

Supervision When Working with Children and Families

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Today

1

Understand the role and responsibilities of a supervisor.

2

Gain practical strategies for supervising interns working with families and children.

3

Explore ethical considerations and challenges specific to family therapy and child therapy.

Know your role(s)

- What hats do we wear as supervisors?
 - Manager
 - Supervisor
 - Consultant
 - Advocate
 - Counselor
 - ...anything else?

We'll pay special attention to consultant, advocate, and supervisor today

Working with Kids and Families

- Considerations
 - Development
 - Presenting Problem
 - Family System/Dynamics
 - Theory/Modality
 - Safety
 - Supervisee's comfort level and experience

Types of Crisis

- Reporting Child or Protected Adult Abuse/Neglect
- Suicidal/Homicidal Ideation

Today we'll spend most of our time on the subject of suicidal ideation, but we'll start off with child abuse/neglect.



If you remember
nothing else...

Remember that you are NEVER
alone.

First

Before you ever get to a time when you would have a client in crisis, you'll have an intake with them.

In that intake, before they start telling you all their problems, you will go over Informed Consent.

This is part of ours that deals with reporting and crisis:

Limits of Confidentiality

I understand that all clinic files are confidential and my written consent is required for any release of information by the clinic to any other persons outside the clinic except in the following circumstances:

- a. Court orders and subpoenas by a judge;
- b. To defend against legal action taken against the therapist and/or clinic;
- c. Need to prevent clients from harming themselves or others;

d. suspected child or protected adult populations abuse/neglect

Reporting Child Abuse/Neglect

01

B. 1. Every person having reason to believe that a child under the age of eighteen (18) years is a victim of abuse or neglect shall report the matter immediately to the Department of Human Services. Reports shall be made to the hotline provided for in subsection A of this section. Any allegation of abuse or neglect reported in any manner to a county office shall immediately be referred to the hotline by the Department.

02

DHS Hotline Number: 1-800-522-3511

03

Also—hotline email! Form is in TherapyNotes Library.

WHEN TO REPORT & TO WHOM

- “ . . . reason to believe that a child under the age of eighteen (18) years is a victim of abuse or neglect, shall report the matter **immediately** to the county office of the **Department of Human Services** in the county wherein the suspected abuse or neglect occurred. Such reports may be made by telephone, in writing, personally or by any other method prescribed by the Department. “

WHAT THINGS DO WE REPORT?

- 'Harm or threatened harm to a child's health or safety' includes, but is not limited to:
- Nonaccidental physical or mental injury;
- Sexual abuse;
- Sexual exploitation;
- Neglect;
- Failure or omission to provide protection from harm or threatened harm; or abandonment.

PHYSICAL ABUSE

- **Typically includes things like:**
- bite marks
- unusual bruises
- lacerations
- unusually high incidence of accidents or frequent injuries
- fractures in unusual places
- injuries, swellings to face and extremities

EXCEPTIONS

- “If an investigation or assessment conducted by the Department of Human Services in response to any report of child abuse or neglect shows that the incident reported was the **result of the reasonable exercise of parental discipline** involving the **use of ordinary force**, including, but not limited to, **spanking, switching or paddling**, the investigation or assessment will proceed no further, and all records regarding the incident shall be expunged.”

EMOTIONAL ABUSE

- “mental injury from incessant rejecting, terrorizing, isolating, exploiting, corrupting, and denying emotional responsiveness.”

NEGLECT

- Failure or omission to provide:
- Adequate food, clothing, shelter, medical care, and supervision;
- Special care made necessary by the physical or mental condition of the child; or
- Abandonment.

WHY PROFESSIONALS DON'T REPORT

- Lack of awareness of duty/laws
- Lack of faith in the system
- Narcissistic-like faith in own ability to “fix” the situation alone
- Fear of disrupting therapeutic relationship
- Fear of revenge
- It's a hassle

KEEP IN MIND

- “Reporting child abuse not linked to treatment engagement or attrition” (Koverola, Murtaugh, Connors, Reeves, & Papas, 2007)
- “In over 72% of cases, making the report did not disrupt the relationship and in many instances it was helpful in the therapeutic process.”
- (Weinstein, Levine, Kogan, Harkavy-Friedman, & Miller, 2000)

What about Other Safety Issues?

- What if a client is not thinking about suicide, but they're still not behaving safely?
 - Risky behavior?
 - Sex?
 - Drugs?
- What do we do?



Case Studies