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Introduction

Child and adolescent mental health social workers are inundated daily with complex and challenging family dynamics (Arnold, Walsh, Oldham, Rapp, 2007). For example, child and adolescent mental health social workers not only work individually with their child or adolescent client, but must also often work with the child or adolescent's caregiver or parent. Research has demonstrated a significant relationship between child and adolescent mental illness and caregiver strain (Brannan & Heflinger, 2001). As such, child and adolescent mental health social workers must navigate working with the child or adolescent experiencing symptoms, as well as working with that child or adolescent's parent or caregiver, who could be experiencing significant amounts of strain and stress. Other challenging family dynamics experienced by child and adolescent mental health social workers may involve single parenthood, family poverty, caregiver substance use, or family violence (Burke, Hellman, Scott, Weems, & Carrion, 2011).

As such, burn-out and cynicism towards change become all too frequent in the workplace. Social workers become frustrated, and client cases become stagnant. Strengths-based group supervision is a creative and client-based alternative to the "team meeting as usual" approach and is designed to combat some of the challenges workers often experience. Though not yet common place in child and adolescent mental health agencies, strengths-based group supervision, in conjunction with regular individual supervision activities, has the potential to radically impact and improve mental health service delivery for children, adolescents, and their families. This article discusses the benefits of strengths-based group supervision and describes the strengths-based group supervision process. Additionally, the article provides a practical application of strengths-based group supervision.

Opportunities for Using Strengths-based Group Supervision

Most professional associations, including NASW, have guidelines for best practices in social work supervision (Noble & Irwin, 2009; NASW 2012). These guidelines define and identify the core standards needed to support and strengthen the supervision process for professional social workers. However, the extent to which these standards are applied to other supervision-like activities, such as general team meetings, is not clear. In Kansas, weekly or regular team meetings are a common activity in most social service agencies, including mental health centers. Usually comprised of a mix of administrative discussion points and needs-based client staffing, team meetings are an essential part of most child and adolescent mental health service delivery. Typically, the team meeting process involves a team leader or supervisor meeting with a team comprised of various professionals (case managers, parent support workers, Wraparound workers, clinicians, etc.) on a weekly basis in order to disseminate information about agency events and policies and to discuss child or adolescent case needs. There is no structured approach to discussing clients. Instead, case managers are free to divulge any information they deem important, while team members are free to ask any question they feel is needed. Unfortunately, and all too frequently, this approach leads to sharing unnecessary client circumstances and challenges. Often, more time and attention is given to exploring those challenges as opposed to creating solutions for them. For child and

adolescent-serving professionals, it is important to look for creative solutions and focus efforts on the strengths of the children and adolescents being served. Strengths-based group supervision does just that by focusing team meetings on an adolescent's goal and identifying ways to assist the adolescent in achieving that goal.

Strengths-Based Group Supervision

Originally developed due to lack of resources, strengths-based group supervision was born in the 1980s when the first Strengths Model case management project site was being initiated (Rapp and Goscha, 2012). The Strengths Model is a specific case management model with four distinct components that aim to identify personal and meaningful client goals. The Model has been implemented in adult mental health settings both nationwide and internationally and recently has been adapted for work with youth with mental illness (Mendenhall & Grube, 2017). The strengths-based group supervision process is one of the four key components that are embedded in the model. However, this process can be viewed as an autonomous method and can be implemented in any child or adolescent serving agency that wishes to employ a more positive client centered team meeting approach. While a portion of a larger case management model, the components of group supervision, which are discussed in more detail in subsequent sections, can stand alone. A practitioner or agency wishing to use strengths-based group supervision does not need to formally implement Strengths Model for Youth (Mendenhall & Grube, 2017), but rather implement the overarching philosophy of the group supervision process and the group supervision steps with modifications made as necessary to fit within the context of their agency.

Strengths-based group supervision has the power to establish a positive work culture that centers on the child or adolescent. Learning takes place in the group supervision process when staff members present challenges or questions faced by the clients they are serving. The strengths-based group supervision process is not intended to replace individual supervision. Instead, it should be utilized in conjunction with regular individual supervision activities. It can be seen as an additional tool for supervisors to utilize. Group supervision allows for everyone, even the quiet team members, to take active ownership in team meetings.

A necessary requirement of strengths-based group supervision is that spirit-breaking language and attitudes are avoided throughout the meeting process. Spirit-breaking conversations involve demeaning or devaluing the child, adolescent, or family, or focusing on labels or the illness as opposed to the individual child or adolescent. Doing this kind of work is difficult, as group supervision is about moving a client forward, not rehashing challenges workers may be experiencing. As agency resources continue to diminish, it is essential that community mental health professionals help children, adolescents, and their families access naturally occurring resources, or community-based resources. This is a critical component that group supervision adds to child and family serving systems.

There is a formal process to strengths-based group supervision. Meetings should always start with personal or professional celebrations shared by each of the team members. A team member either volunteers or is selected by the team supervisor/leader each week to present a client case utilizing a standardized formal six-step process for strengths-based group supervision, which should be strictly adhered to as described in the following section. Following this process ensures no member of the team begins to veer into negative or spirit-breaking conversations related to the client being presented. Each staff member goes away from the meeting with increased options for

moving forward in their work with the client, based on suggestions provided by their colleagues. Other group/team members have the advantage of hearing a variety of options for situations that may occur in their own practice. The supervisor does not have to have all the answers. The supervisor gains the knowledge from the options generated by others, as well as the pattern of barriers identified across individuals served, so that interventions can be developed at program or policy levels. Table 1 contains comparison information for traditional team meetings versus strengths-based group supervision content.

Table.1 Traditional team meeting vs Strengths-based Group Supervision

	Traditional Team Meetings	Strengths-based Group Supervision
Celebrations		√
Client staffing	√	√
Strengths assessment presentation		√
Team brainstorming session		√
Administrative content	√	√
Shared leadership roles		√

The Six Steps of Group Supervision

As mentioned previously, the main attribute of group supervision involves strengths-based case presentations (Rapp and Goscha, 2012). Each week, a member of the service delivery team is either selected or volunteers to present information regarding a child, adolescent, or family that he or she has been experiencing challenges with or feels progress has been minimal or stalled. After a team member is selected to present and a case has been chosen, the team supervisor or another designated team member leads the group supervision meeting while adhering to the following six steps. At the beginning of the meeting, each team member shares a personal or professional celebration.

Step 1: If available, the presenting team member hands out copies of the child's or adolescent's strengths assessment to every team member. A strengths assessment includes a comprehensive list of a child's or adolescent's past, current, and future strengths and resources. Ideally, in strengths-based agencies, all clients would have completed some form of a strengths assessment, such as the one described in Mendenhall & Grube, 2017. If a strengths assessment is not available, the presenting staff member should describe the selected client's strengths.

Step 2: The presenting team member begins their presentation by describing what the child, adolescent, or family's goal is and what help the staff member needs. For example, a staff member could need help with an adolescent who has a goal of writing a book yet struggles with self-confidence and anxiety. The key is that the adolescent has an identified personal goal. Then, the staff member might state, 'Bella wants to write a book; however, she lacks confidence and has pretty significant anxiety. I would like some ideas on ways to help Bella address her anxiety and start writing a book.' Another example is, 'Kristin struggles with making friends and would really like to have a friend come over to her house. I would like some ideas on ways I can help her reach her goal.' Anything the case manager is struggling with can be discussed in the group supervision model; however, it should always relate back to the child, adolescent, or family's self-identified goal (Mendenhall & Grube, 2017).

Step 3: After stating the help that is needed, the presenting staff member provides a brief description of the client case, identifying what he or she has already tried and the client's current situation. This should be a statement of facts avoiding complaints, judgements, or other negativity.

Step 4: Time is allowed for the rest of the team to review the strengths assessment and to ask the presenting staff member questions. The majority of questions should be based off the strengths assessment; however, if one is not available, questions should always be relevant to the goal or topic at hand. Questions should not be asked out of curiosity. The intent is to understand as much about the child or adolescent and their family as possible so that creative, specific, and useful suggestions can be offered.

Step 5: For 10 to 15 minutes, the team brainstorms ideas to help the presenting staff member with what he or she identified in Step 2. The presenting staff person **MUST** write down every idea without speaking (i.e., no evaluation of the ideas or 'yes, buts'). The intent here is to allow the team to get creative and solution-focused (Rapp and Goscha, 2012). While there is no set number of ideas, a good brainstorming session will generate more than 20 ideas. Though ideas generated can include anything, the supervisor should encourage the team to brainstorm ideas that involve using naturally-occurring resources, things anyone can access or not specific to having a mental health diagnosis (Rapp and Goscha, 2012). This is essential to get the team accustomed to utilizing things available in the community, so the family does not rely solely on formal services through the mental health center. The team should try and come up with as many community or natural resources as possible. The presenting staff person should put checkmarks next to all ideas that involve a naturally occurring resource and try to make their plan of action using some of those ideas in order to foster greater community involvement and community resource use.

Step 6: The presenting staff member reviews the ideas and then states clearly the next steps to take. They should state the time of their next meeting with the child or adolescent and should provide two or three ideas from the generated list they are going to offer or use. See Appendix A for an example of a group supervision worksheet.

Step 7: The following week, the team checks in with the previous week's presenting team member, who discusses how the suggestions were implemented with their client during the previous week's client meeting and what the steps are moving forward.

Conclusion

Strengths-based group supervision is a creative alternative to typical team meetings designed to assist professionals in moving children or adolescents forward in their treatment. Successful group supervision meetings involve a different staff member each week leading the group supervision process. Though the group supervision process described in this article pertains to child and adolescent mental health settings, group supervision can be implemented in a variety of child/adolescent service systems, such as child welfare or juvenile justice, and to target an array of child and adolescent challenges. If a worker is having difficulty with engagement, he or she can ask the team to help brainstorm better ways to engage the adolescent. If the worker is struggling with a parent, he or she can ask the team to help brainstorm ways to help get a parent more engaged in treatment or other case planning activities. Group supervision capitalizes on the power of group think dynamics to help professionals address challenges they are experiencing.

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Appendix A

EXAMPLE OF GROUP SUPERVISION

The following is an example of a group supervision meeting that might occur in a mental health center with a child and adolescent serving team.

Scenario:

A team member is working with a youth named Lucia who has a goal to have more friends. The team member has worked with Lucia for quite some time, but there has been little progress. Lucia struggles with self-confidence and gets easily discouraged. She has also been battling symptoms of depression. During the team's next group supervision meeting, the team member asks the rest of the team for creative and innovative ideas to help Lucia make more friends. The team member has stated they have tried role playing making friends but have not had much luck. The team member has also tried to implement coping strategies with Lucia.

From Lucia's strength assessment, it is known that she likes her art class at school, has a dog named Max that she considers her best friend, and is a big Kansas City Chiefs fan.

GROUP SUPERVISION WORKSHEET (to be completed by presenting team member)

Client's Name: _____ Lucia _____

Date of Strengths Assessment: _____ 01/15/2016 _____ *(If there are any additional strengths that can be added or expanded upon prior to group supervision, please do so. If no strengths assessment is available, the presenting staff member should be sure to discuss client strengths).*

What is the child, adolescent, or family goal(s)? *(This can reflect what is most important or meaningful to the client at this time and/or a future goal that holds some passion for the client. If you do not know what that is at this time, you can state that here).*

Lucia has a goal to have more friends as she reports being lonely the majority of the time.

What would I like help with from the team: *(This should be a simple statement, one sentence, used to guide the team in brainstorming. It may be related to helping the client achieve the above goal(s), overcoming barriers or challenges related to achieving the goal(s), helping the child, adolescent, or family identify a goal, or ideas for engaging the client in a working relationship).*

I would like some suggestions regarding how to get Lucia to be comfortable talking to her peers at school and to be more confident in herself in order for her to make more friends.

Overview of the Current Situation: *(This should be a brief snapshot, no more than a couple of minutes, about where you are now in relation to helping the child, adolescent, or family to achieve or identify a goal and what you have tried so far).*

Lucia has stated her goal many times, but we have had little progress in improving her self-confidence and her ability to manage her depression symptoms, which interferes with her ability to make friends. Lucia's mom is supportive of Lucia making more friends and has offered to take Lucia places with friends. However, Lucia doesn't feel comfortable talking to her peers. We have tried role-playing before and practiced Lucia talking to someone at school.

Team Brainstorming (at least 20 ideas):

1. Explore after school art clubs
2. Explore community art clubs or programs for local young artists
3. See if Mom would be willing to take her to humane society to volunteer and meet kids
4. Take Max to the dog park and see if that can create some opportunity to talk to other kids
5. Have her make a weekly goal of saying 'Hi' to one new person at school
6. Have Mom complete Strengths Assessment so she can hear what good things Mom thinks
7. Have her download a daily affirmation application on phone
8. Have her do "homework" and state a positive thing about herself each night before bed
9. Role-play worst-case scenarios and then talk through what would happen or how to deal with the worst-case scenario
10. Attend a school sporting event with her or have Mom attend to get her comfortable in settings
11. Have her write down ways she thinks would be comfortable for her to meet people
12. Talk with her about what makes a good friend and discuss/identify possible people she would like to talk to
13. Continue to role play and be as real as possible
14. Have her start journaling her feelings
15. Create a dream board of things she would like to do with friends
16. Have a plan for when she gets discouraged and what she can do to keep confidence
17. Look into going to different sporting events in the community
18. Explore various programs for youth at local library
19. Explore community YMCA
20. Look into possible school activities like drama or theater

Next Steps: *(This may include what you are specifically going to do next time you meet with the client and/or what specific steps you might take prior to meeting with the client the next time).*

- Daily affirmation application on Lucia's phone to help with her confidence
- See if Mom will go with Lucia to Humane Society (since she loves animals) with Lucia, and look into volunteer activities or programs that would allow her to be around more kids with similar interests
- Explore community art programs for youth since she really enjoys art

Follow-up Report: *(1 week later).*

Lucia installed the daily affirmation application on her phone and reported liking it. We also looked into art programs and found a local program for young artists that will showcase Lucia's work. Lucia was really excited about this and is eager to start.