor as a decisive leader, who is able to make decisions with some assertiveness and their need for inclusion and participation. Individual staff vary on these needs. Some staff members may criticize the supervisor for not making more decisions, others for making too many. In any group, it is difficult to accommodate all levels of need. Even so, it is important to respond to staff in a way that addresses each individual's underlying security and autonomy needs.

## **Initiating Action**

Once case problems are assessed and decisions made, something must be done. An important function of supervision is the initiation of action. This initiation begins with delegation of responsibility, communication of expectations and information, and provision of structure in task organization. Direct supervision requires a certain amount of personal involvement, a "hands on" approach. It is important to remember, however, that the primary role of the supervisor is to influence the work of others, not to do the job directly. Supervisors with a high need for control may find it difficult to delegate authority or form partnerships with caseworkers. Such practices tend to limit staff growth and reinforce dependency (often justifying the supervisor's need for more direct case involvement).

## **Mediating and Negotiating**

A critical role of the supervisor involves mediation and negotiation between often conflicting needs and goals of agency divisions and units. Conflict is inherent in any activity involving two or more individuals. Within an agency, staff may use different methods, have different objectives, or perceive situations differently. Mediating such differences and building commitment to common agency goals are essential to teamwork.

In mediation, the foremost role of supervision is to acknowledge and accommodate the needs of line staff and those of upper administration. Many supervisors feel caught in the middle. They may be uncomfortable with



conflict or require strong identification with one group or the other for their personal security. In such instances, supervisors are less likely to experience satisfaction and success in the supervisory role. Supervisors must feel comfortable representing the needs of both groups.

Two other mediational roles are important for successful supervision. One is between units and divisions of the agency. Supervisors are usually the negotiators of internal agency policies and procedures. The second is between staff. Interpersonal conflicts in the unit often require the direct intervention of a supervisor. This intervention focuses on the interactional aspects of the conflict that could affect performance rather than on the personal styles of the staff members.

## **RESEARCH ON LEADERSHIP AND MANAGEMENT EFFECTIVENESS**

Because supervisors are the leaders/managers of their unit, it is helpful to understand what makes an effective leader. Leadership is often defined as influencing others to pursue or achieve a common goal. Supervision involves leadership, but leadership does not always involve supervision. One of the possible distinctions between supervision and leadership is that leaders influence others by changing basic values, assumptions, and beliefs. Supervisors apply professional values and beliefs to shape the performance of subordinate workers. Both leadership and supervision have been the focus of much discussion and research.

What does leadership mean in the context of CPS supervision? It is safe to say that not all caseworkers who work in child protection share the basic beliefs of the field. In some instances, supervisors must build the beliefs and values of unit members. The supervisor's responsibilities might be less complex if these issues could be sorted out during the hiring process. Interviews, however, tend to emphasize verbal expression of ideas whereas behavior is the most reliable indicator of true beliefs.

Much of the early research on leadership effectiveness focused on the identification of personality traits or characteristics essential for effective leadership. Qualities, such as physical energy, friendliness, and intelligence were thought to be associated with effectiveness. Research findings, however, suggest that there are no traits or qualities that can reliably be used to discriminate effective from less effective leaders.

Small group researchers, such as Dorwin Cartwright and Alvin Zander, made significant contributions to the advancement of the understanding of small group performance and the contributions of leadership. These investigators believed that there are two basic leadership issues—the achievement of a specific group goal and the maintenance or strengthening of the group itself.<sup>2</sup> For supervisors of CPS units, both issues are important.

Later studies at Ohio State University examined two dimensions of leadership behavior. Initiating structure refers to "the leader's behavior in delineating the relationship between him/herself and members of the work group and in endeavoring to establish well-defined patterns of organization, channels of communication, and methods of procedure."<sup>3</sup> Consideration refers to "behavior indicative of friendship, mutual trust, respect, and warmth in the relationship between the leader and members of her staff."<sup>4</sup> One of the major contributions of this research was the finding that initiating structure and consideration were two separate and distinct dimensions, rather than parts of a continuum. For example, a supervisor can apply both of these elements by being firm about getting results in a case, and at the same time, being supportive of a caseworker's frustration or feelings of inadequacy.

Building on these earlier studies, Rensis Likert found that "supervisors with the best records of performance focus their primary attention on the human aspects of their subordinates' problems and on endeavoring to build effective work groups with high performance goals."<sup>5</sup> He also found that high-producing supervisors make objectives clear and give their employees freedom to do the job.

Although Likert's studies suggested that employee-centered supervisors' units performed better than the units of job-centered supervisors, the findings were not universal. Some employee-centered supervisors had low-producing units, and some job-centered supervisors had high-producing units. This apparent contradiction suggested that there might be other intervening variables.

Subsequently, Paul Hersey and Kenneth H. Blanchard developed a three-dimensional model for understanding leadership effectiveness. The first two dimensions pertain to the leader's behavior.

- **Task behavior:** The extent to which leaders are likely to organize and define the roles of members of their group (followers) and to explain the activities each is responsible for and when, where, and how the tasks are to be accomplished. Task behavior is characterized by establishing well-defined patterns of organization, channels of communication, and ways of getting tasks accomplished.
- **Relationship behavior:** The extent to which leaders are likely to maintain personal relationships between themselves and members of their group (followers) by opening up channels of communication, providing socioemotional support, "psychological strokes," and facilitating behaviors.<sup>6</sup>

The third dimension of leadership effectiveness takes into account the characteristics of the situation, such as the group's perception of the leader's behaviors. According to Hersey and Blanchard, effectiveness of a leader's style is affected by the situation. For example, a supervisor who relies on a high-task and low-relationship approach may be seen as having well-defined methods and goals. Alternatively, the supervisor may be seen as imposing his/her methods on others, interested only in short-term goals, or unconcerned about the needs of the staff.

Hersey and Blanchard identify a number of other environmental variables that affect the leadership situation. These include the leader's style and expectations, followers' styles and expectations, superiors' styles and expectations, associates' styles and expectations, the organization's style and expectations, and the nature of job demands.

The interaction of all the variables influences effectiveness in a given situation. For example, a supervisor's staff may be very different from the supervisor in work habits, values, and expectations. In this situation, the nature of leadership will differ from one in which many similarities exist between the supervisor and case-workers.

## THE COMPONENTS OF SUPERVISORY EFFECTIVENESS<sup>7</sup>

Research by James Mahoney and Thomas Rand suggest that there are seven core components of supervisory and management effectiveness. These are:

- **Communication.** This refers to the behavioral emphasis the supervisor places on assuring that expectations are clear and on providing and sharing information needed by staff to perform well and to feel secure as a member of the unit.
- **Control.** This refers to the behavioral emphasis the supervisor places on systematically monitoring progress toward completion of assigned tasks and attainment of goals.
- **Feedback.** This refers to the behavioral emphasis the supervisor places on letting staff know how well their performance matches with expectations. It includes the use of both positive and negative as well as evaluative and developmental feedback.

- **Supervisory focus.** This refers to the supervisor's comfort with four core aspects of the role of supervision. The first is comfort with mutual dependence or the idea of accomplishing goals through others. The second is comfort with power and influence. The third is comfort with the "glass bubble," (i.e., the visibility of the role). The fourth is comfort with conflict.
- **Production.** This refers to the supervisor's behavioral emphasis on setting and maintaining high standards of performance and personally demonstrating a sense of urgency about results. It also reflects the concern for excellence modeled by the supervisor's own approach to work.
- **People.** This refers to the behavioral emphasis the supervisor places on letting staff know that he/she is in touch with their needs and feelings related to the job. It also reflects the supervisor's need to be liked and accepted.
- **Coaching.** This refers to the behavioral emphasis and concern the supervisor demonstrates toward the professional growth and development of the caseworker.

The seven components of supervisory effectiveness are independent. That is, placing a high emphasis on one component does not necessarily mean that a high or low emphasis is placed on another component. For example, a high degree of emphasis on production (setting high standards and modeling excellence) does not necessarily imply a low emphasis on people (demonstrating a concern for caseworkers). Moreover, because these are measures of behavioral emphasis, the behaviors may be changed to improve supervisory performance. They are not fixed by nature of the individual's personality, only by habit and reactions to situational cues.

The framework provided by Mahoney and Rand offers a powerful diagnostic and action tool for supervisors. In many agencies, poor unit or individual performance can be linked to low or ineffective supervisory emphasis on one or more of the core components. For example, a caseworker may not collect enough information from a family member to assess risk. The supervisor may not have communicated clearly what information was needed (communication), followed up to ensure that the information was being collected (control), provided feedback in the past to sustain or correct previous assessment practices (feedback), or emphasized the importance of the information (production). Essentially, supervisory practices in each of the seven areas will determine and influence the nature of work accomplished by casework staff.

The supervisor's practices in each area affect the caseworker's experience in supervision. For example, a supervisor who provides much feedback (high feedback emphasis) and displays little empathy (low people emphasis) differs greatly from a supervisor who provides much feedback and places a high emphasis on people. The first type generally tends to provide more negative than positive feedback and offers little empathy toward how the caseworker experiences the feedback. The latter generally provides more positive than negative feedback and demonstrates concern for the worker. Similarly, a supervisor with clear expectations and criteria for performance generally finds greater acceptance of feedback than one with unclear expectations.

A supervisor's level of behavioral emphasis, coupled with the supervisor's competence in the practices, determines effectiveness in supervision. Both an appropriate emphasis and adequate competence are necessary. Supervisory development requires attention to both aspects of staff performance. A supervisor, able to deliver competent feedback, but who rarely offers it will not be effective. Likewise, an individual who provides much feedback but fails to be behaviorally specific will be a less effective supervisor.

In the same way that every person tends to rely on one arm which eventually becomes stronger than the other, supervisors tend to rely on one or more practices that become strong. Practice strength in some areas does not compensate for weaknesses in other areas, however. For example, clear expectations do not make up for

lack of warmth or feedback. Furthermore, frequent positive feedback given warmly does not negate the insecurity felt when expectations are left unclear. It is rare to find a supervisor who is effective in all seven areas, though such performance is achievable with honest self-assessment and a commitment to professional growth.

The following chapter describes how the supervisory roles apply to the CPS casework process.

# **SUPERVISORY INVOLVEMENT IN THE CPS PROCESS**

As described in the preceding chapter, the CPS supervisor has a variety of roles. These roles are now applied to the specific supervisory functions at each stage of the CPS process.

## **INTAKE**

A key function of supervisors at this stage of the CPS process is to ensure that caseworkers possess the necessary knowledge and skills to gather accurate and sufficient information from the reporter and have the requisite background and competence to make key intake decisions. Thus, supervisors must arrange or provide specialized training for new staff. In addition, supervisors must consult with staff on an as-needed basis to assist in decision making. Some supervisors take responsibility for determining the urgency of the report. Supervisors also need to review each completed intake to assess the following:

- the accuracy, specificity, and thoroughness of the information collected;
- the decision regarding the appropriateness of the report in regard to agency guidelines and State child abuse and neglect statutes;
- the determination of the risk of untreated or additional harm to the child and the urgency of the report; and
- the caseworker's interviewing effectiveness and sensitivity to the reporter.

Supervisors should also monitor the number and type of referrals and the percentage of reports by type of reporter. Finally, for CPS intake to be performed effectively, a system for telephone coverage needs to be established. It is preferable that supervisors develop the system in consultation with their staff. This approach enables staff to feel they have a role in the decisions that affect them and the operation of the unit.

## **INVESTIGATION/INITIAL ASSESSMENT**

Supervisors should also establish a system for rotating case assignments. When assigning cases, supervisors should assure clarity of expectations regarding the response time (especially when State law or agency policy provides varied response times based on the safety of the child). Depending on the level of experience of staff, supervisors can assist caseworkers in determining what other professionals (e.g., physician) should be involved in the investigation/initial assessment. Supervisors should establish internal protocols for the investigation (e.g., whom to interview, in what order, and the types of information to obtain from each person). Supervisors need to establish formal agreements and protocols with other community organizations (e.g., law enforcement agencies) to assure effective collaboration during the investigation. Throughout the process, supervisors must also assess the caseworker's evaluation of the child's safety and participate in any decisions requiring changes in the plan, such as out-of-home placement, to ensure that the child is protected from harm.

Supervisors play a critical role in ensuring that caseworkers possess the necessary knowledge and skills to:

- gather accurate and sufficient information from the parties involved in the investigation/initial assessment;

- analyze the information collected to determine the validity of the report;
- assess the risk of further maltreatment;
- treat each person with respect and dignity;
- manage crisis situations;
- manage anger and conflict and deal effectively with client resistance;
- determine the actions necessary to protect the child, if appropriate; and
- determine whether continuing CPS services are necessary to protect the child and help the family change the behaviors/conditions causing the maltreatment.

It is important to hold regular supervisor-caseworker conferences to review and discuss new cases. Supervisors also need to be available to provide consultation on decision making. Supervisors must always be involved in the decision to remove a child from his/her family. This is a critical decision that can have life-threatening ramifications for the child and serious effects on the child and family. Therefore, caseworkers should consult with their supervisor when making the decision to remove the child from the home. The supervisor must ensure that staff are meeting the required time frames for initial contact and completion of the investigation as well as review the results of each investigation to evaluate:

- the accuracy, specificity, and thoroughness of the information collected;
- the substantiation decision;
- the risk and safety determination;
- whether reasonable efforts were made to prevent placement of a child (if appropriate); and
- the case disposition.

At a minimum, supervisory monitoring on the unit level should include the response time, substantiation rate, caseload size, length of time to complete investigations, the percentage of cases opened for continuing services, and the rate of out-of-home placement. This information provides the supervisor with data he/she can use for future planning and for identifying trends.

## **CHILD AND FAMILY ASSESSMENT AND CASE PLANNING**

When there is a separation of intake and investigation/initial assessment from ongoing CPS activities, the supervisor needs to implement a rotating system for case assignment. This system should balance the size of caseloads and the type and severity of cases assigned to individual caseworkers. Sometimes, supervisors encourage caseworkers to specialize in both investigation/initial assessment and continuing CPS. In this situation, a supervisor may assign cases based on worker preference and/or expertise.

At this stage in the CPS process, the supervisor plays an essential role in assuring that caseworkers possess the necessary knowledge and skills to:

- gather accurate and sufficient information to determine the causes of the abuse/neglect and its effects on the child and family;

- determine the problems/conditions that need to change to reduce/eliminate the risk of further maltreatment and identify the family strengths that can be tapped to help the family to initiate that change;
- engage the child and family in the assessment process and reach consensus with the family on what needs to change;
- determine the prognosis for change;
- identify specific services/interventions/service providers that will best address the family's problems/conditions/needs;
- engage the family in the planning process;
- determine with the family those problems/conditions/needs that should be addressed first;
- develop specific goals and tasks; and
- decide who will do what and when.

Supervisors need to meet with their staff on both a regularly scheduled and as-needed basis to review and discuss case assessments and case plans. Supervisors may also suggest the use of a multidisciplinary team for assistance in resolving difficult or complex cases. Some supervisors use group case staffing to assist with decision making and to provide support to caseworkers.

Supervisors need to ensure that staff are meeting the required time frames for initial contact and completion of the assessment report and the service plan. Adherence to these criteria helps assure that the child is safe and that the child and his/her family receive timely and appropriate services. Supervisors must review each assessment report and case plan in order to assess:

- the accuracy, specificity, and thoroughness of the information provided;
- the accuracy and specificity of the family's problems, conditions, needs, and strengths;
- the accuracy of the prognosis for change;
- the soundness of the service plan (e.g., whether it is realistic) and whether it addresses all of the areas that must change to reduce or eliminate the risk of maltreatment;
- the delineation of short-term, behavior-specific goals and tasks; and
- the safety of the child in the home.

## **SERVICE PROVISION AND EVALUATION OF FAMILY PROCESS**

CPS supervisors need to monitor completion of caseworker activities and achievement of outcome goals for each case. The primary methods for accomplishing this task are by reviewing case narratives and service plan revisions and by discussing the cases with staff. Supervisors also monitor the child's safety while services for risk reduction are being implemented. If there is any change in the level of risk to the child, this too must be discussed with the caseworker.

The supervisor monitors the number, type, and quality of caseworker-client contacts.<sup>8</sup> The supervisor also should evaluate the caseworker's system for monitoring services provided by other community service providers. When supervisors identify a lack of progress in a case, they must address this issue with the caseworker and identify alternatives. In addition to case progress and achievement of client outcomes, supervisors need to track the length of time a case is open. When cases are open for extended periods of time with little or no progress, the supervisor should discuss the relevance of the service plan with the caseworker, as well as the reasons for CPS involvement. Finally, supervisors are always involved in the following decisions:

- to pursue placement of a child,
- to initiate court intervention,
- to return a child in foster care to his/her family, and
- to terminate CPS intervention in a particular case.

Supervisory involvement in these decisions is important because they can affect the safety of the child and have serious implications for the family.

### **RELATIONSHIP WITH THE PUBLIC AND THE MEDIA\***

Part of CPS management's responsibility is to inform the public and the media about the complex issues of child abuse and neglect. Educating the public and the media can create increased support for needed services to abused and neglected children and their families. CPS agencies have a responsibility to inform the public about the causes of child maltreatment, and these agencies should inform the community how they are organized to serve children and families.

Public education efforts should provide guidance about the parameters of child protection, stressing the agency's role in intervention in cases of child abuse and neglect. In addition, public and professional education should provide specific information about what constitutes a reportable child maltreatment incident.

### **PROTECTING THE AGENCY AGAINST LIABILITY**

Liability presents a serious issue for the agency and the CPS supervisor. Agency liability exists primarily from negligence. Negligence occurs when a responsible party fails to follow prudent or accepted practice, and harm occurs as a result. The occurrence of harm does not in itself immediately mean negligence. For negligence to exist, there must be a substantial deviation from accepted practice. If a caseworker is found negligent, it is likely that a supervisor will also be found negligent. Consequently, this is an important area of supervisory concern.

Negligence can occur in several ways. For example, a client might be injured during transportation. The worker may have failed to secure a child in a proper child restraint. The worker might have been driving while impaired. Similarly, a child placed in a foster care facility might be injured while left unsupervised. A third example exists when the agency has failed to respond to a complaint within established agency time frames, and the child is severely injured. Negligence might exist in these cases if the worker or foster parent failed to follow agency procedures or if the agency failed to inform the worker or foster parent of these procedures.

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*\*Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families.* Washington, DC: National Association of Public Child Welfare Administrators, American Public Welfare Association, 1988.



Malpractice, another type of negligence, exists only when there are clearly established professional norms and procedures for conduct of interventions, such as established medical protocols. CPS agencies are not governed by the existence of such established practices. Consequently, the likelihood of agency liability through malpractice is minimal. However, agency policies will substitute, to the extent possible, for such accepted practices. Failure to follow agency procedures presents the greatest risk of liability because of negligence.

There are several actions by the supervisor that can reduce potential liability. The first is to ensure that all caseworkers are adequately informed of agency policies and procedures. Simply giving the caseworker a copy of the policy manual may not be enough. Evidence of a review of appropriate policies directly with workers is important, especially when policies exist to protect the child or client from potential harm (e.g., the use of safety restraints while transporting the child).

Periodic review of cases to ensure that policies are being followed is a second precaution against liability. When agency policies are not followed, written feedback should be provided to the caseworker, corrective action noted, and followup provided to ensure that case procedures have been brought into compliance. Supervisors should establish a regular schedule for the review of case records. The review should focus on key points of agency policy, without excluding a summary of the actual casework with the client. Both policy and practice are important. Supervisors who sign off on case records without an adequate review increase their own risk significantly.

Finally, policies should be written and current. Policies are frequently modified by court decisions, county letters from the commissioner, or by other revisions. Keeping staff informed about policy changes and providing evidence of such efforts is critical not only to protect the agency, but also to ensure that best practices are in place throughout the agency.

# **BUILDING THE FOUNDATION FOR EFFECTIVE UNIT FUNCTIONING**

## **COMMUNICATING THE AGENCY'S MISSION AND GOALS OF CPS**

The primary work of any human service agency occurs at the point of client contact. However, agency efforts away from the front line also support the best possible application of methods of helping and serving clients.

CPS was formalized in the early 1960's. Since that time, the child protection mission has dominated. Beginning in the 1970's, however, pressures for permanency planning and concern over the increasing number of children entering foster care brought increasing emphasis on a second mission—family preservation. In some instances, caseworkers see the goals of child protection and family preservation as conflicting. Indeed, in the immediate sense they may be in conflict. It is the supervisor who must bring the two missions together and ensure that the interventions of the caseworker with the family are aimed at both.

The supervisor has several roles in communicating CPS goals and missions. The first role is to orient new staff. By initially communicating the mission, goals, purposes, practices, and procedures of CPS, the supervisor builds the basis for achievement of the agency's overall mission. The second role is to communicate values. As staff provide services to protect children and maintain families, the supervisor links their actions to underlying values of practice. For example, when cases are assigned, issues of client rights, children's needs, and parental responsibilities are discussed in order to reaffirm basic professional values.

In reviewing cases and monitoring ongoing work, the supervisor has many opportunities to provide positive feedback on work consistent with the agency mission and CPS goals as well as to identify areas in need of change. Thus, the supervisor is essentially the guardian of the agency's mission and the goals of CPS.

## **CREATING AND COMMUNICATING A VISION FOR THE UNIT**

An individual's current actions need to be based on the future he/she desires. Acting on one's own choices means taking responsibility for the future and creating a vision of how one will contribute to that future. For the CPS unit, this action means creating a vision for the unit.

Visions for CPS staff and supervisors are compelling statements about how the unit intends to go about ensuring that children are protected. Peter Block suggests, "Creating a vision forces us to take a stand for a preferred future."<sup>9</sup> The vision that supervisors create for the unit must focus on families and express how the unit contributes to the family. For example, "We work as partners with parents to ensure the well-being and safety of children." The vision needs to engage and inspire one's imagination. To the extent that the vision is an expression of one's own values, connection to the organization is realized. An individual's or group's self-interest, then, becomes directly connected to the interests of the agency.

As Block notes, exploring one's vision may create doubts about the way one works with clients and about the agency's ability to achieve its mission. However, a vision also forces one to become accountable for actions that may not be congruent with the vision. As Block observes, "The hardest thing for any of us to do is live by the rules that we create."<sup>10</sup>

He also suggests that supervisors should create a vision of greatness for the unit. Obviously, the vision will have more meaning to the staff if members of the unit help to create that vision. In working toward a vision, Block makes several suggestions:

- Forget about being the best. The vision statement is an expression of what you seek to contribute, not how the rest of the world will evaluate your contribution.
- Don't be practical. A preferred future comes from the heart, not the head.
- Begin with your clients. The success of the agency depends on how well you serve clients. Some examples of vision statements about what greatness looks like when dealing with clients are:
  - “We act as partners with our clients.”
  - “Our clients feel that we respect them.”
  - “We fulfill every promise to our clients.”
  - “We don't force solutions on our clients.”
  - “We're here to help, not to police.”
- Members of the unit cannot treat their clients any better than they treat each other. The way staff treat each other is the clearest indication of how they will treat their clients.

Vision statements are not expressions of the results the unit expects to achieve through interventions; for example, reducing child abuse and neglect. Rather, they are compelling statements about the way one intends to work toward the desired results. They are expressions of the behaviors, values, and beliefs that provide the surest route to unit accomplishments.

## **ESTABLISHING A POSITIVE WORK CLIMATE**

Work climate is the employee's perception of how well his/her basic needs are being met in the agency. If caseworkers feel their basic needs are being met, they will view work more positively.

Climate influences staff performance. Because it reflects the caseworker's perception of the positive and negative consequences of his/her actions, the work climate influences motivation. Basically, when caseworkers feel their needs are likely to be met, they are more likely to take constructive action.

A number of factors influence the climate of a unit or agency. These factors include history, organizational structure, interpersonal qualities of members of the group, and management or supervisory behavior. Of any of these factors, management and supervisory behavior explain most of the variance in a caseworker's perception of work climate. Supervisors have the most influence on how their staff experience the workplace through their responses to the day-to-day needs of individuals in their unit.

There are a number of components of climate, each relating to underlying needs of the caseworker and behaviors of the supervisor. When supervisors respond positively to caseworkers' underlying needs, the climate improves. When underlying needs are frustrated, the climate deteriorates. The following chart describes the climate components and the related supervisory practices.

# CHART 1

## CLIMATE COMPONENTS AND SUPERVISORY PRACTICES

Climate Component	Underlying Needs	Supervisory Practices
<b>Clarity</b> — the extent to which goals, expectations, and mission are clearly defined	Security, growth, and autonomy	Communicating expectations, sharing information, and providing feedback
<b>Warmth</b> — the extent to which sensitivity, support, and empathy are demonstrated toward the needs of caseworkers	Intimacy, self-worth, and security	Sharing information and providing empathy and positive feedback
<b>Openness</b> — the extent to which caseworkers feel free to express thoughts and opinions without fear of reprisal	Security and self-worth	Sharing information and providing feedback and empathy
<b>Autonomy</b> — the extent to which caseworkers feel freedom to achieve goals according to strategies they define	Autonomy and self-worth	Communicating expectations, sharing information, focusing on monitoring results rather than process, and providing feedback based on results
<b>Excellence</b> — the extent to which high performance standards are expected	Self-worth and growth	Emphasizing results, setting clear expectations, and providing results-based feedback
<b>Accountability</b> — the extent to which caseworkers feel they are responsible and accountable for performance	Security, self-worth, and growth	Providing feedback, monitoring results, and clarifying expectations
<b>Leadership</b> — the extent to which caseworkers feel the authority system is competent to meet the agency's needs	Security and self-worth	Demonstrating comfort with the role, clarifying expectations, monitoring results, and providing feedback

Examining the climate is a useful diagnostic tool for unit development. For example, caseworkers may seek frequent advice from the supervisor about routine case assignments. When asked, caseworkers may reveal uncertainty about expectations. Feeling somewhat insecure, they may be overly cautious. However, increased information, clarity of expectations from the supervisor, and positive feedback about correct and successful actions are likely to address the caseworkers' underlying needs and alter behavior.

## **DEVELOPING AN EFFECTIVE WORK TEAM**

A team is a group of individuals who have developed specialized roles to achieve the group's goal. Zander states, "We know that people have formed a group when they talk freely, are interested in the achievement of their group set as a whole, feel that associates are helpful, try to assist colleagues, refer to their group collectivity as 'we' and to other social bodies as 'they,' and faithfully participate when members gather. A group has not formed when members are primarily concerned with individual accomplishments or are not concerned with the activities of other members."<sup>11</sup>

Some conditions for team formation are not inherently present in a CPS unit. First, caseworkers work primarily toward individual achievements; that is, their assigned cases. Second, the outcome of their cases depends less on the contributions of other unit members than those of other units or persons outside the agencies. Third, what the unit as a whole is to achieve is unclear. Fourth, although some staff roles may be specialized, more often specialization is the exception rather than the rule for the unit as a whole.

However, other conditions for team development may be met within the CPS unit. Caseworkers may feel a sense of cohesion with other unit members. They may view their unit as distinct from other units in the agency and offer support to each other with difficult cases. Whether the unit becomes a team depends on the extent to which the supervisor emphasizes group goals as well as individual goals, defines tasks that require interdependence among unit members, and encourages group participation in defining unit problems and selecting solutions.

Supervisors who want to improve the performance and quality of a group must work first to develop cohesiveness. Cohesiveness is the desire of individuals to remain members of a particular group. It is enhanced by increasing the number of personal needs met through the group, increasing the importance of these needs to an individual, and improving the group's ability to fill the needs. Supervisors can help individuals identify needs and communicate them to the unit. Also, supervisors can help structure the unit responses to an individual caseworker's needs.

Another way to strengthen a group is to direct attention to how the unit can help the agency achieve its mission. This technique means arousing within the unit and the individual a desire for group success and requires agreement about some fundamental components of the unit. These elements include purpose, goals, procedures, values, norms, policies, standards, and practices. This approach also requires feedback about the group's, as well as the individual's, progress. Members must be able to compare feedback over time to determine unit trends and progress.

## **Stages of Team/Group Development**

Groups often progress through different stages of development. New groups come together out of an initial attraction of members and a feeling that others can help achieve a goal. For example, foster parents may meet initially because of a common concern about the agency or a shared experience with children in care. At first, the group must deal with power, purpose, and strategy. The conflicting values and preferences in this stage often have the appearance of storms. As the conflicts are resolved or managed, the group evolves norms defining acceptable behavior. Finally, the group devotes more energy to performance than to development.

For a CPS supervisor, the sequence is usually more complex. Typically, the unit already exists, unless a new unit is being formed. Therefore, some aspects of the group have already been established. Even if staff vacancies exist, the issue is one of bringing new members into an already-existing group rather than establishing an entirely new group. Generally, the supervisor encounters two problems in team development. First, the unit has established norms, procedures, or goals that may not be congruent with the supervisor's or agency's vision of the unit. Second, new members must be incorporated into the unit.

In the first case, the supervisor must counter the existing culture of the group. Countering the culture frequently means behaving in ways that violate existing group norms. For example, members of a group may have established a norm of not giving direct feedback to each other. Rather, concerns about other's behaviors are communicated directly to the supervisor. A supervisor might violate (i.e., change) this norm by expecting direct communication among the caseworkers.

In the second case, the supervisor must facilitate new members' integration into the group. This process usually occurs more quickly when staff share responsibility for meeting the needs of new members. A common mistake of supervisors is to encourage new members to have their needs met exclusively through the supervisor. At the extreme, this approach undermines group development and keeps the new caseworker isolated from other members of the group. Over time, this dynamic creates a "hub and spoke" arrangement of communication (with the supervisor at the center), rather than the "star" pattern more characteristic of effective group and team interaction.

### **Assessing Team Functioning**

In assessing a team's level of functioning, the supervisor should examine the following:

- commitment to group rather than individual goals,
- helpfulness of members,
- openness of communication,
- identification with the unit, and
- the level of participation of each caseworker in group activities.

Both the evenness and extent of these conditions define the level of the group's functioning. Although a unit could be functioning well as a group, it might actually be achieving very little. For example, a unit may have a strong sense of camaraderie and yet have the most serious paperwork backlog in the agency. Good teamwork is a way to a goal, not a goal in and of itself.

### **ESTABLISHING AND COMMUNICATING PRACTICE STANDARDS**

Practice standards are statements about agency and staff actions that are believed to ensure the best quality of services and outcomes for children and families. Practice standards are often included in statutes and regulations and in policies and documents published by national organizations. These standards are also communicated through managerial expectations and the supervisor's own beliefs about good practice. Standards are usually set in relation to processes rather than results. A process is a task or series of activities that leads to an outcome or result (e.g., the way to conduct an investigation/initial assessment). A result is either a decision (e.g., a substantiation decision) or a change in behavior. For example, States establish standards concerning the type of contacts required in CPS cases. However, few, if any States, have standards related to the outcomes caseworkers are expected to achieve as a result of the contacts.

In making decisions about caseload standards, case management standards, and standards of quality, the supervisor requires administration support and guidance to balance both processes and results. Decisions about caseload size should reflect the amount of client contact needed in a month to achieve the level of client benefit desired. Cases will vary in complexity, intensity of need, and geographic location. The number of cases assigned should minimally reflect these concerns.

Case management standards should similarly reflect prevailing understanding of the field regarding effective intervention (i.e., the structure and nature of the intervention) and the individual needs of a family. For example, some families require intensive family-based services. Standards must accommodate the intensity of service delivery and case management tasks.

Determining quality and setting standards of quality require sound judgment. To the extent quality can be measured, it may be analogous to Olympic diving. The criteria are predetermined, but the extent of the quality being observed is left to individual judgment. Just as Olympic judges do not always agree, supervisors may also differ in their assessment of individual performance. For this reason, each supervisor must strive for clear criteria and achieve personal comfort in exercising his/her professional judgment. The standards of quality set by supervisors will determine the quality of life for children and families.

Thus, agency administrators and supervisors need to define quality for both process and results. For example, most States require that caseworkers prepare a service plan with the family within a specified period of time. It is the supervisor's role to define what constitutes quality for that process (e.g., goals will be behaviorally specific) and to provide staff with a visible model of quality.

# BUILDING STAFF CAPACITY

Often, one of the most satisfying aspects of supervision is helping caseworkers grow and develop on the job. Because of their daily interaction with caseworkers, supervisors can dramatically affect the learning and development of their staff. This chapter describes how supervisors can have a positive impact on staff development.

## PERFORMANCE EXPECTATIONS FOR CPS CASEWORKERS

The first step in building staff capacity is to communicate clearly the agency mission, CPS goals, and the philosophical assumptions (i.e., values) on which child protection is based. The mission, goals, and values provide a framework for practice by providing purpose, direction, and guiding principles. Performance expectations communicate to CPS caseworkers how their role contributes to fulfilling the agency's mission and achieving CPS goals.

Although there are numerous and varied expectations for caseworkers, the following chart provides a sample of performance expectations CPS staff. Communicating these expectations to caseworkers, along with the philosophical assumptions upon which they are based, gives the caseworkers a clear understanding of what the supervisor and agency expect of them and why. A definition of performance expectations for CPS caseworkers enables the supervisor to determine the competencies caseworkers must possess to fulfill the expectations, allows supervisors to assess workers' level of competence in achieving those expectations, and helps identify the positive aspects and problems in individual caseworker performance.

## STAGES OF CASEWORKER DEVELOPMENT<sup>12</sup>

New CPS caseworkers typically progress through four stages of development—high anxiety, “make it or break it,” basic skills, and relative independence. Caseworkers usually require *at least* 1 full year of on-the-job experience before they are able to function on a more autonomous/independent basis. The following three factors affect how quickly caseworkers move through each of these stages:

- The caseworker's educational background—an M.S.W. or B.S.W. provides caseworkers with some basic knowledge and skills to do the job (e.g., knowledge of human behavior and psychopathology, social work principles and ethics, and intervention techniques).
- Previous social work/child welfare experience.
- Supervisory interventions designed to address the feelings and meet the needs of caseworkers at each stage of development.<sup>13</sup>

It is important for supervisors to be aware of the feelings and needs of caseworkers at each stage of development so that the appropriate supervisory intervention can be used to build caseworker capacity and maintain caseworker performance at an acceptable level.



## **CHART 2**

### **SAMPLE PERFORMANCE EXPECTATIONS FOR CPS CASEWORKERS**

- Record factual information obtained from the reporter in a clear, concise, thorough, and understandable manner.
- Gather information from the reporter to determine the appropriateness and urgency of the referral (Related to the Intake stage of the process).
- Evaluate the credibility of the reporter (Related to the Intake stage of the CPS process).
- Determine whether the reported information meets the statutory and agency guidelines for child maltreatment.
- Assess the level of risk of untreated harm and further harm to the child and determine the response time necessary to ensure the safety of the child.
- Develop an initial assessment/investigation plan including whom to interview and in what order, what records/documents to obtain, what examinations must be conducted, and who should be involved in conducting the initial assessment/investigation.
- Gather information to determine the validity of the report and assess the level of risk and safety (Related to the Initial Assessment stage of the CPS process).
- Treat the children and family with respect, genuineness, and empathy.
- Analyze the initial assessment data and determine the validity of the report (Related to the Initial Assessment stage of the CPS process).
- Complete all investigative reports within the required time frame.
- Determine the nature and level of risk of future maltreatment.
- Determine whether the child's safety can be ensured in his/her own home and what interventions will be needed to protect the child. If it is determined that the child's safety cannot be ensured in his/her own home, the placement alternative (least restrictive) that best meets the child's needs must be determined.
- Identify the child's emergency physical or psychological needs.
- Provide or ensure that needed emergency/crisis intervention services are delivered to the child and family.
- Identify the strengths in the child and family and the underlying factors that cause the abuse and neglect.

- Reach consensus with the family on the problems that must be addressed to reduce/eliminate the risk of maltreatment.
- Identify the intervention approaches/services that will help the family reduce/eliminate the risk of maltreatment and meet the child's treatment needs.
- Determine whether the agency can meet the family's needs and whether the family will benefit from and is willing and able to participate in ongoing CPS services.
- Develop a case plan with the family which builds on its strengths and provides clear direction and guidance for changing the behaviors/conditions that contribute to the risk of maltreatment.
- Deliver or coordinate the delivery of services to the abused or neglected child and his/her family.
- Ensure that every contact/intervention with the family is planned and purposeful.
- Continually assess the risk of maltreatment to the child.
- Evaluate the family's progress toward reduction/elimination of risk of future maltreatment.
- Review, revise, and update the case plan at least within the time frames required by the State.
- Determine whether the risk of maltreatment has been reduced sufficiently so that the case can be closed.

## **The High Anxiety Stage<sup>14</sup>**

The High Anxiety Stage begins the first day on the job and usually lasts between 3 to 6 months. This stage is characterized by a mixture of intense feelings and needs. Caseworkers may be confused about their feelings toward abusive and neglectful parents and about their roles and responsibilities. They may experience anxiety about the life and death decisions they must make and the potential impact of those decisions on families' and children's lives. Caseworkers may feel overwhelmed with everything they have to learn and be able to do. Furthermore, they may feel inadequate to perform the child welfare tasks. Caseworkers may also experience some positive feelings; for example, a sense of excitement, enthusiasm, and challenge.

At this stage of their development, caseworkers need information about the agency, its mission, the organizational structure, programs, and how the various programs interrelate; CPS goals, policies, and legal mandates; agency and supervisory expectations; the client population; and community resources. They also need encouragement to express their feelings and concerns. They need their supervisor to normalize their feelings and give them opportunities to resolve those feelings. Caseworkers also need support and reassurance.

Although this period is the most difficult for caseworkers, it is also the time when the greatest amount of learning and growth take place. Following are a number of supervisory interventions that can help caseworkers manage their feelings; meet their needs; and build their confidence, knowledge and skills.

### **Supervisory Interventions During the High Anxiety Stage**

- **Accept and meet caseworker dependency needs.** Expecting caseworker independence is premature. It is appropriate for new caseworkers to seek security and stability from their supervisor. Supervisors should be more directive than with experienced caseworkers. Frequent feedback for positive performance, as well as unconditional caring, is critical. Just as supervisors accept the dependency needs of caseworkers, they should encourage caseworkers to accept the dependency needs of their clients.
- **Provide the factual tools.** Supervisors should ensure that caseworkers clearly understand the expectations for performance. Supervisors should also provide caseworkers with information regarding agency mission, services/programs in the agency, unit goals, values underlying the goals, legal mandates, policies, and procedures. Caseworkers should be helped to understand how the goals, policies, and procedures relate to specific cases and casework intervention. During this stage, inexperienced caseworkers need as much structure and specific instruction as available.
- **Accept caseworker feelings of confusion and inadequacy.** The confusion and sense of inadequacy felt by new caseworkers should be viewed as part of their development. If supervisors help normalize these feelings and demonstrate that they are acceptable, caseworkers will come to accept these feelings and view them as a natural part of personal and professional growth.
- **Encourage open discussion of feelings.** Undoubtedly, caseworkers will experience anxiety over performance, their feelings toward clients, and client interactions. Supervisors should encourage caseworkers to express this anxiety and provide the necessary acceptance, support, and reassurance to enable the caseworker to develop professionally. Supervisors should engage the caseworker in open discussion regarding any other feelings that the caseworker might be experiencing.
- **Be constructive—help caseworkers identify mistakes.** New caseworkers are not always aware that they have made a mistake. They have not developed sufficient knowledge and skills to identify

gaps in performance. Therefore, supervisors need to assist caseworkers in identifying their needs in a way that builds on their strengths and identifies strategies for change.

- **Have regular conferences.** Beginning with this stage and continuing throughout the next two stages of caseworker development, supervisors should spend approximately 2 hours each week with each new caseworker in regularly scheduled conferences. It is important for the supervisor to be readily available to new caseworkers. In addition, crises and emergencies will also require extra time and effort on the part of the supervisor.
- **Substitute for caseworkers only in cases of extreme emergency.** Caseworkers develop a sense of confidence in their skills and knowledge by successfully dealing with issues that surface in their caseload. They need to know that their supervisor will support them and be available to help solve problems and make crucial decisions. However, supervisors should also demonstrate confidence in caseworkers' ability to handle specific casework tasks.
- **Build caseloads slowly.** If at all possible for the first 2 months, the supervisor should limit the number of cases a new caseworker handles. Cases should be introduced slowly, and the supervisor should use the new cases as tools to reinforce expectations, policies, procedures, and the casework process. This supervisory practice allows time for confidence building and reduces pressure.
- **Clarify both client and caseworker behaviors.** Questions asked during supervisor-caseworker conferences should identify client responses to caseworker behaviors. Conferences should also include clarification regarding the reasons for particular client responses. Focusing on both client and caseworker behaviors helps caseworkers identify those interventions that are successful and those that need to be modified.

### **The "Make It or Break It" Stage**

By the time they enter this stage, caseworkers should have developed some degree of confidence in conducting assessments, developing plans, and making decisions. However, they may also be feeling a sense of inadequacy regarding some of their responsibilities and tasks. They may still experience some anxiety regarding the decisions they must make and the impact of those decisions on families and children's lives. They will probably have a sense of greater comfort because of their increased understanding of what is expected of them and how to fulfill their responsibilities. Sometime during this stage, caseworkers should also acquire a sense of belonging to the unit.

Caseworkers need to know that they are progressing in increasing their knowledge and skills. They need the supervisor to continue encouraging their growing independence while remaining available to provide considerable support, and they will need continued assistance in identifying casework strengths and mistakes. Caseworkers will need to feel a connection with other staff and the supervisor. They may need additional information on the children and families they are serving and how to perform specific casework tasks. Finally, caseworkers will continue to need opportunities to practice new skills, make decisions, and receive feedback on their performance.

### **Supervisory Interventions During the "Make It or Break It" Stage**

- **Expect and allow mistakes.** At this stage, caseworkers test new behaviors in their work with clients, and as a result, may experience a loss of confidence when their attempts fail to meet their own expectations. All caseworkers inevitably make mistakes. Supervisors should help caseworkers

accept and learn from their mistakes. When supervisors communicate a willingness to admit and accept their own mistakes, they demonstrate to caseworkers that mistakes are acceptable and should be viewed as a learning experience rather than as failure.

- **Reinforce knowledge.** By this stage, caseworkers should have acquired most of the basic knowledge to perform child welfare functions. The supervisor's role is to help caseworkers draw on this knowledge and apply it to specific cases.
- **Help caseworkers organize observations and ideas.** At this stage, caseworkers should begin to identify patterns and trends occurring across cases. It is the supervisor's role to underscore these similarities and help caseworkers synthesize them into principles of practice.
- **Analyze intuition without stifling creativity and spontaneity.** As caseworkers gain confidence, they begin to act on hunches, common sense, and intuition. Supervisors should assist caseworkers to validate these instincts by helping them analyze what led to the intuition.
- **Help caseworkers feel a sense of belonging to the unit.** From the beginning of employment, case workers need to feel a sense of belonging to the unit. Recognizing caseworkers as valuable members of the unit is particularly important at this stage.

### **Basic Skills**

Caseworkers are feeling confident in their ability to perform essential CPS functions. They are generally able to identify and analyze client problems. Basic knowledge and skills have been incorporated into their interventions, and gaps in services are more apparent to them. Caseworkers are feeling some satisfaction because they see evidence of the impact of their efforts. At the same time, they are also experiencing some dissatisfaction/disillusionment. They are more aware of the obstacles they face in fulfilling their responsibilities to help children and families. In addition, many caseworkers recognize the need to develop more specialized skills and set professional goals for themselves. This is the beginning of independent practice.

### **Supervisory Interventions During the Basic Skills Stage**

- **Listen carefully.** Careful listening is the supervisor's primary task in relating to caseworkers at this stage of development. Although supervisors may ask clarifying or informational questions, the supervisor's primary function at this point is to listen first and then discuss.
- **Identify caseworker resistance and discuss it in relation to clients.** Caseworker resistance may require some attention in earlier stages, but it is at this third stage that any resistance must be specifically addressed in supervisory conferences. When caseworkers are reluctant to deal with certain clients or client behaviors, this reluctance should be assessed in terms of how it affects the caseworker-client relationship and the achievement of agency and unit goals. Attention should be directed to the way in which clients react to the caseworker's intervention and how the caseworker can use personal and professional strengths to improve relationships with clients.
- **Help caseworkers identify and examine options.** The supervisor may agree with the options or ideas presented by the caseworker; however, it is essential to expose the caseworker to as many other options as possible. Brainstorming is one way to assist caseworkers in identifying options for their clients.

- **Provide feedback.** Specific positive and negative feedback is essential at all stages of caseworker development. In the earlier stages, feedback takes a more developmental focus. (See the chapter "Recognition of Performance.") At this stage, it is very important to measure worker performance against agency/supervisory expectations.

### **Stage of Relative Independence**

Supervisors want all of their caseworkers to aspire to and reach this stage. Caseworkers at should have a strong sense of competence and confidence regarding their knowledge and skills and their ability to perform their responsibilities and make critical decisions. They can identify problems and options and determine a substantial portion of the agenda for supervisory conferences. At this point, caseworkers typically have a strong sense of independence and autonomy. However, as in the previous stage, they may be experiencing frustration and disillusionment with their cases. They may express the need to grow professionally and experience new challenges.

As caseworkers prepare for new challenges, they need recognition for their accomplishments and efforts. Supervisors must be as creative as possible in assisting caseworkers to identify ways that they can continue to grow and develop on the job. If caseworkers feel challenged and experience growth, it is more likely that they will be motivated.

### **Supervisory Interventions in The Stage of Relative Independence**

- **Encourage active involvement in supervisory conferences.** At this point in their development, caseworkers are aware of their own supervisory needs. Although biweekly 1-hour conferences may be sufficient, supervisors still need to monitor and "sign off" on key decisions and provide staff with direction and feedback, as appropriate.
- **Assist caseworkers in clarifying their own professional development and in identifying educational or training needs.** Caseworkers need to continue to learn and grow. Supervisors must help caseworkers identify training resources and opportunities for continuing education and development.
- **Prepare caseworkers for new roles.** Unless caseworkers continue to experience new challenges on the job, they lose interest. It is, therefore, important for supervisors to encourage caseworkers to take on new and creative responsibilities and prepare for new roles.

### **METHODS FOR BUILDING STAFF CAPACITY**

Learning skills involves the following four-step process:

- Receive information.
- Observe a model performance.
- Practice performance.
- Receive feedback.

To acquire a new skill, caseworkers must be given specific information on the skill (why it is important, how to use it, and when to use it). They must also be provided with a model of the results anticipated for application of that skill. Further, caseworkers need an opportunity to practice performing the skill and receiving feedback on what they did well and areas that require improvement.

For example, for a new caseworker, the first two steps of the process are completed by a supervisor who provides information on how to investigate a complaint of maltreatment and assigns an experienced caseworker to model the conduct of an investigation. Subsequently, the supervisor or an experienced caseworker should observe the new caseworker as he/she conducts an investigation and provide feedback on demonstrated skills.

Whenever instructing a caseworker in a new skill, the supervisor must ensure completion of all four steps of the learning process. There are a variety of methods that supervisors can employ to teach new caseworkers what they need to know to perform their jobs well and to continue to enhance the competence of more experienced staff.

## **Orientation**

CPS caseworkers need to be prepared for the very important roles they fulfill for abused and neglected children and their families. Too often, CPS caseworkers are not adequately prepared for the job's difficult tasks and decisions. Therefore, it is critical that preservice training and orientation be provided to new caseworkers to bring them to a level of basic competency; that is, the ability to perform critical CPS functions for specific information on the CPS process and specific caseworker functions. Supervisors should refer to another manual in this series entitled *Child Protective Services: A Guide for Caseworkers*.

The supervisor's role in orientation varies depending on the extent of preservice training provided to new caseworkers. Orientation to the job typically includes the first two steps of the learning skills process—providing information and modeling performance.

In orienting new caseworkers to CPS, supervision must:

- provide the caseworker with information about the agency, the programs/services the agency provides, the unit they are assigned to, their particular position, their place in the organizational structure, and community resources;
- be clear about performance expectations;
- explain, interpret, and clarify policies and procedures to facilitate understanding of the agency's standards and operational framework;
- share information about the client population;
- explain tasks, responsibilities, and intervention steps; and
- provide models of practice (e.g., samples of completed, exemplary forms, and opportunities for observation of skilled workers' use of casework techniques).

## **Training**

Over the past 15 to 20 years, a large number of curricula for CPS staff have been developed. Some of the curricula focus on specific aspects of CPS practice, whereas others address the entire CPS process. A number of States (e.g., Georgia, Alabama, Tennessee, Wisconsin, South Carolina, Ohio, Maine, and Virginia) provide competency-based, preservice certification training programs for all new child welfare staff.\*\*

Although these programs differ in the content and approach to training, the intent is the same—to provide caseworkers with basic CPS knowledge and skills and the opportunity to examine personal attitudes, values, and biases toward maltreated children and their families. The Georgia and Alabama models provide 8 weeks of training—4 weeks of structured on-the-job training provided by the supervisor interspersed with

4 weeks of residential training. These models focus on developing the core competencies caseworkers must possess in order to achieve CPS outcomes/goals. For example, skills such as demonstrating empathy, respect and genuineness; determining the validity of the report; and assessing the risk of further harm to the child are covered.

Other models, for example, those used in Ohio and Virginia, are based on a more task-oriented approach. They tend to provide information and skill development related to stages of the CPS process (e.g., Intake.) For information on how to evaluate the quality of training, supervisors are referred to a document published by the American Public Welfare Association, *Guidelines for a Model System Proactive Services for Abused and Neglected Children*.

Periodic inservice training is important for all caseworkers and can be provided in a number of ways, including the following:

- specialized workshops provided by State staff development/training personnel;
- continuing education courses offered by schools of social work;
- advanced training courses provided by national organizations; and
- national, regional, State, and local conferences and workshops.

Competency-based training should always incorporate the four-stage process of learning skills.

### **Supervisory Teaching Methods<sup>15</sup>**

Supervisors need to be aware of and maximize the potential influence they have over what caseworkers learn. There are a number of methods supervisors can use on-the-job to facilitate staff learning and development.

#### ***One-to-One Teaching***

Ongoing dialogue between supervisors and caseworkers for individualized instruction is probably the most persuasive teaching method. Some advantages of this method include the following:

- Instruction can be easily individualized to accommodate the caseworker's strengths and needs, intellectual level, academic background, and learning style.
- Instruction is part of the regular interaction between the caseworker and supervisor, with the expectation of learning built into the relationship.
- Instruction using a one-to-one approach helps bridge status and cultural gaps.
- Instruction using a one-to-one approach allows supervisors to impart information and model performance.

#### ***Brainstorming***

Brainstorming is used by supervisors to generate ideas and provide information about practice alternatives. During a case conference, for example, when a caseworker feels that all of the options for a client have been exhausted, brainstorming can be an excellent tool for identifying new strategies. This technique sets the stage

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**\*\*Specific information on these training programs may be obtained through each State's department of child welfare training and staff development.**



for staff to escape from their more routine approaches to problem solving. Many ideas are generated in a brief period of time. Brainstorming with the unit is another method that produces ideas and at the same time elicits full participation of staff. Ideas are expressed in a value-free environment that leads to an energized and positive group experience.

Brainstorming is useful in working through problems that caseworkers present because:

- It promotes the caseworker's active involvement in the decision-making process rather than the caseworker waiting for decisions to be made.
- It provides a means for expressing ideas spontaneously and "on the spot."
- It reduces the stifling effect of trying to "second-guess" and present the "right" ideas to impress the supervisor.
- It enables the supervisor and caseworker to gain new perspectives in a stimulating and interesting atmosphere.
- In group situations, it reduces the likelihood of "one-upmanship" in the problem-solving process.

Most supervisors are able to move comfortably into brainstorming with one or several caseworkers. The rewards tend to be immediate. Many sound ideas surface, which might otherwise be inhibited by interpersonal conflicts, dominant personalities, patterns of uninvolvedness, or fear of criticism.

### *Modeling*

Supervisory modeling is the deliberate display of behavior by the supervisor to demonstrate effective performance and promote learning. Research and life experiences have shown modeling to be very useful in teaching new behaviors, in helping individuals retry behaviors previously associated with negative consequences, and in improving the performance of previously learned behavior. The three phases of learning modeled behaviors are as follows:

- **Attention.** The attention of the caseworker is focused by the supervisor to identify key behaviors.
- **Retention.** The caseworker commits the observed behaviors to memory so that they can be reproduced. Sorting the observed behaviors in terms of importance and familiarity and rehearsing the behaviors is very helpful in aiding retention.
- **Reproduction.** The test of learning is doing. Performance is the replication of observed behaviors.

The following are advantages of using modeling behavior in the supervisory process:

- Caseworkers can personally experience the effects of the supervisor's behaviors.
- Caseworkers can change behaviors through practice (before they are interpreted as inappropriate).
- Good practices can be brought to the caseworker's attention and reinforced.

### *Role Play*

Role playing is simply playing a part/role in a simulated or staged situation. Role playing is an excellent instructional strategy for observation of techniques, feelings, and behaviors. It is also an excellent instruc-

tional tool for practicing performance and receiving feedback. Research on the effects of role play shows that the most significant change in behavior occurs among those participating in role play rather than in the observers. Several uses of role play have been change in behavior suggested, including the following:

- **Experiential.** Try out new behaviors.
- **Diagnostic.** Identify problems and solutions.
- **Practice.** Develop intervention techniques.
- **Decision making.** Develop decision-making skills.
- **Finding solutions.** Solve specific problems.
- **Examining attitudes.** Change viewpoints.
- **Evaluation.** Assess skills demonstrated in role play.<sup>16</sup>

The effectiveness of role play in supervision depends on a number of factors:

- the thoughtful planning of roles, anticipated interactions, and the scene or situation;
- the comfort level of the role players;
- the amount of flexibility and improvisation encouraged in the role play;
- the cuing (i.e., prompting) of behaviors or skills to be learned or practiced; and
- the quality of feedback provided immediately after the role play.

In addition, role players need the opportunity for debriefing. Feelings experienced in the role, reactions to the role play, and application of the exercise to practice are some examples of debriefing topics.

### ***Coaching***<sup>17</sup>

Coaching is an individualized approach to staff development, involving the following seven steps:

- **Setting expectations.** Supervisors need to begin with a well-defined set of expectations. These expectations are generally high, probably higher than the caseworker thinks can be achieved. However, especially in the beginning, expectations are set just above the level of the staff's best current performance.
- **Recalling relevant past experiences and skills.** Much new learning involves the synthesis of old ideas. Therefore, it is important to help the caseworker recall past experiences and skills relevant to current performance expectations.
- **Presenting new situations.** Because everyone learns differently, it is important to tailor the presentation of new practice information to each caseworker's learning style. For example, some case workers learn best by first being presented with the theory or standards of practice. Other caseworkers learn best by having practice explained in terms of concrete or personal examples to which they can relate.

- **Providing learning guidance.** Learning guidance means directing the thinking of the caseworker, but it does not mean providing the answer. The forms of clearly learning guidance supervisors can use include the cuing of thinking and modeling or demonstrating behaviors/skills.
- **Observing performance.** Supervisors can provide the most direct feedback on caseworker performance through observation of actual practice.
- **Providing feedback.** Feedback should focus on what the caseworker did well and why as well as documented areas for improvement. Feedback encourages professional development and growth.
- **Offering encouragement and assistance.** Caseworkers should be recognized for their efforts and accomplishments. They also need support and encouragement for risking new actions/behaviors.
- **Encouraging retention and transfer.** Obviously, caseworkers need to practice the desired behavior more than once. They also need continuous feedback on their progress. Transfer of learning can be accomplished by assigning tasks that actually require application of that learned behavior.

### ***Guided Reflection***

Guided reflection is useful to modify and improve caseworker behaviors. The reflection process involves recreating the scene of intervention with a client in order to examine caseworker–client interaction. The supervisor helps the caseworker become more aware of the dynamics in the relationship. Examination of the dynamics begins with guided recall of sequences of interaction (by the supervisor) and moves to self-directed analysis of the feelings and beliefs that underlie that interaction (by the caseworker).

This technique is particularly effective for facilitating self-examination. In recalling a specific situation, the caseworker can discover errors and identify strengths. The supervisor may choose to guide the caseworker in self reflection in the following situations:

- after having reviewed a case record, to point out certain caseworker or client actions or reactions;
- when a caseworker is giving a verbal account of a situation;
- when a caseworker seeks the supervisor's input in solving a problem in a case; and
- when a caseworker has completed a difficult home visit or interview.

The guided reflection process is similar to showing home movies. The viewer (supervisor), by making simple observations of the other's (caseworker) behavior, puts in motion a series of reflections and interpretations. This supervisory practice essentially focuses on providing feedback and information.

### ***Group Supervision***<sup>18</sup>

There are two types of group supervision—unit meetings and case staffing. Both types require a structured setting with a designated task and an agenda.

Essentially, the purposes of a unit meeting are to:

- communicate new policies and procedures,
- discuss matters of general agency/unit concern,

- solve problems and difficulties within the unit,
- share new/innovative practice methods and research,
- provide inservice training, and
- inform caseworkers of relevant community services/events.

Unit meetings are also used to stimulate teamwork.

The purposes of a case staffing are to:

- obtain group input on decision making in a specific case,
- identify alternative methods for dealing with a specific case,
- share new ideas about managing problematic cases,
- provide feedback to caseworkers, and
- develop unit standards regarding various aspects of practice.

In summary, supervisors play a critical role in building staff capacity. They hold the key to opportunities for positive growth among staff. By recognizing that learning occurs in a variety of ways, supervisors can significantly enhance their staff practice knowledge and skills.

# **MONITORING CASEWORK PERFORMANCE, ACHIEVEMENT OF CLIENT OUTCOMES, AND UNIT PERFORMANCE<sup>19</sup>**

Another critical role of the supervisor is to monitor achievement of key casework activities and outcomes on a case-by-case basis. Monitoring activities and outcomes enables the supervisor to track client progress as well as the caseworker's completion of essential casework functions. In addition, supervisors monitor achievement of casework activities and outcomes across caseloads. Finally, by monitoring the unit to determine if it is achieving its program goals, supervisors can identify trends necessary for planning purposes as well as areas in need of corrective action.

States vary greatly in the availability of computerized systems for collecting and providing data. As appropriate, supervisors should make use of existing reports for monitoring purposes, thus avoiding duplication of effort and freeing the supervisor to focus on gaps in information.

## **MONITORING KEY CASEWORK ACTIVITIES AND OUTCOMES**

Supervisors monitor key casework activities and outcomes on a case-by-case basis as well as across a caseworker's caseload in order to determine the following:

- if progress toward risk reduction and treating the effects of abuse and neglect of children is being achieved in a steady and reasonable time frame;
- whether the services being provided meet the specific needs of the children and families and build on their strengths;
- whether children and families are being treated with respect and dignity and are integrally involved in the intervention process;
- if casework decisions are accurate and made within required time frames;
- whether all the required casework activities are being successfully accomplished within the required time frames;
- if CPS caseworkers are fulfilling performance expectations;
- areas of positive and problematic caseworker performance; and
- how caseworkers are performing compared with other caseworkers in terms of casework activities/outcomes.

### **Key Casework Activities and Outcomes**

The following chart lists the critical casework activities (process) and their outcomes (results) that supervisors should monitor at each stage of the CPS process.

## CHART 3

### CRITICAL CASEWORK ACTIVITIES AND OUTCOMES

CPS PROCESS	ACTIVITIES	OUTCOMES
<b>Intake</b>	Gather information from the reporter	Complete and accurate information from the reporter and collateral sources
	Analyze data	Determination regarding appropriateness of the report Determination regarding urgency of report
<b>Investigation/Initial Assessment</b>	Plan the initial assessment/investigation	Determination regarding who will be interviewed, in what order, and which professionals will be involved
	Gather data	Accurate and complete information gathered from the child, the family, the alleged perpetrator, collateral sources, reports, evaluations, and records
	Analyze data	Determination of the validity of the report Determination of the risk of future maltreatment and the child's safety and development of a safety plan Case disposition—referral for service or case closure
<b>Child and Family Assessment</b>	Gather assessment data	Accurate and complete information regarding the causes of the maltreatment and the effects of maltreatment on the child
	Analyze data	Identification of problems/conditions that must change for risk to be reduced or eliminated; treatment needs of child(ren); family strengths; and prognosis for change Consensus with family Assessment report
<b>Case Planning</b>	Develop case plan with family	Identification of goals, services and interventions to achieve goals, time frames for goal achievement, and a determination of responsibilities
<b>Service Provision</b>	Implement service plan	Achievement of goals and task/activities to reduce/eliminate the risk of maltreatment and treat the effects of maltreatment
<b>Evaluation of Family Progress</b>	Reassessment	Continue or modify case plan or case closure

The key casework activities and outcomes are *what* supervisors must monitor on the case-specific level and caseload level. In order to create a system for monitoring achievement of client outcomes and caseworker performance, supervisors must decide *how* they will collect the data, *how often* they will collect the data, and then *create a system to track* their data collection efforts.

### ***How to Collect Data***

How supervisors collect data on casework activities and related outcomes varies depending on the activity/outcome. The primary data collection methods are:

- review of paperwork,
- discussions with caseworkers (typically in individual conferences),
- observation of caseworker-client interviews, and
- discussions with clients and other service providers.

For example, a supervisor may review every completed intake referral form for thoroughness of the information collected, the specificity of the information, and the accuracy of any conclusions drawn. That same supervisor may periodically observe his/her caseworkers as they interview the reporters to gather data regarding the caseworkers' sensitivity to reporters, the caseworker's interviewing effectiveness, and the extent to which the caseworker educates the reporter regarding CPS and appropriate reports. Supervisors will also want to review case dictation/narratives and case plans as well as discuss progress toward goals with the worker in case conferences.

### ***How Often to Collect the Data***

The decision regarding the frequency of data collection efforts is based on how the supervisor plans to use the information. For example, when training a new CPS caseworker, the supervisor may want to review every case plan soon after it is developed for the purpose of providing immediate feedback. The supervisor may also want to observe the caseworker as he/she develops a plan with a family to assess the caseworker's ability to engage the family in the planning process and negotiate tasks. By collecting data on specific casework activities across a caseload, a supervisor may also identify performance problems. In the latter situation, the supervisor should increase the frequency of collection of data on the caseworker's activities to establish a clear and specific understanding of the problem. The supervisor should also review each case at closure to collect data on the reason for closure, the services provided, and length of time the case was open.

### ***Creating a System for Tracking/Monitoring Efforts***

Because they have a variety of responsibilities, it is important that supervisors develop a system to track their monitoring/data collection efforts. These systems are often called "tickler" systems, used to remind the supervisor what data to collect and when as well as previous issues of concern in a case or caseworker performance. The following "tickler" systems are most often used by supervisors to track their monitoring efforts:

- a calendar system (recording what has to be monitored and when);
- a card file system (3 x 5-inch or 5 x 7-inch cards) used to record case-specific data, organized by month or by caseworker; or
- a notebook or file system (whereby case-specific information is recorded on loose-leaf paper and organized by caseworker or by month.)

With the increased availability of personal computers in local agencies, software-driven calendar systems offer new and expanded ways to perform these tasks. In addition, many agencies have computerized tracking systems. For example, Anne Arundel County, Maryland Department of Social Services has adapted a database application format named filePro™. The database is used by supervisors to monitor the flow of work in their units. When each case is received, it is entered into the computer. The substance of the report is entered into the computer as well as the date the case is actually completed. This system is just one example of tracking on the case-specific, caseload, and unit level at the intake/investigation stage of the CPS process. Other data can be collected and monitored at the supervisory level.

Supervisors should meet with the information systems staff in their agency. In addition, two firms, Unisys and Bull, have developed database monitoring or tracking systems commercially available for child welfare agencies. Finally, supervisors can consult computer technicians in software or computer stores for database systems that they can use to monitor casework progress.

### **Monitoring the Qualitative Aspects of Casework Practice**

One aspect of casework performance that supervisors usually need to monitor more often is the qualitative aspect of casework; that is, how the caseworker relates to and interacts with the client. To help a family change the behavior or conditions that are causing the risk of maltreatment, the CPS caseworker must develop a positive relationship with the family. This means that the caseworker must demonstrate empathy; non-possessive warmth (i.e., respect, concern, and caring); genuineness; objectivity; concreteness (i.e., talking in language the client can understand and providing specific information); and competence (i.e., communicating the caseworker's ability to help the family).

The methods for collecting data on the qualitative aspects of practice include observation of the caseworker-client interaction, review of records, and discussions with the caseworker.

#### ***Observation of Caseworker-Client Contact***

Observing caseworker-client contact provides the supervisor with direct information regarding the caseworker's ability to establish positive and effective relationships. This approach also provides information on how the caseworker handles difficult client reactions, for example, hostility or resistance. Behaviors demonstrated by the caseworker should be noted and shared following observation.

#### ***Review of Records***

Reviewing case narratives to determine how caseworkers describe the family and the family's situation provides the supervisor with insights on relationship skills. Also, reviewing records to determine the extent to which caseworkers identify client strengths provides clues regarding the quality of the helping relationship.

#### ***Discussions with Caseworkers***

During regular individual conferences, caseworkers typically describe their clients and caseloads. Such descriptions provide supervisors with information on how caseworkers feel about and relate to their clients.

### **MONITORING PERFORMANCE ON THE UNIT LEVEL**

It is virtually impossible to set up systems to monitor the myriad details involved in CPS activities. Therefore, CPS supervisors are usually most effective when they track a few key items regularly and monitor others as needed. On the unit level, key indicators provide supervisors with data on achievement of program goals, trends across cases and service needs, and problems in need of corrective action.



## Key Indicators

Monitoring key unit indicators on a regular basis allows CPS supervisors to identify problems and determine the most appropriate corrective actions. Supervisors and agency administrators can use these data for planning purposes. Also, supervisors can identify issues in need of advocacy on behalf of their unit. In addition, monitoring enables supervisors to provide feedback and recognition to their staff for high-quality job performance.

The indicators listed below are commonly selected for tracking by CPS supervisors. Some of these items may be monitored by the State CPS agency, in which case supervisors would rely upon feedback from the State.

- **Number of reports by type of child maltreatment and by age of the child.** These data will assist in identifying training issues for staff and will also provide information on the types of interventions and services needed by families. This information can be used for resource development.
- **Relationship of the perpetrator to the victim.** This indicator provides information on care dynamics and needed interventions. As in the previous indicator, it will help identify training needs among staff and areas of resource development.
- **Percentage of report by type of reporter.** This information can be compared to national statistics as well as to data from previous years. If there is a significant difference in percentage between the national statistics and reporters in the local community, or if there is a decrease in the number of reports by a particular mandated reporter, further training, consultation, or relationship building may be required.
- **Substantiation rate by maltreatment type and by type of reporter.** These data will assist in determining whether public education or training should be provided on a particular type of maltreatment or for a specific professional group. Monitoring the unit's substantiation rate and comparing it to those in similar communities and to State and national averages enables supervisors to determine whether their unit is above, below, or equal to average substantiation rates. When a unit is significantly above or below these averages, the supervisor needs to evaluate why this is occurring. For example, if the unit has a substantiation rate significantly below the State and national averages, it may mean that staff are not conducting thorough investigations and need additional training or that the community needs more education on child abuse and neglect and the reporting process.
- **Response time to initiate investigations/initial assessments by maltreatment type.** This indicator will provide information on whether caseworkers are meeting the required response time and whether caseworkers are prioritizing reports based on the type of maltreatment. It will highlight for supervisors whether certain maltreatment types are considered less serious by line staff.
- **Primary presenting problems (by family member).** Data from this indicator will help identify training issues and resource needs. It will also help supervisors make equitable case assignments that are based on caseworker strengths and interests.
- **Number of cases opened and closed to CPS.** This indicator will provide supervisors with information on the workload in the unit. These data can be used for planning and staffing purposes.
- **Caseload size.** This indicator provides data on each individual caseworker's workload. If some staff have more cases than others, the reasons should be examined closely. Also, supervisors will want to compare the number of cases their workers maintain to the caseloads recommended by the State.

- **Number, type, and nature of client and collateral contacts.** Data from this indicator will provide information on staff's workload, whether caseworkers are meeting the administrative and policy requirements, and how caseworkers are spending their time.
- **Length of time cases are open to CPS.** This indicator gives information on workload and needs of families served.
- **Types of services families need.** These data provide the supervisor with information that he/she can use for planning, resource development, and allocation of funds and staff.
- **Number of referrals to community service providers (by type of service provider or by individual service provider).** This indicator also provides the supervisor with information needed for resource development and allocation. It also allows the supervisor to determine those service providers used most frequently and why.
- **Reasons for case closure (case outcome).** This indicator will help supervisors determine whether their interventions are successful. If this indicator tracks by caseload, it can identify those caseworkers with the highest degree of achievement of successful case outcomes.
- **Rate of recidivism.** This indicator lets the supervisor know the effectiveness of the unit's services and interventions.
- **Number of hours of casework involvement by case.** This indicator provides data on workload by type of case (e.g., by type of maltreatment or by risks in the case). In addition, if this indicator is combined with the reasons for case closure, the supervisor can begin to track the casework hours needed for successful case outcome.
- **Rate of court involvement, type of court involvement, and outcome.** Information collected for this indicator will provide data regarding staff workload and an increase or decrease in severity of cases. It can also provide some information regarding availability of resources to prevent removal. If the success rate was low, this may indicate the need for caseworker training on court preparation or testimony for caseworkers, education of judges, or lack of or inadequate agency legal representation. This indicator could be tracked by caseworker and compared across the unit. If one caseworker has a very high incidence of emergency removals or a higher incidence of adjudications than other workers, the supervisor should explore the reasons for these determinations by the particular caseworkers. It may be that the caseworker is receiving "all the worst cases." It could be that the caseworker does not treat clients with respect, genuineness, and empathy and, therefore, creates a climate of hostility and resistance. It could also mean that the caseworker does not fully understand how to access families' strengths.
- **Rate of children removed from their families and the reasons for removal.** This is an extremely important indicator because it can provide information on a change in casework practice, an increase in the severity of cases, or a lack of resources needed to prevent removal.

In summary, supervisors who monitor key activities and outcomes on case-specific and caseload levels stay informed about the progress in cases. In addition, they are able to identify caseworker strengths and training needs. Further, supervisors who monitor indicators on the unit level are able to be more proactive in the management of their unit.

# **RECOGNITION OF PERFORMANCE**

## **PROVIDING EFFECTIVE FEEDBACK**

When asked what is missing in their work environment, caseworkers most frequently identify feedback and recognition. Feedback is the principle means of maintaining and improving staff performance. It confirms desired results, identifies gaps between what the caseworker is doing and what the supervisor expects, and provides information about how to improve results. Without feedback, caseworkers are left to wonder about how the supervisor views them and their performance. As is discussed in the chapter "Increasing Job Satisfaction and Preventing Burnout," one of the first stages in burnout is a lessened sense of personal accomplishment. Without feedback and recognition, the cycle of burnout is hastened.

Feedback meets several underlying personal needs for caseworkers. It affects staff's feelings of self-worth, and it responds to needs for growth. Positive feedback meets staff's needs for intimacy and security. Furthermore, to the extent feedback is more positive than negative, caseworkers feel more secure.

More effective supervisors tend to offer three to five times more positive feedback than negative feedback. When the opposite prevails—an extension of the "no news is good news" philosophy—a supervisor's behavior may be interpreted as indifference or even worse.

## **EVALUATIVE AND DEVELOPMENTAL FEEDBACK**

There are two types of feedback—evaluative and developmental.

### **Evaluative Feedback**

Evaluative feedback compares results with expectations. It offers an appraisal of the extent to which desired results were achieved. The appraisal may involve objective facts or judgment. For example, telling a caseworker that he/she interviewed all known collateral contacts is objective. On the other hand, telling a caseworker that he/she conducted a thorough evaluation is a statement involving judgment. Both forms of evaluative feedback are appropriate, although feedback involving judgment may be questioned more if it is negative. For this reason, it is important for agencies and supervisors to set expectations with clear evaluation criteria. For example, supervisors need to define for themselves and their caseworkers what constitutes a thorough investigation or an in-depth interview.

### **Developmental Feedback**

Developmental feedback identifies what the caseworker did that contributed to or detracted from achieving the expected result. For example, following observation of an interview, a supervisor may tell a caseworker that rapid-fire close-ended questions caused the parent to feel defensive and become uncooperative. The uncooperative posture of the parent is the observed result (evaluative feedback). The rapid-fire questions explain the reason the parent became uncooperative (developmental feedback).

Developmental feedback clearly identifies what led to the results achieved. Sometimes a caseworker may have attained a result but does not know why. Developmental feedback confirms behavior that should be retained and identifies behavior that should be changed. Evaluative feedback alone cannot provide this information. For example, in providing evaluative feedback, a caseworker may be told that his/her assessment is

clear, factual, and behaviorally specific. Although the caseworker knows he/she met the supervisor's standards, he/she may not know why. Further, the caseworker may gratefully accept the positive feedback and not seek further clarification. Alternatively, in providing developmental feedback, the supervisor may say, "The mother's responses during your interview show she has the capacity for insight. You helped her make an important link between how she feels about herself and how she treats her daughter. We need to build on this insight and provide ways for the mother to experience more success both as a person and a parent."

## **CRITERIA FOR EFFECTIVE FEEDBACK<sup>20</sup>**

The following eight distinct qualities determine the effectiveness of feedback. Feedback is:

- **Useful**, to the extent it provides information that clearly confirms desired behavior, identifies what behavior needs to be changed, or clearly identifies the extent to which results were achieved.
- **Specific**, to the extent it focuses on objective measures of results or clearly identifies behaviors.
- **Frequent**, if it is provided at least weekly about some aspect of performance related to performance expectations.
- **Well-timed**, if it is given at a time when the receiver is emotionally able to respond openly to the feedback, and when it is given in a reasonable time frame following the performance.
- **Direct**, to the extent that it is stated specifically and not obscured by irrelevant praise, qualifications, or lengthy explanations justifying the judgment or conclusion.
- **Helpful**, to the extent that the receiver perceives that the goal of the supervisor is intended to help rather than to harm.
- **Behavioral**, to the extent it focuses on behavior rather than personality or personal characteristics and does not "label" the individual caseworker.
- **Clear**, to the extent the supervisor confirms the message of the feedback by asking the receiver how he/she interprets what has just been said.

## **CONDITIONS FOR EFFECTIVE FEEDBACK<sup>21</sup>**

The receiver's acceptance of feedback, particularly negative, is enhanced when the feedback is:

- clearly tied to previously established expectations;
- derived from credible means of monitoring performance;
- based on observable and verifiable information;
- constructed to exhibit the eight qualities of effective feedback;
- given in the context of a trusting relationship; and
- given within the context of a clear agency/unit purpose, for example, meeting time frames, benefiting clients, or improving relationships.

## **SUPERVISORY EFFECTIVENESS IN PROVIDING FEEDBACK**

Effectiveness in giving staff feedback is based on supervisors' level of competence (whether they give feedback that meets the criteria described earlier), their past experiences with feedback, their beliefs and attitudes about feedback, and their comfort level in dealing with conflict.

### **Past Experiences with Feedback**

Supervisors' previous experiences in giving and receiving positive and negative feedback have an impact on their ease in providing feedback. For example, not all individuals are comfortable with praise or positive feedback. When uncomfortable with a situation, the same individuals may avoid it or become anxious in handling it. Therefore, if a supervisor is not comfortable with praise, he/she may not give it, or it may not appear genuine.

### **Attitudes and Beliefs about Feedback**

Certain attitudes and beliefs influence how much feedback a supervisor gives to his/her staff. For example, if a supervisor believes that "completing a task should be reward enough" or "only outstanding performance deserves recognition," it is likely the supervisor is not giving enough positive feedback to staff.

### **Need To Be Liked and Accepted by Others**

Supervisors who have a high need to be liked often find that giving negative feedback is difficult. Negative feedback is perceived as a potential threat to their relationships with staff. Therefore, these supervisors may avoid or postpone giving negative feedback, or they may temper feedback by making it general, rather than specific and thus detract from its usefulness.

### **Comfort with Managing Conflict**

Most people feel uncomfortable in situations involving conflict. Because giving negative feedback is likely to result in some form of conflict, supervisors may postpone or delay giving negative feedback as a way to avoid discomfort. A lack of comfort with conflict may also result in supervisors combining negative feedback with false praise.

By preparing for a situation involving negative feedback, supervisors can feel more comfortable. The content of feedback is developed in advance to ensure that the qualities of effective feedback are present. The feedback techniques are rehearsed. Caseworker reactions are anticipated, and supervisory responses are prepared.

How the supervisor attends to the caseworker's actual reactions is also important. Reflections of the caseworker's thoughts and summarizations of the caseworker's responses should precede the supervisor's explanations. Such statements communicate that the supervisor is listening, rather than just forcing information on the caseworker.

If the interaction becomes defensive, it may be preferable to stop and regroup. The purpose of feedback is to enhance performance. Defensive statements or reactions rarely produce change. Rather, they tend to intensify each person's position and undermine the very intent of feedback.

## **RECOGNIZING PERFORMANCE**

Although feedback is the first and most direct means of recognizing staff performance, there are other ways to reinforce behaviors. Supervisors must remember, however, that singling out staff for special recognition

involves certain risks. Generally, some judgment is involved in making the distinction. Those persons who are not recognized may question both the supervisor's criteria and judgment. The basis for recognition should be clear, specific, and developed within the unit.

Some personal actions that supervisors can use to recognize caseworkers' efforts and accomplishments include the following:

- taking a caseworker to lunch,
- writing a special note,
- placing a letter in the caseworker's personnel record,
- communicating the caseworker's performance to upper management verbally or in writing,
- using the caseworker's actions as an illustration of how desired case results can be achieved, and
- recommending the caseworker for special education or training opportunities.

Because special recognition is often based on an accumulation of sound performance over time, it may not occur frequently enough to be effective in maintaining performance. For this reason, feedback should never be neglected in favor of other forms of recognition. Recognition is discussed in further detail in "Increasing Job Satisfaction and Preventing Burnout."

# DEALING WITH PERFORMANCE PROBLEMS

## ANALYZING PERFORMANCE PROBLEMS

A supervisor's job would be much easier if every employee enjoyed the job, performed excellently, and had an insatiable desire to grow and improve. Unfortunately, all employees don't fulfill these parameters all the time. Dealing with performance problems is an everyday reality in supervision. In CPS, performance problems surface in several ways. Some caseworkers fail to meet Federal, State, and local mandates on a regular basis. Others do not comply with agency personnel policies regarding hours of work. A few are inconsiderate of clients, foster parents, or other service providers. There are some caseworkers who conduct incomplete assessments, exhibit poor writing skills, or do not effectively engage clients. In some situations, performance problems are beyond the caseworker's ability to control or change.

In approaching problems in performance it is easy to make several mistakes. The most common error is concentrating on the symptom rather than the cause. For example, a caseworker may be persistently late in documenting contacts with clients. The missing dictation is the symptom or consequence of the problem, not so much the problem itself. The supervisor defines it as the problem because it is the agency's concern. However, it is likely that some overall factor is influencing this condition.

Ferdinand Fournies suggests a process for analyzing performance problems consisting of the following nine steps:<sup>22</sup>

- **Identify the performance discrepancy.** A performance discrepancy is a gap between expected performance and existing performance. The gap must be defined behaviorally and in specific terms. Are all cases overdue? Are there only three that are overdue? Does the caseworker miss all dynamics or only misinterpret certain ones?

Some performance discrepancies are consistently present. For example, a caseworker may have trouble accurately assessing a mother's ability to protect her child. In almost all cases, the case worker's conclusion appears to be a guess rather than an assessment based on information from the mother and other relevant sources. This performance problem is far different from that of a case worker who is able to accurately to assess the issue of protection in cases involving neglect but not in those involving abuse.

- **Determine that the problem is important.** Some behaviors that supervisors identify as problems have no negative consequences. For example, a worker may appear to be extremely disorganized, but still complete case assignments on time. The caseworker's disorganization only seems to be a problem because the supervisor is so well-organized.

But, in this instance, the caseworkers' approach has no real negative results. A real performance problem is a gap in results, and the problem is not likely to go away on its own.

- **Does the caseworker know what to do and when to do it?** Sometimes supervisors think they have communicated the necessary information for expected performance. However, the information may not have been received or interpreted correctly. For example, a caseworker who was told he/she has 24 hours to initiate an investigation may not understand that some case situations require an immediate response.

- **Does the caseworker know that performance does not meet expectations?** Without clear feedback, a caseworker may assume that his/her performance is acceptable. A caseworker's extreme assertiveness with clients, for example, may seem to get results because the clients comply with immediate requests. However, the clients are not engaged as partners in the case plan. Without feedback, the caseworker may not see this issue as a performance discrepancy.

Some supervisors are good at giving developmental feedback, but may not provide clear evaluative feedback. For instance, a supervisor may offer advice to improve a caseworker's efforts to gather complete information, but the feedback may not clearly identify why the caseworker's present efforts are insufficient.

- **Is the problem due to external obstacles beyond the caseworker's control?** Supervisors should understand that they will hear that many obstacles prevent expected performance. Increased case-loads, conflicting priorities, failure of others to act responsibly, and problems gaining judicial acceptance of CPS recommendations are just a few of the reasons caseworkers tend to provide. A good rule of thumb in evaluating obstacles is to ask whether the obstacles exist for all caseworkers in the unit. Do all the caseworkers have problems in court? Do all caseworkers with equal or larger case-load responsibilities have the same problem? Do other staff have the same level of difficulty in gaining client cooperation? If the answer is "no," then it is more likely that the obstacle is due to caseworker performance rather than external conditions.
- **Does the caseworker know how to accomplish the necessary tasks?** Analyzing skill capabilities requires direct observation. Supervisory conferences and review of case records provide only secondhand information, filtered by the caseworker. Without direct supervisory observation, it is difficult to determine all the conditions affecting performance.

There is a difference between knowing what to do and knowing how to do it. A caseworker may know whom to interview and what questions to ask, but still be unable to obtain accurate information from family members and collateral sources. The caseworker may not know how to build trust needed for disclosure and, although he/she is asking the right questions, he/she may not be eliciting honest responses.

- **Does a negative consequence follow performance?** Skillful caseworkers often get the most complicated cases. One way to avoid difficult cases is to perform more poorly than expected.

Group norms may also produce negative consequences. A caseworker who is able to do what others cannot risks social ostracism by other unit members. A caseworker who is always up-to-date in paperwork may be excluded from informal interactions by others who are consistently late in completing this task. In addition, a caseworker who works well with an unpopular supervisor may be distrusted by other unit members.

- **Is nonperformance rewarded?** This is a common condition in units where supervisors focus primarily on problems. Sooner or later staff learn that the way to gain the supervisor's attention is to have a problem. Another example is the caseworker who is anxious about being in certain neighborhoods or clients' homes. Contacts are brief and superficial to reduce the period of anxiety. Hence, the nonperformance is personally rewarding.



- **Could the caseworker perform if he or she wanted to?** Sometimes a caseworker is just not well-suited for CPS work. No matter how hard he/she tries to meet performance expectations, problems surface. In this situation, a transfer to another unit or leaving the agency for work elsewhere may be appropriate. Personnel policies and/or union contracts usually specify how the supervisor should proceed in such a situation.

## COACHING FOR IMPROVED WORK PERFORMANCE

Coaching is necessary to develop proficiency. It is also a tool for dealing with performance problems. When applied to performance, supervisors can use the following six steps to intervene and contract with staff:

- **Be supportive.** The supervisor needs to state in clear behavioral language his/her understanding of the caseworker's situation. This assessment includes the nature of the problem, the supervisor's current understanding of the caseworker's feelings about the problem, the supervisor's objectives and initial offers of support in working toward resolution of the problem, and how the supervisor feels about the problem and helping the caseworker. The goal is to engage the caseworker and communicate that this is a problem-solving process rather than a disciplinary process.

Being supportive does not require accepting the caseworker's explanation of the problem or why it cannot be solved. The supervisor must simultaneously communicate empathy while being firm about the results of the current performance.

- **Develop an understanding of what is happening.** This step requires active listening. The purpose is not to persuade the caseworker to accept the supervisor's view of the problem, but, rather, to help the supervisor understand the problem from the caseworker's perspective. It is important to understand that the caseworker's current behavior is, itself, an attempt to meet some underlying need. Solving the problem will require discovering the underlying need and finding an alternative to meet that need.

For example, a caseworker may routinely display punitive and judgmental attitudes toward child sexual abuse offenders. Strong emotional reactions to sexual abuse as well as the caseworker's personal history and values are all relevant. Such influences should not be dismissed with statements such as "You need to learn to control your feelings."

- **Help the caseworker evaluate how his/her current performance and behavior are affecting personal goals.** To the extent that current performance undermines personal goal attainment, there is a basis of motivation on which to build change. This step is designed to develop self-interest in change.

For example, a caseworker may be neglecting dictation in favor of "giving more direct time to clients through personal contacts." The caseworker's goals are focused on the client. However, the caseworker also needs to understand the benefits of paperwork to clients as well as the consequences of incomplete paperwork. In the caseworker's absence, a supervisor, another caseworker, or a judge may have to make a decision based on information available in the case record. In the absence of information known only to the caseworker, a decision may be made that may be contrary to the best interest of a child or parent.

- **Create a clear, specific, and feasible plan for change.** Once the underlying needs are determined, the supervisor can engage the caseworker in developing goals and future action. This step involves

developing a contract between the supervisor and caseworker that defines clearly what each wants and is willing to offer the other.

Agreements to "work on it," or general goals such as "improve my timeliness," are not acceptable in a case plan and are equally unacceptable in dealing with performance problems. Performance improvement plans must have the same concrete steps and behaviorally defined goals that one would use in planning with a parent or child.

- **Followup.** Second only to inaccurate assessment of the performance problem, failure to follow through is the most frequent reason difficulties in performance persist. Plans for improvement are made, and the caseworker is left alone to implement them.

In one way or another, the supervisor's behavior contributes to the problem. Getting the caseworker to enhance performance requires that the supervisor also change some part of his/her current behavior.

Although most supervisors intend to follow up, many become busy with other priorities. Some avoid followup because they do not want to confront the lack of improvement. On the other hand, if improvement is evident, they may assume that no followup is needed because the problem is apparently solved. Follow through conveys to the unit that the supervisor cares about results. Failure to follow through suggests that the performance problem is insignificant and that the caseworker need not heed the supervisor's feedback.

- **Provide feedback.** Sustaining changes in performance requires supervisory encouragement and positive feedback. Therefore, the supervisor should provide both evaluative and developmental feedback on an ongoing basis to sustain the improvements in the caseworker's performance.

### **Dealing with Caseworker Resistance**

In dealing with performance problems and coaching for enhanced performance, the supervisor may encounter resistance on the part of the caseworker. Resistance is an emotional process. No amount of rational argument by a supervisor can overcome it. In fact, efforts to overcome resistance usually intensify it. Supervisors know resistance is an issue when they:

- feel increased tension,
- reexplain something for the third time,
- get angry at the caseworker, or
- feel frustrated.<sup>23</sup>

Caseworkers communicate resistance by:

- avoiding responsibility for the problem,
- flooding the supervisor with details,
- changing the subject,
- acting unusually silent,

- showing premature compliance,
- attacking the supervisor verbally,
- pressing for solutions rather than actually trying to understand the problem, and
- claiming that the supervisor does not yet fully understand the situation.

Resistance is the caseworker's way of expressing underlying feelings of vulnerability and loss of control. These feelings require emotional rather than intellectual reassurance. In other words, if the supervisor responds by providing a logical explanation of the problem and a proposed solution, he/she is responding to the thinking, not the feeling, component of the caseworker's experience.

As a preferred alternative, Peter Block recommends the following three-step process for dealing with feelings associated with resistance:<sup>24</sup>

- **Identify the form the resistance is taking.** The form of the resistance is evident in the caseworker's behavior. For example, the caseworker may be silent, flood the supervisor with specifics, or verbalize agreement but communicate anger nonverbally.
- **State in a neutral, nonpunitive way the form the resistance is taking.** This can be accomplished through statements to the caseworker such as "You seem to be giving me a lot of detail," or "You were raising many objections, but now you suddenly agree with me."
- **Be quiet.** Let the caseworker respond to the statement.

Remaining quiet can be very difficult. Sometimes a supervisor's anxiety about silence causes him/her to continue speaking, usually offering further, often unnecessary explanations. Supervisors must fight the inclination to talk. Silence is a necessary part of getting the caseworker to express underlying concerns, such as, "I'm afraid you're going to blame me for this." Here, the caseworker is expressing vulnerability. He/she perceives the situation as one of placing blame rather than finding a solution. Once the reason for the resistance is understood, the supervisor can acknowledge and deal with it.

It is always important to remember that the caseworker's resistant behaviors are not personal attacks on the supervisor. Defensive and resistant reactions are signs that the supervisor has touched on an especially significant issue. It is equally important to remember that change always creates feeling of vulnerability. Direct expression of these feelings is not resistance. When a caseworker says "I'm not sure I can do that," the caseworker is directly expressing a fear. On the other hand, when the caseworker repeatedly says "You still don't understand the problem. Let me give you more information," the caseworker may be demonstrating resistance.

Managing performance problems is one of the most difficult aspects of supervision. The greater the extent to which the supervisor determines the cause of the problem and engages in coaching the caseworker to improved performance, the more likely it will be that the supervisor will experience success in dealing with problems in performance.

# **INCREASING JOB SATISFACTION AND PREVENTING BURNOUT**

Two factors have a significant impact on staff motivation to perform—the organizational climate and job satisfaction. The organizational climate and its influence on staff motivation were discussed earlier in “Developing the Foundation for Unit Performance.” This chapter focuses on job satisfaction and its influence on motivation. Additionally, because stress is inherent in CPS work, this chapter discusses burnout and strategies for its prevention.

## **FACTORS CONTRIBUTING TO JOB SATISFACTION**

Through numerous studies, Herzberg developed a theory of work motivation that he referred to as “the motivation-hygiene theory.” According to Herzberg, the following factors increase job satisfaction and staff motivation to perform:

- achievement,
- recognition for accomplishment,
- challenging work,
- increased responsibility, and
- growth and development.<sup>25</sup>

Each of these factors is described below, along with ways CPS supervisors can enhance these factors in their units.

### **Achievement**

Achievement is a sense of accomplishment or successful closure of a task or activity. Supervisors can enhance caseworkers’ sense of achievement on the job by:

- encouraging caseworkers to set professional goals,
- setting goals with individual caseworkers regarding specific casework activities,
- establishing unit goals, and
- gradually increasing the complexity of assignments so that caseworkers are challenged and experience success in more difficult situations.

### **Recognition**

Recognition is the acknowledgment of an individual’s or group’s efforts, accomplishments, or contributions. There are many ways supervisors can recognize staff efforts and accomplishments, including the following:

- Highlight staff efforts and contributions in unit meetings.
- Celebrate client success and the caseworker’s contributing efforts.

- Let a caseworker know verbally and/or in writing that his/her work is appreciated; (e.g., memos, with a pat on the back, or by notes placed on completed paperwork).
- Give awards, certificates, or other commendations for specific accomplishments and contributions.
- Encourage community service providers who compliment CPS staff to put the praise in writing for placement in the caseworker's personnel file, with a copy forwarded to upper-level administrators.
- Give a genuinely positive performance evaluation.
- Promote staff or encourage them to apply for promotions.
- Allow and encourage staff to attend specialized training programs and conferences.
- Hold award dinners or lunches.
- Hold staff retreats.

When caseworkers are recognized for their efforts and accomplishments, they experience positive feelings about themselves and their professional competence, which create an increased sense of self-worth.

### **Challenging Work**

For work to be satisfying, there must be tasks that are challenging or motivating. Just as each individual prefers some tasks more than others, each finds some tasks more challenging than others. It is important for supervisors to identify with their staff the tasks or activities they find challenging. The following are activities that caseworkers may find challenging:

- specialized caseloads (e.g., sexual abuse cases);
- public speaking (e.g., educating community service providers);
- participating on a multidisciplinary team;
- coordinating a new service program; and
- serving as a liaison to a community service provider.

### **Responsibility**

When caseworkers feel responsible and accountable for their own work, their job satisfaction increases. Strategies for enhancing responsibility and accountability include the following:

- gradually increasing staff autonomy in casework activities and decision making as caseworkers gain expertise;
- giving caseworkers the freedom to be creative;
- identifying the decisions that the individual caseworker and the unit can make alone and the decisions that they can be involved in making;
- requesting that a particular caseworker be in charge when the supervisor is away from the office;

- asking an experienced caseworker to model specific aspects of practice for a new CPS caseworker (e.g., the experienced caseworker may demonstrate effective interviewing techniques for a child victim); and
- encouraging caseworkers to contribute to the agenda for unit meetings.

### **Growth and Development**

Everyone needs to continue to grow and develop personally and professionally on the job. When there are limited opportunities for growth and development, motivation wanes. Caseworkers may commit energy to other aspects of their personal lives, seek other employment, or burn out. Some strategies for encouraging caseworker growth and development include the following:

- encouraging caseworkers to attend local, State, regional, and national training programs and conferences, followed by presentations at unit meetings about what they learned;
- encouraging or advocating educational or special training leave for staff;
- maintaining and updating a unit library and encouraging staff to read books and articles relevant to the job;
- keeping staff informed about current research and issues as well as new intervention techniques and advances in the field of child protection;
- assigning cases and tasks that challenge caseworkers' growth and promote their professional development; and
- encouraging creativity and innovation among staff.

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### **PREVENTING BURNOUT**

Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment. It is a response to the chronic emotional strain of dealing with others who are troubled. Burnout is considered a type of job stress. However, what is unique about burnout is that the stress is caused by the social interaction between the helper and the client.

#### **Emotional Exhaustion**

A pattern of emotional overload and subsequent emotional exhaustion forms the basis for burnout. Staff may become overly involved emotionally, overextend themselves, and feel overwhelmed by the demands imposed by their clients.

Staff feel drained and "used up." They may lack the energy to face another workday. Their emotional resources are depleted, and there is no visible source of replenishment. Once emotional exhaustion sets in, staff feel unable to give of themselves to others. They may reduce their involvement with other individuals. For example, caseworkers may structure their contact with clients to the bare minimum to get the job done. In addition, they may emotionally distance themselves from clients, particularly those whose needs and demands are overwhelming.

#### **Depersonalization**

As staff become more and more detached, they may develop a callous and even dehumanizing response to clients. This behavior marks the second aspect of burnout—depersonalization. Staff may develop an increas-

ingly negative attitude toward the people they are supposed to help. For example, a caseworker may refer to clients in derogatory terms, lack civility, ignore client requests, or fail to provide needed or appropriate help.

### **Reduced Personal Accomplishments**

Feeling negatively about clients can eventually turn inward. Staff may feel distress or guilt about the way they have thought about or treated clients. They feel they are becoming cold and uncaring, and they typically express a sense of inadequacy about their ability to work with clients. They may feel a sense of failure. "I guess I'm just not cut out for this kind of work!" is a typical reaction. Consequently, their self-confidence and self-concept are undermined and they may begin to experience depression. At this point, some staff seek counseling, whereas others change jobs.

### **Causes of Burnout**

Burnout usually occurs because of organizational factors rather than because of the individual. There are a variety of organizational factors that may contribute to burnout, including the following:

- excessively high caseloads;
- excessive and continuous direct contact with clients;
- inadequate training and preparation for the job;
- lack of the necessary resources or tools to do the job;
- lack of time to take "emotional breathers";
- no opportunity to share personal feelings with colleagues;
- no access to a professional support system;
- no system for caseworkers to "fill in" for each other;
- lack of positive feedback and recognition;
- lack of trust, openness, and autonomy within the unit or agency;
- lack of role clarity; and
- tendency to blame staff rather than look for solutions when crises or problems occur.<sup>27</sup>

### **Signs and Symptoms of Burnout**

Burnout does not happen overnight. It is a gradual process. The behaviors caseworkers develop to cope with excessive stress undermine service delivery. The negative feelings produced by the descending spiral of energy find targets in the agency, the clients, or even the caseworkers themselves.<sup>28</sup> Although many individuals tend to think of burnout as a psychological response, research indicates that there are also specific physiological responses.<sup>29</sup> Consequently, there are both psychological and physiological symptoms indicative of caseworker burnout.

### ***Feelings Associated with Burnout***

Individuals suffering from burnout are usually acutely aware of their feelings, which are usually intense. Caseworkers experiencing burnout may feel the following:

- inability to be effective in their job;
- that clients demand more than caseworkers can give and that nothing they do is good enough;
- unappreciated by clients, the agency, and coworkers;
- anxiety and dread at having to go to work;
- continually fatigued, even when they get enough sleep;
- a sense of boredom all or most of the time;
- guilty; and
- hopeless, powerless, and futile.

### ***Behaviors Associated with Burnout***

Most behaviors associated with burnout are impaired distancing mechanisms.<sup>30</sup> Caseworkers experiencing burnout may exhibit the following:

- irritability (e.g., express anger easily and have difficulty dealing with clients and coworkers);
- physical ailments, (e.g., frequent colds, headaches, backaches, and intestinal distress);
- deterioration in performance (e.g., miss appointments, fail to complete paperwork or required home visits, etc.);
- increasing rejection of clients evidenced by
  - excessive use of derogatory comments or labels to describe clients or
  - blasé or callous view of client situations (i.e., lack of empathy);
- continuous use of inappropriate or distasteful humor;
- psychological distancing from clients, coworkers, and even family and friends (e.g., taking extreme measures to avoid supervision, missing staff meetings, or failing to participate in unit activities);
- rigid adherence to bureaucratic rules;
- apathy;
- excessive absences from work; and
- excessive use of alcohol or tobacco and use of illegal drugs.<sup>31 32</sup>



One obvious symptom of caseworker burnout in an agency or unit is a high rate of staff turnover. Currently, CPS literature and research do not define a standardized measure of "high staff turnover." However, an average of less than 2 years on the job probably indicates higher than normal stress and suggests that supervisors and administrators should strive to improve the work environment.<sup>33</sup>

### **Agency's Role in Preventing Burnout**

The three most effective antidotes to burnout are sound management, positive work climate, and ample case-worker support and recognition. Specific agency/unit strategies for preventing burnout include the following:

- varying tasks in the daily work routine;
- instituting flex time;
- developing a team approach for case intervention;
- making the office as pleasant and cheerful as possible;
- maintaining a free flow of information within the agency;
- encouraging staff to openly share concerns about their work and taking steps to problem solve together;
- involving staff in the decisions that directly affect them;
- recognizing staff efforts and contributions;
- streamlining paperwork;
- educating the community about the roles and responsibilities of frontline staff;
- providing a forum for dealing with major issues within the agency and the unit; and
- establishing ongoing support groups to help supervisors and caseworkers discuss freely their feelings and reinforce attitudes of concern for each other and for clients.<sup>34 35</sup>

### **Supervisors' Role in Preventing Burnout**

With administrative support, the supervisor can institute many of the strategies described above in his/her unit. Additional strategies supervisors can employ to prevent burnout among staff include the following:

- recognizing client accomplishments, no matter how small, and linking them to caseworker efforts;
- providing specific, positive, and genuine feedback;
- providing carefully graduated levels of staff responsibility and autonomy;
- teaching time management skills;
- teaching and encouraging use of stress management techniques;
- helping staff set priorities among often competing expectations;
- encouraging self-care (taking time off, encouraging physical exercise);

- advocating unit needs;
- ensuring that staff have the necessary knowledge, skills, and resources to do the job;
- enforcing firm guidelines regarding overtime and caseload size;
- giving staff opportunities to discuss their feelings and concerns;
- demonstrating empathy to the needs and feelings of staff;
- encouraging collaboration and teamwork; and
- observing staff behavior for possible signs and symptoms of burnout and intervening, as appropriate, to reduce the source of stress.<sup>36</sup>

In summary, CPS supervisors play a significant role in enhancing the satisfaction staff experience in the workplace. Further, by being attuned to and implementing strategies for preventing burnout among their staff, supervisors can create and maintain a high level of unit functioning.

# **MAKING THE TRANSITION FROM CASEWORKER TO SUPERVISOR**

All caseworkers who are promoted to supervisor share some common experiences. For the most part, they are rarely prepared for these experiences. Each person's first experiences with supervision come as children in families, thus, the transition from childhood to parenthood offers some helpful parallels.

Many new parents either decide never to parent the way they were reared or decide to emulate their parents because that is the only way they know. Such reversal and blind modeling are ways of addressing the uncertainty inherent in the experience of a new role.

Caseworkers who become supervisors for the first time often react similarly. They may vow never to do what their supervisor did or seek to emulate a previous supervisor. The fallacy of either premise is that the new supervisor has immediately forgotten one of the first lessons of casework. Each person is an individual with unique needs. Hence, each caseworker requires a somewhat different supervisory approach.

Consequently, one of the most critical first steps in supervision is similar to the first step in casework—assessment. In this case, assessment means determining what each caseworker needs in the supervisory relationship to be able to do the job. Some caseworkers require more feedback than others. Likewise, some individuals need more information. Whether the supervisor believes the individual “should” need these things is not important. Meeting these needs is the key to influencing caseworker behavior, and influencing caseworker behavior is the key to effective supervision.

The assessment process also considers the reaction of individual staff to a new supervisor. Caseworkers naturally feel vulnerable when a new supervisor enters the unit. The predictable pattern of interaction with the previous supervisor—no matter how ineffective—is being replaced. Factors influencing a caseworker's response to a new supervisor are raised in the following questions:

- Was the supervisor a caseworker in the unit before being promoted?
- Was the supervisor a caseworker in the agency before being promoted?
- Does the supervisor have previous CPS experience?
- What is the age and professional experience of the supervisor compared with that of the caseworkers in the unit?
- What is the environment or climate in the agency unit or organization at the time the supervisor moves into the unit?

## **RELATIONSHIPS PRIOR TO TRANSITION**

Perhaps one of the most difficult role transitions is from unit peer to supervisor. Before examining the pitfalls, there are some strengths in this situation. First, as a member of the unit, the supervisor has direct knowledge of the individual caseworkers, their personalities, individual needs, and levels of skill and job satisfaction. Second, the supervisor has some idea of how the unit is viewed within the agency and community as well as its strengths and needs. Finally, the supervisor has probably considered the question, “What if I were supervisor?” and has some initial thoughts about what elements to preserve and what situations to try to change.

However, when moving from a peer to a supervisory relationship, the new supervisor must be clear about how he/she expects the relationship to remain the same and how he/she expects it to change, what the supervisor now needs from the unit, and what he/she is prepared to offer in return. Most new supervisors never take the time to work through such issues of transition. Rather, they attempt to carry out the supervisory role while maintaining patterns of peer interaction.

Maintaining a peer relationship with caseworkers will inevitably lead to role conflict. Staff expect leadership in the supervisory role, not just another person to "share the load." Failure to exercise leadership creates insecurity among the staff.

Supervisors who have been members of the unit still can make two common mistakes in exercising leadership. Supervisors uncomfortable with closeness in relationship may rely excessively on the formal authority of the role. This leadership style distances the supervisor from former peer relationships and emphasizes the supervisor's authority. In contrast, supervisors, who are feeling insecure in their new role and depend on closeness in relationships for reassurance, may rely excessively on nurturing staff. Although the nurturing may be welcome initially, staff will begin to doubt the supervisor's ability to make difficult decisions; for example, deciding who deserves a merit increase in salary.

Supervisors promoted from within the unit also face other difficulties. Some members of the unit may believe they deserved the promotion and resent being passed over. Although other staff members may not have aspired to the position, they may feel threatened by a younger or less experienced person as supervisor. Again, it is important to assess every individual's reaction to the change in the relationship and renegotiate the conditions of the relationship accordingly.

Whereas the situation of a caseworker promoted to supervise another unit may offer some freedom from the friend-to-supervisor transition, it does not reduce the insecurity felt by staff. Staff typically question whether the superior really understands the CPS mission. In supportive agencies, new supervisors receive training in management before the change in roles. They may also be coached by middle managers in their new role. Supervisors can take the following steps to ease the transition:

- Meet with their immediate manager to clarify the manager's expectations; the information the supervisor needs to communicate on a regular basis; a structure for meeting with the manager; and the manager's assessment of the unit's current functioning, including strengths and needs; any immediate initiatives the supervisor is expected to undertake; and sources of supervisory support.
- Assess the current functioning of the unit and of individual caseworkers, develop goals for the unit, and determine what is needed to achieve these goals.
- Determine what is personally expected of the caseworkers in the unit and meet with caseworkers individually and as a group to discuss monitoring and performance criteria.
- Follow through. Many new supervisors announce hopes, dreams, and plans to staff and then never follow through with the actions promised. The first step in establishing staff trust is achieved by fulfilling promises through action.
- Remember that good supervision is proactive rather than reactive. Supervisors must anticipate needs and act to meet them. Not all needs can be anticipated, but a strategic focus can be maintained with in the unit. Caseworkers rely on their supervisors for a broad view of issues and a plan for future unit direction.

## **LACK OF EXPERIENCE IN CPS**

If inexperienced in child protection work, new supervisors should adhere to the following:

- Immediately develop a plan for professional growth. For example, the supervisor may need to learn how to assess risk and safety or learn about State law and policy in CPS cases, services available, general dynamics of child abuse and neglect, and criteria for removal of children from their homes.
- Be honest about what he/she doesn't know.
- Acknowledge his/her professional development needs to staff and determine how the unit can assist in case decision making.
- Accelerate personal learning. Much information must be learned in a short period of time. In accepting the position without the technical expertise needed for the job, the supervisor must also accept responsibility for the extra effort needed to acquire expertise quickly.

## **ADDITIONAL FACTORS**

Two other factors influence a supervisor's initial experiences in the unit. One is the age and work experience of the caseworkers in the unit compared to that of the supervisor. When large gaps in age or work experience exist, it is probably best for the supervisor to acknowledge these differences with staff. In addition, supervisors should encourage staff to express the feelings they have about being supervised by a manager who is younger or less experienced, etc.

The second factor influencing a supervisor's initial experiences is the current climate and culture of the unit. When the work environment is positive, there will be increased expectations for the incoming supervisor. The new supervisor will have to work through staff loyalties to a well-liked and respected predecessor. On the other hand, staff difficulties with the predecessor most likely generated powerful negative feelings. Such feelings will have to be worked through to produce an improved work environment.

In either case, accurate initial assessment of individual and group needs is extremely important. As with families in which neglect has been chronic, caseworkers who have experienced deprivation of their professional needs will require consistent and persistent attention before patterns of behavior and feelings will change.

# MANAGEMENT, TRAINING, AND SUPPORT

As stated previously, most CPS supervisors are promoted to that position from caseworker. Training, guidance, or support for their new role may be minimal, making the transition difficult. This chapter examines some strategies to help supervisors make the transition a smoother process.

## TRAINING

Supervisors, as is the case for caseworkers, should receive preservice training from the agency to prepare them for their supervisory functions. They should also receive ongoing inservice training to ensure that they continue to manage their staff effectively.

In the past, child welfare supervisors primarily received training on the various aspects of casework practice. Currently, many States provide their CPS supervisors with training designed to enhance their knowledge and skills in the critical areas of supervisory or management effectiveness. Some staff development and training units in State social services agencies develop their own supervisory curriculum and provide training to staff. Other States contract with national organizations that have existing child welfare supervisory and management training programs. Some of these organizations are listed in Appendix A.

Supervisors can also benefit from graduate-level courses on supervision offered by schools of social work. In addition, there are numerous management seminars offered throughout the United States that focus on specific aspects of management effectiveness (e.g., motivating employees, handling performance problems, giving feedback, managing conflict, team building, etc.). Further, many excellent publications are available that can help enhance overall supervisory effectiveness (see the Bibliography for sample resources).

## MANAGEMENT

In order for the agency or unit to operate efficiently and for supervisors to be successful, CPS supervisors must have a clear understanding of what is expected of them and what they can expect from their managers. Managers should always be specific about supervisory performance expectations. Because the role and responsibilities of the middle-level agency managers are often vague, CPS supervisors should seek clarification, whenever necessary.

It is important for CPS supervisors to be aware of what they need from the agency to be effective. Supervisors need guidance, direction, feedback, and a sounding board, regardless of their level of experience. Some supervisors meet this need by meeting on a regular basis with other child welfare supervisors for consultation and support.

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## STRESS MANAGEMENT

Stress is the nonspecific response of one's body to any demand made upon it. Stress is anything that threatens us, prods us, scares us, worries us, or thrills us. Stress is anything that energizes or creates tension for our bodies. When stress increases, the body starts preparing for action. Certain physiological changes occur—the heart beats faster, breathing becomes more rapid, and adrenaline is pumped into the blood stream. These and other changes are the “fight or flight” protective mechanism. If a person was out of view while his/her bodily functions were monitored (whether he/she became very happy, sad, or scared), the observer

would not be able to distinguish the feelings the person was experiencing. The physical reactions would be the same for each emotion.

Everyone experiences stress in almost every daily activity. Without stress, humans wouldn't move, think, or get out of bed. Every person needs stress; it provides energy and enhances productivity. However, excessive amounts of stress can be debilitating. To manage personal stress and help staff deal with stress, supervisors must be aware of on-the-job stressors, understand how they and their staff respond to the stressors, and determine how to use stress reduction techniques to reduce the stress.

A person's response to stress on the job can be influenced by any or all of the following factors:

- tolerance to physical and psychological stressors,
- the amount of stress in his/her personal life,
- general health,
- amount of regular physical exercise,
- nutritional habits, and
- disposition and personality.

Equally important is how the person views the stressful situation. Events in and of themselves are neutral. It is a person's perception of the situation that make it stressful. Thus, each individual responds to situations differently. Situations at work that seem overwhelming and highly stressful to one person may provide exactly the challenge another staff person may be seeking.

### **Recognizing Internal Symptoms of Stress**

Each person responds to stressful situations differently; therefore, it is important to understand how each of us deals with the stress we experience. Some people exhibit physical reactions—they perspire, feel “jittery,” their muscles tense. Other people react to stress psychologically—they are preoccupied with worrisome thoughts or see pictures of “impending doom.” Still other individuals demonstrate both physiological and psychological reactions to stress.

It is important for supervisors to determine how each staff member reacts to stress and assist the individual to implement the most appropriate techniques that reduce physical or psychological reactions to stress.

### **Proactive Approach to Stress Management**

Stress is inevitable in the field of CPS. Thus, it is important for supervisors to know how they respond to both the stressors and techniques for stress reduction. It is also important to take a proactive approach to stress management—to engage in activities to prevent the build up of stress. Such techniques include the following:

- Vary tasks in the routine work schedule.
- Make the office pleasant and cheerful.
- Develop a strong teamwork atmosphere within the unit.
- Establish an open and trusting work environment.

- Establish networks of support.
- Streamline paperwork.
- Use time management techniques.
- Take time off from work.
- Delegate tasks that others can do.
- Solicit both positive and negative feedback from staff and upper management.

By demonstrating and encouraging a proactive approach to stress management, supervisors can serve as a role model for staff in learning how to take better care of their physical and psychological well-being.



## SUMMARY

The CPS supervisor plays a critical role in assuring that children are protected from harm and families receive competent and timely services. The CPS supervisor establishes the foundation for both unit and staff performance, monitors performance, and takes action when performance is effective or is not achieved.

Managing caseworkers is very different from providing direct services to CPS clients. To be effective in their role, supervisors need to learn what makes an effective manager, assess their own strengths and needs against standards of management practice, and develop a plan for enhancing their supervisory skills.

# **APPENDIX A**

## **National Supervisory Training Curriculum**

### **Mastering the Art of Child Welfare Supervision**

National Child Welfare Resource Center on Administration and Management  
Muskie Institute  
University of Southern Maine  
96 Falmouth Street  
Portland, ME 04103

AND

American Humane Association  
63 Inverness Drive, East  
Englewood, CO 80112

### **Supervisory Effectiveness Training**

Child Welfare Institute  
1365 Peachtree Street, NE  
Atlanta, GA 30309

### **Training for Human Services Supervisor**

College of Social Work  
University of South Carolina  
Columbia, SC 29208

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## GLOSSARY OF TERMS

**Adjudicatory Hearings** - held by the juvenile and family courts to determine whether a child has been maltreated or whether some other legal basis exists for the State to intervene to protect the child.

**Burnout** - syndrome that manifests itself in symptoms of physical illness or fatigue, emotional exhaustion, a sense of failure in personal accomplishment, and depersonalization of social and professional interactions.

**CASA** - court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

**Case Plan** - the casework document that outlines the outcomes and goals necessary to be achieved to reduce the risk of maltreatment.

**Case Planning** - the stage of the CPS case process whereby the CPS caseworker develops a case plan with the family members.

**Child Neglect** - the failure of a parent or caretaker responsible for the child's care to provide minimally adequate food, clothing, shelter, supervision, and/or medical care for the child.

**Child Protective Services (CPS)** - the designated social service agency (in most States) to receive reports, investigate, and provide rehabilitation services to children and families with problems of child maltreatment. Frequently, this agency is located within larger public social service agencies, such as Departments of Social or Human Services.

**Dispositional Hearings** - held by the juvenile and family courts to determine the disposition of children after cases have been adjudicated such as whether placement of the child in out-of-home care is necessary and what services the child and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

**Emergency Hearings** - held by the juvenile and family courts to determine the need for emergency protection of a child who may have been a victim of alleged maltreatment.

**Evaluation of Family Progress** - the stage of the child protection case process, following the implementation of the case plan, when the CPS caseworker and other treatment providers evaluate and measure changes in the family behaviors and conditions which led to the child abuse or neglect, monitor risk elimination and reduction, and determine when services are no longer necessary.

**Family Assessment** - the stage of the child protection process when the CPS caseworker, community treatment providers, and the family reach a mutual understanding regarding the most critical needs to be addressed and the strengths on which to build.

**Family Systems Theory** - a view of how family members interact with one another in relationship patterns that promote and/or accommodate the functioning of the family as a unit (or system).

**Family-Focused Intervention** - intervention that includes all family members, rather than focusing on one individual primary care provider. This approach targets the whole family as a dysfunctional unit, not just one individual within that unit.

**Good Faith** - the standard used to determine if a reporter has a reason to "suspect" that child abuse or neglect has occurred. In general, good faith applies if any reasonable person, given the same information, would draw a conclusion that a child "may" have been abused or neglected.

**Guardian Ad Litem** - legal counsel assigned to represent the best interest of children in juvenile and family court proceedings.

**Immunity** - established in all child abuse laws to protect reporters from civil lawsuits and criminal prosecution resulting from filing a report of child abuse and neglect. This immunity is provided as long as the report is made in "good faith."

**Initial Assessment** - the stage of the child protection case process when the CPS caseworker and other social services personnel determine the validity of the child maltreatment report, assess the risk of maltreatment, and determine the safety of the child and the need for further intervention. Frequently, medical, mental health, law enforcement, and other community providers are involved in assisting in the initial assessment.

**Intake** - the stage of the child protection case process when community professionals and the general public report suspected incidents of child abuse and neglect to CPS and/or the police; CPS staff and the police must determine the appropriateness of the report and the urgency of the response needed.

**Interview Protocol** - a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

**Juvenile and Family Courts** - established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

**Liaison** - the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

**Multiservice Intervention** - the delivery of a broad range of community services available from multiple providers combined with individual counseling, individual and group parenting education, and family therapy.

**Nonorganic Failure To Thrive** - the condition observed in children whose physical development is recorded at below the third percentile in height or weight for that specific age and for which there is no known medical reason.

**Out-of-Home-Care** - child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family courts.

**Paraprofessional** - a trained aide who assists a professional person, such as a teacher or physician.

**Primary Prevention** - activities targeting a sample of the general population to prevent child abuse and neglect from occurring.

**Protocol** - an interagency agreement between CPS and law enforcement that delineates joint roles and responsibilities and establishes criteria and procedures for working together on cases of child abuse and neglect.

**Psychotherapy** - a method of treatment designed to produce a response by mental rather than physical stimulus, it includes the use of suggestion, persuasion, reeducation, reassurance, and support as well as hypnosis and psychoanalysis.

**Reporting Policies/Procedures** - written referral procedures that delineate how to initiate a suspected child maltreatment report and to whom that report should be made. These procedures were established by professional agencies with a mandated responsibility to report suspected child abuse and neglect cases.

**Response Time** - a determination made by CPS and law enforcement after receiving a child abuse report regarding the immediacy of the response needed by CPS or law enforcement.

**Review Hearings** - held by the juvenile and family courts to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care and/or court jurisdiction of a child.

**Risk Assessment** - the use of checklists, matrices, standardized scales, and other measurement techniques to determine the likelihood that the child will be maltreated in the future.

**Secondary Prevention** - activities that are designed to prevent breakdown and dysfunction among families that have been identified as at risk for child abuse and neglect.

**Service/Treatment Plan** - the casework document developed between the CPS caseworker and the client that outlines the tasks necessary to be accomplished by all parties to achieve goals and outcomes necessary for risk reduction.

**Substantiated/Founded** - a CPS determination that credible evidence exists that child abuse or neglect has occurred.

**Termination of Parental Rights** - a legal proceeding to free a child from a parent's legal custody so that the child can be adopted by others. The legal basis for termination of rights differs from State to State, but most consider the failure of the parent to support or communicate with the child for a specified period of time, parental failure to improve home conditions, extreme or repeated neglect or abuse, parental incapacity to care for the child, or extreme deterioration of the parent-child relationship as grounds for termination of parental rights.

**Tertiary Prevention** - treatment efforts designed to address situations in which child maltreatment has already occurred with the goals of preventing child maltreatment from occurring in the future and avoiding the harmful effects of child maltreatment.

**Treatment** - the stage of the child protection case process when specific treatment and services are provided by CPS and other service providers geared toward the reduction of risk of child maltreatment.

**Unsubstantiated/Unfounded** - a CPS determination that credible evidence does not exist that child abuse or neglect has occurred.

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## **ASSESSMENT METHODS AND TRAINING**

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Holder, W., and Costello, T. *National CPS Competency-Based Training Project. Supervisory Guide*. Salt Lake City, UT: Utah University, Graduate School of Social Work, undated.

## OTHER RESOURCES

### **ACTION for Child Protection**

4724 Park Road  
Unit C  
Charlotte, NC 28203  
(704) 529-1080

### **American Academy of Pediatrics**

141 Northwest Point Boulevard  
P.O. Box 927  
Elk Grove Village, IL 60009-0927  
(800) 433-9016

### **American Bar Association**

Center on Children and the Law  
1800 M Street, NW  
Suite 200  
Washington, DC 20036  
(202) 331-2250

### **American Humane Association**

American Association for Protecting Children  
63 Inverness Drive East  
Englewood, CO 80122-5117  
(303) 792-9900  
(800) 227-5242

### **American Medical Association**

Health and Human Behavior Department  
535 North Dearborn  
Chicago, IL 60610  
(312) 645-5065

### **American Professional Society on the Abuse of Children (APSAC)**

University of Chicago  
School of Social Service Administration  
969 East 60th Street  
Chicago, IL 60637  
(312) 702-9419

### **American Psychiatric Association**

1400 K Street, N.W.  
Washington, DC 20005  
(202) 682-6000

### **American Psychological Association**

750 First Street, N.E.  
Washington, DC 20002-4242  
(202) 336-5500

### **American Public Welfare Association**

810 First Street, N.E.  
Suite 500  
Washington, DC 20002  
(202) 682-0100

### **C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect**

University of Colorado Health Services Center  
Department of Pediatrics  
1205 Oneida Street  
Denver, CO 80220  
(303) 321-3963

### **Child Welfare League of America (CWLA)**

440 First Street, N.E.  
Suite 310  
Washington, DC 20001  
(202) 638-2952

### **Childhelp USA**

6463 Independence Avenue  
Woodland Hills, CA 91367  
(800)4-A-CHILD or  
(800)422-4453

### **Clearinghouse on Child Abuse and Neglect Information**

P.O. Box 1182  
Washington, DC 20013  
(703) 385-7565

**Military Family Resource Center (MFRC)**  
Ballston Centre Tower Three  
Ninth Floor  
4015 Wilson Boulevard  
Arlington, VA 22203  
(703) 385-7567

**National Association of Social Workers**  
750 First Street, N.E.  
Suite 700  
Washington, DC 20002  
(202) 408-8600

**National Center for  
the Prosecution of Child Abuse**  
1033 North Fairfax Street  
Suite 200  
Alexandria, VA 22314  
(703) 739-0321

**National Center on  
Child Abuse and Neglect (NCCAN)**  
Administration on Children, Youth and Families  
Administration for Children and Families  
Department of Health and Human Services  
P.O. Box 1182  
Washington, DC 20013  
(703) 385-7565

**National Child Abuse Coalition**  
733 15th Street, N.W.  
Suite 938  
Washington, DC 20005  
(202) 347-3666

**National Children's Advocacy Center**  
106 Lincoln Street  
Huntsville, AL 35801  
(205) 532-3460

**National Committee for Prevention of  
Child Abuse and Family Violence**  
332 South Michigan Avenue  
Suite 1600  
Chicago, IL 60604  
(312) 663-3520

**National Council on Child Abuse  
and Family Violence**  
6033 West Century Boulevard  
Suite 400  
Los Angeles, CA 90045  
(818) 505-3422  
(800) 222-2000

**National Resource Center on Child  
Abuse and Neglect**  
American Humane Association  
63 Inverness Drive, East  
Englewood, CO 80122  
(800) 227-5242  
(303) 695-0811