



Celebration Church

SUPERVISION GROUP FACILITATOR TRAINING

A Resource for SGF Trainers

*Supporting and guiding people with Christ-centered
care as they navigate change in every season of life*

Training Content

TRAINING FOR SUPERVISION GROUP FACILITATORS

This session presents the content and processes we use to train Supervision Group Facilitators to supervise Care Partners. The goal is that trainees will be competent Supervision Group Facilitators.

SEVEN OBJECTIVES

Through Preclass Reading and In-Class Sessions, trainees will achieve seven objectives:

- Know the stages of small group development
- Recognize and know how to use 14 small group facilitation skills
- Know how to build community in supervision groups
- Know how to bring closure to supervision groups
- Know the structure and protocol of group supervision
- Understand a Supervision Group Facilitator’s role in a supervision group
- Practice fulfilling this role in a supervision group

TRAINING AGENDA

This class is designed to be taught in five hours. It can be completed in one 5-hour session or two 2½-hour sessions. With either option, we allow 15 minutes for devo, prayer, admin, or other activities at the beginning of the class and a 15-minute break about every hour.

Time	Activity	Format
5 minutes	I. Servant Leadership	Lecture
45 minutes	II. Your Role as a Supervision Group Facilitator	Lecture, Discussion, Activity
10 minutes	III. Your Role in a Supervision Group	Discussion
15 minutes	Break	
5 minutes	IV. What You Do Before a Supervision Group	Lecture
55 minutes	V. What You Do During a Supervision Group (1)	Lecture, Discussion, Practice
15 minutes	Break	
35 Minutes	VI. What You Do During a Supervision Group (2)	Lecture, Discussion, Practice
10 Minutes	VII. What You Do After a Supervision Group	Lecture
15 minutes	Break	
60 minutes	VIII. Supervision Group Facilitation Skill Practice	Skill Practice
15 minutes	IX. Wrap Up	Lecture & Discussion

PREPARATION OF TRAINEES

Participants actively prepare for Supervision Group Facilitator training in several ways. Two weeks prior to the beginning of the class, each trainee is provided the *SGF Training Manual for Trainees* and asked to complete the following Preclass Reading assignments. Be sure you have read and reviewed each of these topics before the class begins to be familiar with the content as you lead the class.

- “Responsibilities of a Supervision Group Facilitator”
- “Job Description of a Supervision Group Facilitator”
- “Characteristics of an Effective Supervision Group Facilitator”
- “Building Community in Supervision Groups”
- “Community Building Activities for Supervision Groups
- “Community Building Exercises for Supervision Groups”
- “Community Building Questions for Supervision Groups”
- “Facilitation Skills for Supervision Groups”
- “Bringing Closure to Supervision Groups”
- “Closure Activities for Supervision Groups”
- “How to Combine and Rearrange Supervision Groups”
- “Covenant for Supervision Groups”
- “Creative Supervision Tools”
- “Problem Solving in Supervision Groups”
- “The Structure of Supervision Groups”
- “Leading Supervision Groups”
- “True-False Quiz about Supervision”
- “An Introduction to Focus Questions in Supervision”

Bring copies of these reports completed in the Care Partners training class “Supervision of Caregiving.”

- *CP Brief Check-In Report (Focus Note 8.3)*
- *CP In-Depth Progress Report (Focus Note 8.4)*

If possible, trainees should attend at least one supervision group meeting before beginning the facilitator training class. This provides an opportunity to observe a supervision group meeting in real-time and have a reference point to better understand and apply the training content.

INITIAL ASSUMPTIONS

This class was prepared with several assumptions in mind; it is helpful to know those expectations:

- This session trains Care Partners and CPLT members to serve as Supervision Group Facilitators.
- The Supervision Group Facilitators being trained have already completed the training class “Supervision of Caregiving” during the initial Care Partners training class. This Supervision Group

Facilitator training builds on the Care Partners training for supervision.

WHEN TO OFFER THIS CLASS

The most obvious answer to the question of when to offer the class is simple:

We offer it whenever we need to train new Supervision Group Facilitators.

For our first class of Care Partners, we scheduled it immediately after the initial Care Partners training so Supervision Group Facilitators are equipped to support Care Partners as soon as they begin their caring relationships. Subsequent classes are scheduled as needed to keep adding trained Supervision Group Facilitators to meet the on-going needs of all Care Partners.

WHO LEADS THIS CLASS

While any member of the CPLT may lead this class, our preference is for the Supervision Coordinator or an experienced pastor to present it. These two individuals best understand how group supervision works. In addition, Care Partners identify with the Supervision Coordinator and training pastor as experts on supervision and will go to them with questions or needs.

POINT OF VIEW

While it is typical the Supervision Coordinator leads the class, it cannot be guaranteed nor will it always be the case. Therefore, all references to the Supervision Coordinator are in the third person. For example, “This is the report you fill out and turn in to your Supervision Coordinator after every supervision group.”

If the Supervision Coordinator leads the class, it makes sense to change third-person references. This would then be, “This is the form you fill out and turn in to *me* after every supervision group.”

TIMING

This class includes a great amount of discussion and interaction among participants and instructors. We are careful to keep track of time in order to cover the core content and end on time. A timer will be used to monitor discussions so they end in a timely manner and the class moves forward.

ADVANCED PREPARATION CHECKLIST

To get ready to lead this class, make sure the following tasks are completed.

- Prepare class handouts, Preclass Reading materials, media presentations, and any other documents used during the class sessions.
- Deliver copies of all Preclass Reading to each participant at least two weeks prior to the class.
- Arrange for all AVL needs, equipment, and personnel required.
- Plan refreshments, room setup, childcare, signage, and logistical needs.
- Make copies of *Supervision Meeting Evaluation Report (Focus Note 8.5)* for the Supervision Group Facilitator to distribute during *Section VIII*.

In addition, decide how often In-Depth Supervision Group Facilitator meetings will be held and when the next meeting is scheduled to inform trainees.

Note to Presenter: For *Section I*, allow 5 minutes.

I. SERVANT LEADERSHIP

Let's begin with a clear statement that broadly outlines this training session.

As a Supervision Group Facilitator, you exercise small group leadership skills and execute the unique tasks of facilitating a supervision group.

In that statement, what two primary functions of a Supervision Group Facilitator are identified?

1. Exercise small group leadership skills
2. Execute supervision group facilitating tasks

With that in mind, we will work on four aspects of those two functions:

1. We develop your small group leadership *knowledge and skills*.
2. We look closely at *what happens* in a supervision group – from the perspective of the Supervision Group Facilitator who provides supervision, not the Care Partner receiving supervision.
3. We give you opportunity to *practice* as a Supervision Group Facilitator.
4. We take time to *answer your questions* about supervision.

INTRODUCTION TO SERVANT LEADERSHIP

Just a few hours before Jesus was arrested and taken away to be crucified, He was with His disciples in the Upper Room when He took the opportunity of that moment to give them another lesson in leadership.

In a previous conversation with His disciples, Jesus spoke the words recorded in Matthew 20:25-28. You can find them in *Focus Note 1*. Would someone read that passage for us?

Focus Note 1 – Servant Leadership

But Jesus called them together and said, "You know that the rulers in this world lord it over their people, and officials flaunt their authority over those under them. But among you it will be different. Whoever wants to be a leader among you must be your servant, and whoever wants to be first among you must become your slave. For even the Son of Man came not to be served but to serve others and to give his life as a ransom for many. (Matt 20:25-28)

On that last night with the disciples Jesus was demonstrating what He taught them earlier. He said *the primary job of a leader is to serve*. And Jesus did serve, not only by washing His disciple's feet, but also by going to the cross for them and us. He clearly told them – and us – that His followers will do what He did.

They find ways to serve those they are called to lead. Even a task as menial as washing feet won't be too demeaning for Jesus' followers because it was not too trivial for their Lord and Savior.

You are called and charged to be leaders who serve your supervision groups. I'm sure you have noticed your job title is not Supervision Group *Leader*, but rather Supervision Group *Facilitator*. Facilitators make it easy for others to participate, to learn, to grow, and to provide the best possible Christ-centered, life-giving care for their Care Receivers.

What you have been learning and will continue to learn is that you are not called to be leaders who rule

over others, even though there may be times when you are tempted to do so.

Instead, you are called to be such effective servant-leaders that everyone in your group becomes a better leader. When individuals reach the place of serving as a Supervision Group Facilitator or a member of the Care Partners Leadership Team, they won't even realize all you did to help them get there.

We are quietly and humbly building into the lives of other people, making a difference in their lives that has eternal value. God our Father sees it and makes note of it. We are able to continue serving without human recognition and applause because we do it to honor God and bless other people.

Let's talk with the One who is our original Servant Leader...

Lord Jesus, thank you for serving us and meeting our greatest needs with your own life. Enable us to follow you and serve our supervision groups with the same kind of leadership you modeled for us. Show us ways we can wash the feet of those in our group so they can be servant leaders for their Care Receivers. Thank you for demonstrating the humility of true leadership and for showing us how to be humble leaders as well. Amen.

Note to Presenter: For Section II, allow 45 minutes.

II. YOUR ROLE AS A SMALL GROUP LEADER

Let's talk about your work and role as a small group leader.

Since group supervision takes place in a small group, you must function with the skills and insights of a small group leader. To do that, you will learn important concepts about how small groups work. After that, you will have a chance to develop and practice small group facilitation skills.

Note to Presenter: Allow 15 minutes for Section A - Small Group Development.

A. SMALL GROUP DEVELOPMENT

Let's review three key ideas about how small groups work you learned in the Preclass Reading.

1. STAGES OF GROUP DEVELOPMENT

Small groups follow a predictable growth pattern. The acronym MATURE (*Focus Note 2*) presents an easy way to remember the stages of group development.

- Can anyone recall what the letters MATURE represent?
- How would you briefly describe or define each stage?

What questions about the stages of group development do you have?

- How do you feel about the Ask and Test stages?
- How might a supervision group express the Test stage?
- How might it help for a group to be in the Extend stage when it is time for the group to close?

(Answer: They will be ready to reach out to others and share what they have learned. Forming new supervision groups gives opportunity to do that).

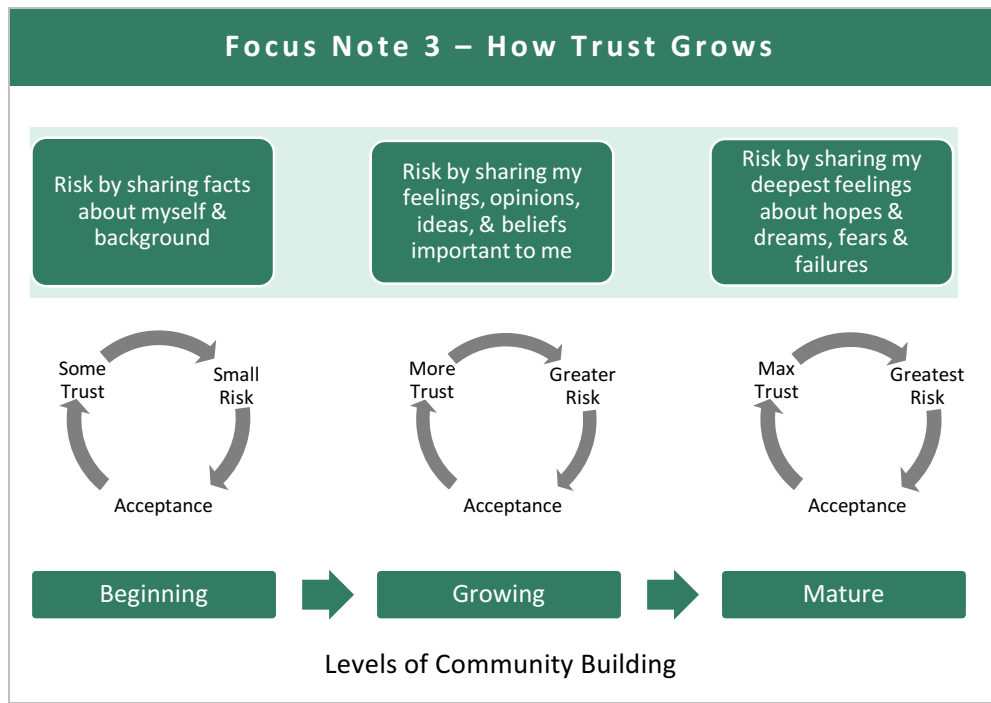
Focus Note 2 – Stages of Group Development

- M** – Meet
- A** – Ask
- T** – Test
- U** – Undertake
- R** – Realize
- E** – Extend

2. BUILDING TRUST IN A SUPERVISION GROUP

The diagram of “How Trust Grows” (*Focus Note 3*) provides valuable insight into how trust develops in a small group. Take a moment to look over the diagram.

What about it stands out to you?



When a group starts, members trust one another up to a point. As they take risks and learn it is safe to take more risks, trust grows. More trust leads to bigger risks, which leads to more trust and greater levels of mature community in the group.

Be sure to note this: *The base of every cycle of group growth is acceptance.* There will be no growth in trust and community without grace-based acceptance. Acceptance means group members don’t judge one another, but treat people with respect and continue to care for others no matter what.

As Supervision Group Facilitator, your responsibility is to model and monitor such acceptance, consistently maintaining a positive, level-headed attitude toward group members, and quickly stopping group members who judge or criticize others, i.e., who act in rejecting or non-accepting ways.

The descriptions of risk in the diagram show you how to proceed as you build community in your group.

Facilitate low risk sharing first, which includes group members' sharing basic information about who they are, where they come from, and their history.

As trust grows, use community-building exercises that ask group members to share more about what they think, feel, and believe. Over time group members learn to trust enough to share the deep feelings and beliefs or thoughts they usually keep to themselves. That is the level of trust and sharing that helps supervision groups meet the goal of supporting every Care Partner so he or she can give the best-possible, highest-quality care to others.

As you use the community-building exercises in the *SGF Resource Manual*, you will see they are organized so the least risky ones appear first. Later exercises help groups continue to grow in trust and community as the group matures.

Always remember to give group members permission to pass or to share only as much as they are comfortable with. Giving people permission to proceed at their own speed helps group members learn to trust one another.

What questions about building group trust are going through your mind? Will you take the risk of asking them so we can discuss them together?

3. THE NEED FOR CLOSURE

At some point, every group will end and their work together is complete. Here is a question for you,

What is the value and importance of bringing closure to a supervision group?

Several factors can be identified regarding the importance of closing the group in a healthy manner.

- The end of a group is a loss and it is necessary to grieve loss. Closure enables that grief process.
- If group members don't grieve the loss of one group, they may find it very difficult to build community and trust with a new group.

As you read in the *SGF Resource Manual*, you may experience resistance to ending your supervision group. There are ways you can help your group become more comfortable with the idea of closure and accept it.

One reason groups often have trouble with closure is they haven't been expecting it. They have been taking risks and invested themselves in the group and then they get an unpleasant surprise – someone is saying their group must end. Their natural first reaction is to resist ending the group.

You help prevent this problem by letting the group know from the very beginning the group will end. In your first supervision group mention the group will come to an end at some point for the sake of the mission of supervision groups.

As you bring up the subject of closure, explain the missional reason for it. The Supervision Coordinator doesn't end supervision groups just to irritate and inconvenience group members. The reason for ending groups is to help fulfill the mission of supervision groups and enable the functions of supervision.

Ending groups periodically helps them stay fresh; it keeps group members from ignoring the value and benefits of supervision because they have heard it all before. Putting new Care Partners in supervision groups with experienced Care Partners positions them to learn from the veteran's experience and to stimulate groups with fresh energy and enthusiasm.

As a Supervision Group Facilitator, continually look for opportunities to remind members of your supervision group that eventually it will come to an end. As soon as you know when the group will end, give them that information. *Focus Note 4* identifies three reasons groups typically end.

Focus Note 4 – When Groups Typically End

1. When a *new class of Care Partners finishes training* and is commissioned. The existing groups will end and membership in them will be changed to make room for the new Care Partners.
2. When it seems to the Supervision Coordinator or SGFs that current *supervision groups are getting stagnant* and a shake-up in group membership would energize them. When that happens, the Supervision Coordinator will let you know it's time to end the old groups and begin new ones.
3. When it has been *at least a year since the last change* of membership. If there hasn't been a new class of Care Partners trained and commissioned in a year, we will reassign Care Partners to different supervision groups.

The Supervision Coordinator will keep you up to date about plans for ending supervision groups so you can work with your group in bringing closure. Just as you used group exercises to build community, you can also use group exercises to bring closure. You learned from Care Partner training how important it is to help Care Receivers recognize feelings, accept them, express them in healthy ways, and then trust God to bring healing for their hurts.

The “Closure Activities” in the *SGF Resource Manual* are designed to help group members work through these closing steps and deal with their feelings. Once you know your group will end soon, plan to spend time doing closure activities and help group members be Care Partners for one another as they deal with their painful feelings.

Note to Presenter: Allow 30 minutes for *Section B - Facilitation Skills*.

B. FACILITATION SKILLS

Now we are going to spend some time talking about small group facilitating skills. You read about them in the *SGF Resource Manual*. We will review them and you will practice with them.

1. REVIEW FACILITATION SKILLS

Focus Note 5 lists facilitating skills you read about in the *SGF Resource Manual*. Take a moment to review it.

Focus Note 5 – Facilitation Skills

1. **Active Listening.** Reflect, ask open-ended questions, and encourage group members to say more about their thoughts, feelings, and beliefs.
2. **I-Messages.** “When you ____, I feel ____ because ____ and I would like ____.”
3. **Asking for Clarification.** Encourage group members to expand on what they have said and allow them to say as much as they would like to say.
4. **Including.** Draw quieter group members and reluctant participants into the discussion. Pay

attention to those who appear withdrawn or disconnected.

5. **Affirming.** Respond positively to group members and compliment them on how they performed a task or contributed to the discussion.
6. **Extending.** Invite others in the group to share their thoughts on a topic someone has introduced.
7. **Refocusing.** Get discussion back on track, end discussion, or steer away from inappropriate content, such as unnecessary details about a CR.
8. **Redirecting.** Involve others in the conversation when a group member is only talking to you.
9. **Limit Setting.** Instruct the group or a member it's time to stop a behavior.
10. **Intervening.** Do what you must do to stop a harmful behavior.
11. **Self-Disclosure.** Share your own thoughts and feelings to model the honesty and risk-taking you want group members to try.
12. **Sharing Questions.** Invite group members to tell about their personal history, experiences, and feelings.
13. **Inviting Positive Reflections.** Invite group members to say something positive about the group or another group member.
14. **Group Decision Making.** This included three steps:
 - A. *Brainstorm:* Come up with ideas for what the decision might be.
 - B. *Sort Down:* Decide which possible ideas merit serious attention.
 - C. *Gain Consensus:* Help the group reach a decision all can accept.

Let's take a few minutes to talk about these skills.

What questions do you have about the 14 facilitating skills?

2. USING FACILITATION SKILLS

Knowing how to use these facilitating skills is central to your work as a Supervision Group Facilitator.

We are going to do an exercise designed to help you become familiar with facilitation skills, begin to recognize situations where you can use the skills, and gain competence and confidence in using them. Rather than talk about the skills, we will help you actually use them.

Focus Note 6 lists ten situations that frequently come up in supervision.

We may not get through all ten in the time we have, but let's explore as many as we can. With these situations, I want you to do three things:

1. Read the description of the situation.
2. Identify facilitation skill(s) the Supervision Group Facilitator might use in that situation.
3. Give an example of what the Supervision Group Facilitator might say to exercise the facilitation skill(s) identified.

Note to Presenter: Under each situation in this training guide, your version of *Focus Note 6* includes possible answers. Trainees do not have this material in their *Training Class Notes*. Share the answers if the trainees get stuck or they don't come up with those answers on their own. The answers suggested may not be the only answers and trainees may come up with other great answers.

End this exercise when you are 50 minutes into the class and move on to the next section.

Choose one of the Facilitation Situations to begin the discussion with the class and ask someone to read it aloud. Cover as many as you have time available.

Focus Note 6 – Facilitation Situation #1

Right after Art shares his check-in statement, Cynthia says, “Art, I’m concerned about your Care Receiver’s relationship with God. What are you doing to witness to him about Jesus?”

The facilitation skill is *limit setting*. This is not the time for an in-depth discussion and the Supervision Group Facilitator needs to help her save that question for a better time.

The facilitator might say, “Cynthia, that’s a really good thought, but I’d like for us to save it until we have an in-depth discussion of Art’s caring relationship. Would you remember to bring it up then?”

Focus Note 6 – Facilitation Situation #2

Cynthia says, “This is really too important to put off. Art may be completely blowing this caring relationship and destroying the Care Receiver’s faith. I think we need to talk about it right now.” (Cynthia’s accusations are clearly not true).

The facilitation skill is *intervening*. Cynthia is not only derailing the supervision group, she is also unfairly judging Art in front of the whole class. The facilitator might say, “Cynthia, I understand you are worried, but it is not the right time for this discussion. I’m also concerned you seem to be judging Art, and we don’t do that in our small group. We need to stop this discussion now, but I’d like to hear more of your thoughts and share a few more of my own after the meeting.”

Focus Note 6 – Facilitation Situation #3

Betty has just shared an excellently prepared in-depth report in which she described how her Care Receiver recently made significant progress and is much happier now.

The facilitation skill is *affirming*. The group needs to let Betty know they recognize her good work. The facilitator might say, “Betty, thank you for your excellent report, and thank God for how your faithful caregiving is benefiting your Care Receiver.

Another skill is *inviting positive reflection*. Instead of, or in addition to, their own affirmation of Betty, the Supervision Group Facilitator could invite other group members to share affirmations. The facilitator might say, “What do you think about Betty’s report and the care she’s giving to her Care Receiver?”

Focus Note 6 – Facilitation Situation #4

It was early in the group’s life. After it finished an in-depth discussion of Bob’s caring relationship, Dave said, “I think I understand a little of what Bob’s Care Receiver is going through, because I have been through the death of a family member. At first it seems as if the pain will never end.”

The facilitation skill is *active listening* with the goal of inviting Dave to say more about what he is thinking and feeling about the loss in his own life. The Supervision Group Facilitator could say something as simple as, “Tell us more about that, Dave.”

Then you could use *sharing questions*. Dave has shared some of his history and this could be a good time to ask others tell about their own experiences of grief. Since it is early in the group’s life, the Supervision Group Facilitator can take advantage of opportunities for group members to share their own histories, saying, “Thank you for sharing that Dave. Has anyone had one you love die? What was that like for you?”

Another facilitating skill appropriate to this situation might be *self-disclosure*. The Supervision Group Facilitator could share about their own experiences with grief to model for the rest of the group the same kind of risk-taking Dave has already shown them. The Supervision Group Facilitator could say, “I’ve been through that too. Right before I finished high school my grandmother died. She and I had been very close and her death hit me like a ton of bricks.”

Focus Note 6 – Facilitation Situation #5

Early in the group’s life Sylvia, the Supervision Group Facilitator, said, “It seems like our discussion is getting off course. I’d like to suggest we get back to the Focus Question we’ve chosen.” Ramona said, “I’m enjoying our discussion. You’re such a control freak. Why don’t you just stop trying to control every little thing we do?”

The facilitation skill is an *I-Message*. Ramona has acted quite inappropriately by calling Sylvia a control freak, but since this is early in the group’s life, this is possibly a sign of the Test Stage of group development. While Sylvia can’t ignore Ramona’s insult, she needs to choose a non-confrontational response so the group doesn’t take sides with Ramona or Sylvia against the other one.

The Supervision Group Facilitator might say, “Ramona, when you called me a control freak I felt hurt because it seemed like you were attacking me for doing my job. I would like it if you would refrain from calling me or anyone else in the group names like that.”

Focus Note 6 – Facilitation Situation #6

Fritz was explaining what he wanted to say to his Care Receiver about praying during their visits together. “It’s like when we have a caring visit without God being there, there isn’t the power to pray because we begin the conversation on secular and human terms instead of dipping into the high-tension life of quietly meditating on God’s Word and engaging the presence of the Holy Spirit.” Rachel, the Supervision Group Facilitator, looked around the group and noted expressions of extreme confusion on everyone’s face.

The facilitation skill is *asking for clarification*. Fritz seems to have an important point he wants to make, but nobody in the group knows what that point is. The Supervision Group Facilitator could say, “Fritz, tell us more about what you are thinking and feeling about praying with your Care Receiver.”

Focus Note 6 – Facilitation Situation #7

Jasmine hadn’t participated in the group discussion for the last half-hour. Then the in-depth reporter, Brian, asked the group if anyone had any thoughts or suggestions for his caring relationship.

The facilitation skill is *including*. Jasmine may be waiting for permission to join the discussion. The Supervision Facilitator might say, “Jasmine, do you have thoughts or ideas you’d like to share with Brian?”

Focus Note 6 – Facilitation Situation #8

Kim asked the group, “What do you think? Is it time for me to bring up closure with my Care Receiver?” Andrew looked at Charles, the Supervision Group Facilitator, and said, “I’m not sure Kim’s Care Receiver has worked through her grief enough to think about closure. Charles, ‘Do you think this is a good time to end the caring relationship?’”

The facilitation skill is *redirecting*. Andrew may be trying to turn the group discussion into a dialogue between himself and Charles. The Supervision Group Facilitator might say, “Thanks for sharing that, Andrew. I’d like to hear what others think.”

Focus Note 6 – Facilitation Situation #9

The supervision group members started their in-depth discussion talking about a Focus Question dealing with the future of the caring relationship. The discussion drifted, however, until group members were asking the in-depth reporter personal questions about the Care Receiver that were not necessary for effective supervision.

The facilitation skill is *refocusing*. The discussion has gotten off track and it looks like the group might be getting into confidential. The Supervision Group Facilitator can say, “This is an important discussion and it seems we have wandered far from our Focus Question. I’m afraid we might be getting too detailed in our questions. Should we go back to the Focus Question we were discussing or find a new one?”

Focus Note 6 – Facilitation Situation #10

Ed shared three minutes of an in-depth report but then said, “I suppose that’s all I can think of to say right now about my caring relationship.”

The facilitation skill is *active listening* to encourage Ed to say more. The Supervision Group Facilitator might make a *reflecting response* such as, “You are having trouble thinking of what else to say.” Another response could be to ask an *open-ended question*, such as, “What were you thinking at the end of your last visit together?”

Note to Presenter: For *Section III*, allow 10 minutes.

III. YOUR ROLE IN A SUPERVISION GROUP

As you read in the *SGF Resource Manual*, one of your leadership roles is to be a knowledgeable leader and that means you need to understand supervision backward and forward.

A. QUICK REVIEW

Let's do a quick review of the basics by discussing questions in *Focus Note 7*.

Focus Note 7 – Review Questions

1. *What is the preferred size of a supervision group?*
Up to 8 Care Partners, including the facilitator
2. *How long does a supervision meeting last?*
Up to 2 hours, including small group time and continuing education
3. *What is the goal of a supervision group?*
Group supervision enables Care Partners to deliver the best life-giving care possible to their Care Receivers by providing support, encouragement, and accountability.
4. *Who is the primary beneficiary of supervision?*
All supervision benefits the Care Receiver. Sometimes the group focuses on the needs of a Care Partner, but it's done to enable them to deliver the best care possible to a Care Receiver.
5. *What is supervision not?*
It is not a gossip group, therapy, a place for one person to show off their skills or knowledge, or to get chewed out for mistakes. It is to support, to encourage one another when things are difficult, and to praise God for all progress.

B. EIGHT ESSENTIAL RESPONSIBILITIES

We want to consider eight core responsibilities of a Supervision Group Facilitator and how you fulfill them. Read *Focus Note 8* to yourself.

Focus Note 8 – Eight Essential Responsibilities

1. Help the group stay focused on God.
2. Share ideas with Supervision Coordinator for planning group activities.
3. Help the group function effectively as a small group.
4. Lead group members in following the supervision group protocol.
5. Facilitate support, encouragement, and accountability in the group.
6. Make sure the group maintains confidentiality and privacy.
7. Lead group evaluation.

8. Maintain communication between the supervision group and the CPLT.

Ask the class to discuss this question:

“How will you fulfill these responsibilities?”

How Will You Fulfill These Responsibilities?

1. You lead in the following ways:
 - * Understand how supervision groups work and why.
 - * Commitment to supervision protocol, proper use of supervision tools, and confidentiality.
 - * Monitor others’ compliance with the supervision protocol.
 - * Facilitate effective small group interaction and communication.
 - * Communicate the group’s needs to CPLT and share the Supervision Coordinator’s information and requests with the group.
2. You exercise group facilitation skills.
3. You share ideas for group building, evaluations, and group closure.
4. You use *SGF Supervision Agenda (Focus Note 8.2)* to lead each supervision group.
5. You help build community in the supervision group.
6. You help the group experience healthy closure.
7. You know steps in the supervision protocol front and back to help members follow them.
8. You model commitment to and reliance on God.
9. You make evaluation tools available.
10. You complete reports and meet the Supervision Coordinator on a periodic and as-needed basis.

Note to Presenter: End the discussion after no more than 10 minutes.

You have learned how to participate in a supervision group during the Care Partners training class, *Supervision: A Key to Quality Christ-Centered Care*.

After the break, we are going to look at the supervision group from a different point of view – what you will do as a Supervision Group Facilitator before, during, and after the meeting to help the supervision group meet the goal of group supervision.

Note to Presenter: Take a 15-minute break for the restroom and refreshments. For *Section IV*, allow 5 minutes.

IV. WHAT YOU DO BEFORE A SUPERVISION GROUP

Begin this section acting panicked and unprepared for what comes next. Fumble for words and look embarrassed. When trainees begin sharing your discomfort, resume a normally calm and confident

demeanor and explain,

This section emphasizes the importance of being prepared. No one likes the feeling of being out of control. This stress can be avoided both through planning and by doing thorough preparation for every supervision group.

As the leader of your supervision group, one of your primary responsibilities is to be prepared for each meeting. You will do long-term planning as well as prepare for each individual supervision meeting.

A. LONG-TERM PLANNING

All long-term planning will be led by the Supervision Coordinator in cooperation with the CPLT. As a Supervision Group Facilitator, you assist the Supervision Coordinator in developing a long-term plan that includes when Care Partners and Supervision Group Facilitator training will be offered, and recruiting efforts to invite potential Care Partners to work with Care Ministry.

B. PREPARING FOR A SUPERVISION GROUP

The most important planning you do is preparing for each supervision group. This is a critical factor in providing effective supervision.

Take a look and review two documents and identify questions you have about them. These are used by the Supervision Coordinator and Supervision Group Facilitator to plan, prepare, and lead a supervision group.

- *Planning Checklist for Supervision (Focus Note 8.1)*
- *SGF Supervision Agenda (Focus Note 8.2)*

The CPLT uses the *Planning Checklist for Supervision (Focus Note 8.1)* to develop content for supervision meetings, conduct supervision activities, and follow-up after a meeting. Each Supervision Group Facilitator completes the *SGF Supervision Agenda (Focus Note 8.2)* to guide their group of Care Partners through a supervision group. These forms keep you organized and on-track in a supervision group.

Note to Presenter: For *Section IV*, allow 55 minutes.

V. WHAT YOU DO DURING A SUPERVISION GROUP (PT 1)

What you do as a Supervision Group Facilitator during a supervision group is presented in two parts. This session is Part 1.

A. BEGIN THE MEETING

You have three responsibilities at the beginning of a supervision group. Review *Focus Note 9*.

Focus Note 9 – Beginning the Meeting

1. Secure a copy of the *SGF Supervision Agenda (Focus Note 8.2)*
2. Greet group members as they arrive.

3. Begin the group discussion on time.

Consider the following dynamics about beginning the small group time:

- Get the group started quickly. There is a tendency for groups to want to chat for a long period before getting down to business, but that keeps the group from accomplishing the goal of supervision.
- Look for ways to set a positive tone for the meeting and encourage the group to feel good about being present.

B. FACILITATE CHECK-IN

Check-In focuses on inviting, listening to, and responding to check-in statements from each Care Partner in your supervision group. While sharing a check-in statement might seem simple, there are important ways to manage this part of a supervision group.

1. INVITING CHECK-IN STATEMENTS

When inviting check-in statements, it is essential to keep the process moving quickly so the group moves through the check-in time as quickly as possible to get to the heart of supervision.

This is a challenge – you want to allow adequate opportunity for individuals to fully report but not allow things to get bogged down in too many details or off-track on irrelevant issues.

2. LISTENING TO CHECK-IN STATEMENTS

As Care Partners share their check-in statements you listen for three important matters. Look over *Focus Note 10* for what you must pay attention to when listening to a check-in statement.

Focus Note 10 – Check-In Statements

Supervision Group Facilitators need to listen for the following matters:

1. *Urgent Attention*: Is there a need for urgent attention that calls for the group to abandon the regular rotation of in-depth reports to focus on the needs of that Care Partner?
2. *Closure*: Is there evidence this relationship is ready for closure or headed toward premature closure? If so, is it necessary to look more closely at that caring relationship during this supervision group?
3. *Referral*: Is there a need to refer the Care Receiver to a mental health professional or other community resource? Is the need so pressing it is required to have an in-depth discussion during this supervision group meeting?

3. REVIEWING SAMPLE CHECK-IN STATEMENTS

We’re going to take 10 minutes to talk about as many sample check-in statements as we can cover. I want to invite a volunteer to read a check-in statement and then we will discuss the questions in *Focus Note 11*

Focus Note 11 – Check-In Statement Questions

Discuss the sample check-in statements in light of these questions:

1. Does the check-in statement reveal any special needs?
2. Does the CP who gave this statement require in-depth supervision now?

Sample Check-In Statement #1

My Care Receiver's wife died six months ago and he is dealing with the grief and loss he feels. He currently needs someone who will listen to his grief, allow him to express his anger without judging him, and be there to support him during the down times.

My current goals are to listen, to allow for the expression of his feelings, and to suggest support groups that might be helpful to him. I think I'm doing a good job of listening and providing support. However, he is such a loner I fear he may become dependent on me. I could use the group's help in determining where care leaves off and foster dependence begins.

Note to Presenter: *This statement doesn't reveal special needs to be dealt with immediately. The needs the CP mentions are not of an emergency nature.*

Sample Check-In Statement #2

My Care Receiver is a newly divorced single mother. In the three visits we've had she had told me about feeling very rejected. She also feels overwhelmed by the responsibility of caring for her children and wishes she could just get away from them to go out with her friends. My goal in this relationship is to be very accepting of her and to show that God accepts and loves her.

What's going well is that I've been spending time with her and listening to her. What's not going well is that she canceled our last visit at the last minute. She said she had a date with an old flame who could be the solutions to all her problems. That was three days ago. I've tried calling her but she hasn't returned my calls. I'd like the group to pray for her and for me. I'm very worried she's going to make a big mistake by getting married again.

Note to Presenter: *This statement reveals the relationship may be headed for premature closure and may need a referral to a mental health counselor. The supervision group needs to discuss this in depth during their small group.*

Sample Check-In Statement #3

My Care Receiver's primary problem continues to be his sense of loss since receiving word the plant where he has worked for 20+ years is closing soon. His main need, as I see it, is to once again find a sense of purpose in life, since his life has centered on his job. Our talking and sharing have been good all along, but recently he has been showing signs of feeling down.

When I visited him yesterday afternoon, he was still in his pajamas and hadn't shaved. He has isolated himself from family and friends, had stopped going out, and hasn't been eating. What can I do to help him out of this?

Note to Presenter: *This Care Receiver shows clear signs of increasing depression and the CP needs to refer him to a mental health professional as soon as possible. The supervision group need to discuss this relationship in-depth.*

Sample Check-In Statement #4

I was originally assigned to my CR a year ago when she went into the hospital for bypass surgery. She recuperated well from that and learned to deal with the losses and limitations she has faced. Then, last week, during tests for back pain, she learned she has inoperable cancer and only has a few months to live. Her main need right now is to deal with all the anger and hopelessness she feels and to prepare for her death. We have grown very close during the past year.

With all the sadness and anger I'm feeling, I don't know how I'm going to care for her very well.

Note to Presenter: *The CP has described how extremely difficult this situation is and said she isn't sure she'll be able to care for this CR. The supervision group needs to discuss the relationship in-depth during their small group and care for the CP in order to help her reach the point where she can care for her CR.*

Sample Check-In Statement #5

My Care Receiver is a recovering alcoholic who has been learning to live as a sober, responsible, young woman. Since she began her recovery, almost two years ago, we have dealt with spiritual issues and her relationships with her husband and daughter. She attends AA regularly and has found great support from that group. We both agree she has made great progress.

I sense the goals for this relationship have been reached and I'd like the group to help me decide if it's time to bring the relationship to a close.

Note to Presenter: *The CP said she needs help deciding whether to bring the relationship to a close. This does not, however, seem to be an urgent enough need to change the scheduled in-depth reporters in order to discuss her relationship at this small group meeting. The SGF should make sure the CP gives an in-depth report at the next supervision group.*

Sample Check-In Statement #6

My Care Receiver's problem at this time centers on his desire to make peace with his family and his fear of how they will respond to him. He currently need my support, acceptance, and care since he feels so rejected right now. My goals in the relationship are to be there for him and to facilitate whatever emotional and spiritual healing I can as he faces death.

Throughout our relationship he has been very open in sharing with me his feelings about having AIDS. But now, he wants me to arrange and mediate a meeting next week between him and his parents who have had nothing to do with him since his diagnosis. While I think this type of meeting would be good, I'm not sure I should be the one to take responsibility for it. I really need guidance and clarification from the group as to what my role should be in this.

Note to Presenter: *This CP presents an urgent need to have his relationship in the spotlight for this supervision group. He faces a difficult situation, doesn't know what to do, and must make a decision almost immediately.*

4. RESPONDING TO CHECK-IN STATEMENTS

You must manage responses to check-in statements. You can't allow the group to discuss check-in statements, but you need to give a brief one-sentence respond to each person when he or she is finished checking in.

A common temptation related to check-in statements is a group member's responses turning into a shallow discussion of every check-in statement. If group members start asking questions about the relationship, offering opinions, or sharing their own stories in response to the check-in, you are headed toward a shallow discussion of the check-in statement.

This discussion is superficial rather than substantial because the group hasn't heard an in-depth report. It wouldn't be likely to use Focus Questions in such a discussion. In that case, you must ask group members to defer discussion until that Care Partner makes an in-depth report. Even though check-in statements end with a Care Partner telling how the supervision group can help, it doesn't mean the group offers help right then. Everyone in the group knows they will eventually get time in the spotlight.

Keeping responses to check-in statements brief ensures everyone will have more than adequate time when they make their in-depth report. As the Supervision Group Facilitator, make sure the group responds briefly to group members after they share check-in statements.

The best response is a brief affirmation without inviting further discussion at that time. You can also mention issues the group needs to discuss the next time the Care Partner makes an in-depth report.

C. CHOOSE THE IN-DEPTH REPORTER

After all the check-in statements are complete, you will invite someone to share the first in-depth report. Unless an urgent need has surfaced during check-in, you will choose one of the Care Partners whose turn it is to report. It is expected you will ask this person prior to the meeting and will be fully prepared to present their in-depth report. If not, they should wait for the next supervision meeting to prepare and present their report.

D. LISTEN TO THE IN-DEPTH REPORTER

As the Care Partner reports using either the *CP Brief Check-In Report (Focus Note 8.3)* or *CP In-Depth Progress Report (Focus Note 8.4)*, you must listen carefully and take notes. *Focus Note 12* lists the issues to listen for during an in-depth report. Take a moment to read this note for yourself.

Focus Note 12 – Issues from In-Depth Report

1. What questions is the Care Partner asking?
2. What issues are causing the Care Partner to struggle?
3. What questions do you have about the caring relationship?
4. What Focus Questions might be appropriate?

5. What do you need to report to the Supervision Coordinator?

You can use the *SGF Supervision Agenda (Focus Note 8.2)* to record notes from the in-depth reports.

E. AFFIRM THE IN-DEPTH REPORTER

Ask the class member this question,

Why is it important to affirm an in-depth reporter?

Invite answers and seek to draw out ideas from group members about the value of affirmation. Consider how to highlight these answers:

- Affirmation establishes a *positive response* to the in-depth reporter.
- Affirmation *paves the way for questions* and suggestions later.
- Affirmation *helps the in-depth reporter trust the group* to reveal risky truths to the group.

It's your responsibility to make sure the group responds to an in-depth report with affirmation. Model giving affirmation and monitor the group to make sure members respond with affirmation. Often other group members will affirm the in-depth reporter before you express affirmation for the reporter.

Note to Presenter: If you are leading two 2½ hour sessions, end the first session here. Inform the class when and where you will meet for the second session and end the class with prayer. If you are presenting the class in one 5-hour session, take a 15-minute break.

For Section VI, allow 35 minutes

VI. WHAT YOU DO DURING A SUPERVISION GROUP (PT 2)

Inform the class you are resuming the training at *Section VI*.

A. HELP THE GROUP CHOOSE FOCUS QUESTIONS

As the Supervision Group Facilitator, one of your primary roles is helping the group decide how to begin their discussion, process the relationship being presented, and provide support or encouragement for the Care Partner who is sharing their in-depth report.

Using Focus Questions is the primary method for launching and targeting that conversation. Consider these ideas regarding how to choose Focus Questions:

- Ask the reporter to suggest Focus Questions they would like to be asked.
- Invite other group members to suggest possible Focus Questions.

As Supervision Group Facilitator, avoid suggesting specific questions. Rather, it is usually best to put that choice into the hands of the reporter, allowing them to decide. Once the reporter decides, clearly state the Focus Question the group will begin with and leave the door open for looking at other questions later.

As an alternative to asking the reporter to decide the Focus Question, the Supervision Group Facilitator could suggest a category of questions or a specific question and ask for the group's agreement with the

suggestion.

Another possibility is to say, “After hearing all the suggestions, is there a Focus Question that seems best to begin with?”

B. EXPLORE A RELATIONSHIP IN THE SPOTLIGHT

We are now at the point where the important work of supervision gets done. This is where group members use Focus Questions and exercise their caregiving skills to provide support and encouragement for the in-depth reporter and to hold him or her accountable, if necessary.

There are three ways you help a supervision group meet the goal of supervision during this time of in-depth exploring.

1. FACILITATING GROUP DISCUSSION

You help group members work as a team in providing quality supervision to the Care Partner in the spotlight by using effective small group facilitating skills. Recall the list of examples of Facilitating Skills in *Focus Note 5*.

Let’s talk about them for a few minutes?

- How can you use these skills to stimulate and guide conversation between group members?
- Which specific skills do you think would be most beneficial for a group?
- What skills are you comfortable using?
- What skills must be developed for you to be more effective?

Let’s create a whiteboard list of facilitating skills as examples and describe how to use it.

- Ask a clarifying question to expand on what has been talked about...
- Express nonverbal encouragement when reporter is asking a question...
- Provide information requested by the reporter...
- Give nonverbally encouragement for the reporter to share...
- Show you are listening and interested in what reporter is saying...

Your challenge is to master all of these facilitating skills and become an expert and highly-competent small group facilitator.

2. USING FOCUS QUESTIONS

The major activity during an in-depth supervision is to discuss the relationship using Focus Questions. You lead the group to use Focus Questions by:

- Your knowledge of them and competence in using them.
- Modeling asking Focus Questions and asking follow-up questions related to the Focus Question under consideration.
- Monitoring the group’s adherence to Focus Questions, helping them stay on track and getting back on track as necessary.

How many Focus Questions are required for a supervision group to provide meaningful supervision?

Fewer than you may think!

Often a group may spend 80-90 percent of their in-depth discussion time based on, and guided by, only one or two initial Focus Questions and the related follow-up questions the group asks or reflections and comments group members make. Remember this:

Focus Questions are not used to control discussion, but open it up, giving it direction and purpose.

When it's appropriate to change the subject or direction of group discussion, you or any member may introduce a new question for the group to explore.

Be alert to the timing of this change. If the current discussion is winding down and appears to be finished, the change will generate new energy and move the discussion into new territory. However, delay introduction of new questions if there is more about the current topic to be worked through.

Sometimes changing the subject to avoid what may be uncomfortable about the current topic is a diversionary or delaying tactic. It undercuts and prevents fully processing and resolving current issues. As a result, change and growth are not only resisted and limited, but likely rejected and prevented.

As a Supervision Group Facilitator, you don't have to do anything when members of the group are doing well on their own in carrying the discussion and being helpful to the reporter. That is one of the secrets of effective group facilitation:

If the group is doing well without your help, don't help!

Allow it to function in a healthy and constructive manner by staying out of the way. The more the group works, the less work you have to do as the leader.

3. LISTENING FOR SPECIAL NEEDS

While the group is discussing Focus Questions, you should be listening for special needs. *Focus Note 13* lists the needs to be listened for. Take a moment and read the list.

Focus Note 13 – Listening for Special Needs

Special needs to listen for during an in-depth report from a Care Partner:

- **Closure**: Does this relationship need to close or begin closing?
- **Referral**: Does this Care Receiver need referral to another care resource?
- **Reassignment**: Does this Care Partner need to be reassigned because the relationship with the Care Receiver is simply not working?
- **Individual Supervision**: Does this Care Partner need individual supervision?
- **Potential Problems**: Does the relationship appear headed toward premature closure, a confidentiality breach, or is there evidence of legal issues?

Let's focus on the need for individual supervision and then we can discuss any questions you have.

It's not often that a Care Partner needs individual supervision. When they do, put them in contact with

the Supervision Coordinator who will make arrangements for individual supervision with the most appropriate person for the needs of the Care Partner.

Focus Note 14 lists signs indicating the need for individual supervision.

Focus Note 14 – Signs - Individual Supervision

1. Complex & Sensitive Situations: Is the Care Partner involved in complex or sensitive situations where it might be difficult to maintain confidentiality; e.g., when the Care Receiver is a pastor, pastor’s spouse, or another Care Partner?
2. Serious Difficulties with a Care Receiver: Is the Care Partner having difficulty or conflict with their Care Receiver; e.g., has the Care Receiver communicated to a pastor or member of the CPLT they are dissatisfied with their Care Partner?
3. Potentially Embarrassing Situation: Does a Care Partner feel uncomfortable he or she is taking most, or possibly all, of the supervision group’s time with their overwhelming need to receive supervision?
4. Uncertainty as Caregiver: Is the Care Partner uncertain about their capacity to function as a caregiver, realizing he or she doesn’t really belong as a Care Partner, and wishes to bow out gracefully?

What other examples might indicate a need for individual supervision?

Typically, when a Care Partner is receiving individual supervision, they still participate in the supervision group, but they don’t share a check-in statement or give in-depth reports. He or she is there to support and help supervise other Care Partners.

Do you have any questions about individual supervision or other special needs to be listening for during a supervision group that indicate the need for individual supervision?

C. BRING THE DISCUSSION TO A CLOSE

It’s your job to bring the in-depth discussion to a healthy and meaningful close. *Focus Note 15* tells you how you know it’s time to conclude an in-depth discussion.

Focus Note 15 – Ending In-Depth Discussion

1. Work is completed: The group has addressed the key questions, needs, and concerns the Care Partner has presented and feels ready to move forward.
2. Time is up: The time allotted for exploring and processing the relationship and needs of the Care Partner is about to expire.

Note that *Focus Note 15* doesn’t say the group has answered all of the Care Partner’s questions or met all of their needs. Usually that won’t happen. A successful in-depth discussion will address the Care Partner’s main concerns and give him or her some new insights into the caring relationship and new ways to care for their Care Receiver. If the group tries to solve all the Care Partners challenges, the discussion will go on far too long and no other person will receive supervision.

Part of ending the in-depth discussion is *summarizing*. Usually you will ask the Care Partner who has been in the spotlight to summarize the in-depth discussion and identify what they have gained and understand more clearly. At other times, you as Supervision Group Facilitator will make the summary statement. *Focus Note 16* tells you what you to include in the summary.

Focus Note 16 – Summarize In-Depth Discussion

Make sure these elements are included in a summary statement:

1. Answers the group found to the Care Partner’s questions.
2. Needs or concerns the group addressed and discussed.
3. A summary of insights the Care Partner gained.
4. What the Care Partner plans to do next and how to do it.

Remind class participants of these elements. Brainstorm examples of what these will look like in a summary of supervision.

D. FACILITATE A SECOND IN-DEPTH REPORT

You must keep track of the time and know whether there is enough time for a second in-depth report during your supervision group. If so, invite another Care Partner to share an in-depth report. If there isn’t time for a second report, move on to group evaluation. Follow the same procedures, principles, and practices of presenting an in-depth report for a second report.

E. LEAD GROUP EVALUATION

You lead the supervision group in a regular brief evaluation or a periodic deeper evaluation of the supervision experience.

1. REGULAR EVALUATION

Typically, this consists of a simple five-minute regular evaluation. At the end of each supervision group, pass out copies of the *Supervision Meeting Evaluation Report (Focus Note 8.5)*. This report can be filled out in less than five minutes and you will collect them when completed by group members.

Once you have received the reports, review them and note how group members believe the supervision experience is going for them. Look for questions or comments you need to do something about, such as taking a follow-up action or planning skills training, etc. Then hand those reports to the Supervision Coordinator when you meet briefly with him or her following the supervision meeting for the 15-minute Post-Supervision Debrief Meeting.

2. PERIODIC IN-DEPTH EVALUATION

Occasionally, you will lead the supervision group in a more thorough, deeper evaluation of their supervision experience. When it’s time to do the in-depth evaluation, give every supervision group member a copy of the in-depth evaluation form *In-Depth Supervision Group Evaluation Form (Focus Note 8.6)* before the evaluation is scheduled to take place.

Ask group members to give this evaluation careful thought and write out their answers and observations. At the next meeting, lead group members in taking a deeper look at the supervision group and evaluating their participation in the supervision process.

Note to Presenter: Allow about 30 minutes for this discussion.

F. LEAD GROUP CLOSURE

You will lead group closure when the group ends. It’s a good idea to do closure activities when one member leaves the group for some reason. There are feelings of loss that need to be recognized, accepted, and expressed.

G. END THE SUPERVISION GROUP

Wrap up the small group after 60 minutes of supervision activity. Quickly read through *Focus Note 17 – “What to Include in the Small Group Wrap Up.”*

Focus Note 17 – The Small Group Wrap-Up

1. Let the group know the allotted time for the small group has ended.
2. Announce which Care Partners should be ready to present in-depth reports at the next meeting.
3. Ask a group member to close the group with prayer.

If your group members are unaccustomed to leading in prayer before a group of people, you may want to ask for volunteers to lead the closing prayer at the next meeting. This allows them to be ready and prepare to lead the prayer.

Note to Presenter: For *Section VII*, allow 10 minutes

VII. WHAT YOU DO AFTER A SUPERVISION GROUP

After the supervision ends, you still have two responsibilities:

- Review the meeting
- Meet with the Supervision Group Facilitators and Supervision Coordinator

A. REVIEW SUPERVISION GROUP EVALUATION REPORTS

After each supervision meeting, take time to review and evaluate the processes and outcomes of the time with your supervision group. Bring the *SGF Supervision Agenda (Focus Note 8.2)* and complete the *Supervision Meeting Evaluation Report (Focus Note 8.5)* in preparation for the debrief meeting.

This report takes about five minutes to complete. It is designed to be as easy as possible while still accomplishing the goals needed for quality supervision. Let’s look at several specific parts of this report.

1. POSITIVES AND CHALLENGES

The two short-answer questions about what was positive or difficult and what challenges you anticipate are intended to benefit you and your Supervision Coordinator. They get you into the discipline of thinking

how your group is doing. The more objective and honest you are, the greater the value this exercise has for your work as a Supervision Group Facilitator, the members of your supervision group, and all those receiving care from your Care Partners.

Your feedback helps your Supervision Coordinator understand not only what is going on in your group but also identifies your contributions to the overall process of supervision for Care Partners.

2. CARE RECEIVERS NEEDED

There are times when a Care Partner needs or will need a new assignment. How will you know when that time is and how do we inform the Supervision Coordinator and Connection Coordinator?

Several factors must be considered:

- A Care Partner and Care Receiver have set a date to close their relationship and the Care Partner needs a new Care Receiver after that date.
- A Care Partner has been on a brief sabbatical and is ready to be assigned a new Care Receiver upon returning to active duty.
- A Care Receiver has prematurely ended a relationship and the Care Partner is willing to accept a new assignment.

3. REFERRAL, REASSIGNMENT, INDIVIDUAL SUPERVISION

For a variety of reasons, a Care Receiver may need to be referred for another type of care, the Care Partner cannot work well with an assigned Care Receiver, desires individual supervision, or is suggesting membership of the supervision groups be rearranged. In those cases, the Supervision Coordinator must be involved in discussion to make a fully-informed decision that is best for all parties affected by the actions needed.

Make brief notes to alert the Supervision Coordinator about the situation. Be aware that everyone's privacy must be protected and that some details may be too sensitive to put on the report. When you indicate there are situations that require attention by the Supervision Coordinator, he or she will follow-up with you for more information.

If you believe there is an urgent need, don't wait for the Supervision Coordinator to contact you. Bring it up in the Supervision Group Facilitators de-brief meeting after the supervision meeting so you and the Supervision Coordinator can talk privately right after that meeting.

4. TRAINING AND CONTINUING EDUCATION

Use this form to let your Supervision Coordinator know about what training and continuing education topics you would like to have made available along with whatever other resources and support would be of value and benefit for your work as a Supervision Group Facilitator.

Be sure to let your Supervision Coordinator know when you need him or her to facilitate your supervision group so you can give your in-depth report. Because we have several supervision groups running concurrently, it is essential to plan ahead as much as possible to schedule someone to cover your supervision group as needed.

B. MEET WITH THE SUPERVISION COORDINATOR

There are two meetings between the Supervision Coordinator and Supervision Group Facilitators.

1. THE REGULAR DEBRIEF MEETING

Supervision Group Facilitators meet with the Supervision Coordinator after regular supervision meetings for a 15-minute debrief conversation. The Supervision Coordinator uses *SC Post-Supervision Debrief Meeting Agenda (Focus Note 8.8)* to plan and lead this meeting as well as make notes for follow-up tasks.

At this meeting you give a 2-minute check-in report regarding your small group just completed by sharing your own observations about how the group went using the *Supervision Meeting Evaluation Report (Focus Note 8.5)*. You will also identify who did an in-depth report and who will report next time.

This report gives your Supervision Coordinator feedback they need to know how everyone is experiencing the supervision process and what may be needed to improve supervision groups. It is an opportunity for Supervision Group Facilitators to ask questions and get direction for doing quality supervision.

2. THE PERIODIC IN-DEPTH MEETING

All Supervision Group Facilitators meet with the Supervision Coordinator for an in-depth meeting on a periodic, as-needed, basis. The agenda is similar to the regular debrief meetings. However, extra time is allowed for in-depth reporting, giving more personal feedback, and offering advanced continuing education and training for Supervision Group Facilitators.

The Supervision Coordinator uses the *SC In-Depth Supervision Meeting Agenda (Focus Note 8.9)* to plan and lead this meeting as well as to make notes regarding follow-up tasks. The Supervision Coordinator may also share information from the *SC Supervision Group Evaluation Report (Focus Note 8.7)* when the Supervision Coordinator observes or leads your supervision group. If it contains anything of a sensitive nature or is potentially embarrassing to a Supervision Group Facilitator, the Supervision Coordinator meets privately with that Supervision Group Facilitator to discuss the evaluation together.

Each Supervision Group Facilitator gives an in-depth self-evaluation of their supervision group using a *SGF In-Depth Supervision Report (Focus Note 8.10)* and receives assistance from other Supervision Group Facilitators in developing their supervision skills so their team of Care Partners can deliver quality care to their Care Receivers. At the end of the meeting, each Supervision Group Facilitator submits a copy of all report forms to the Supervision Coordinator.

If there is a Supervision Group Facilitator who has a special need, you will look at it closely and provide support, encouragement, and accountability as a focus for the meeting. It is critical the supervision part of the in-depth meeting is given priority over training and continuing education. This is similar to what a Supervision Group Facilitator does for the Care Partners when their caring relationship is in the spotlight.

This meeting includes time for continuing education and advanced training for Supervision Group Facilitators. For example, review a facilitation skill – giving affirmations, using or choosing Focus Questions, or intervening. Work on how to use small group leadership tools. i.e., community-building or closure activities. Introduce a new resource such as a book or podcast.

Members of the CPLT share information supervision group members must know about, such as upcoming activities or events, plans to end current supervision groups and formation of new groups, or to share stories how Care Partners are making a difference in the lives of people in the church and community.

3. INDIVIDUAL MEETINGS WITH SUPERVISION COORDINATOR

At any time, you may request a private meeting with the Supervision Coordinator to discuss confidential or sensitive matters related to your supervision group or for you personally.

Note to Presenter: Take a 15-minute break for the restroom and refreshments.
For *Section VIII*, allow 60 minutes.

VIII. SUPERVISION GROUP FACILITATION

SKILL PRACTICE

We are going to practice a core part of a supervision meeting. You have practiced group supervision when you participated in the Care Partners Training Class, *Supervision, A Key to Quality Christ-Centered Care*.

This time, however, you will practice sitting in the Supervision Group Facilitators seat as a facilitator, not as a supervision group participant.

Note to Presenter: Be sure to have several copies of *Supervision Meeting Evaluation Report (Focus Note 8.5)* to pass out to the class. Divide the class into groups of three or four and seat them in circles or at a table facing one another. Spread groups around the room so they don't disturb one another.

For this skill-practice session we have 60 minutes. There will be time for only one in-depth report instead of the customary two reports. To give everyone a chance to lead a portion of the meeting, the meeting is divided into four sections. Each of you will lead a section.

If you have a group with three members, one of you will lead two sections. Use the check-in statement and in-depth report you previously prepared for the Care Partners supervision training meeting. *Focus Note 18* shows how this skill practice divides the meeting.

Take a minute to decide who in your group will be person A, B, C, or D and then start with the skill practice activities. Person A will lead the beginning of the small group and also be the in-depth reporter.

You will be alerted when half your time is up and when you have ten and five minutes remaining.

Focus Note 18 – Supervision Skill Practice

Person A facilitates the beginning of the small group. (15 min)

- * Start the meeting
- * Facilitate check-in statements

Person B facilitates the in-depth report. (15 min)

- * Choose the in-depth reporter – Person A
- * Facilitate the in-depth report
- * Express affirmation of the in-depth reporter following the presentation

Person C facilitates the in-depth discussion using Focus Questions. (20 min)

- * Help the group choose Focus Questions
- * Facilitate in-depth group discussion using Focus Questions

Person D facilitates activities at the end of a supervision group. (10 min)

- * Facilitate the summary of the in-depth discussion
- * Pass out evaluation forms (*Focus Note 8.5*) and collect them after completed
- * Bring the small group to a close

Note to Presenter: Be ready to answer trainees’ questions and help them remember what takes place in the section of the small group they are leading. Inform groups at each change point:

- * When 45 minutes remain
- * When 30 minutes remain
- * When 10 minutes remain

After 60 minutes, end the skill practice and move on to the final section.

For Section IX, allow 10 minutes for the wrap-up.

VIII. WRAP-UP

These are our final moments together for this training module as we use the time to wrap-up the whole training process and experience.

A. PICKING UP LOOSE ENDS

To pick up loose ends, I want to invite you to engage with me in discussion around a couple final questions.

1. What questions do you have that haven’t need answered yet?
2. How are you feeling now about serving as a Supervision Group Facilitator?
3. What additional equipping and training do you need to serve at the highest level possible as a Supervision Group Facilitator?

B. THE CAREGIVER’S GUIDE AND GROUP SUPERVISION

The Caregiver’s Guide can be found in *Focus Note 19*.

How can the Caregiver’s Guide be an effective tool for keeping your supervision group on course toward accomplishing its goal?

There’s room on the focus note for you to write down some thoughts in response to this question.

Who will share their thoughts with the rest of us?

Here are couple ideas to consider:

1. The Caregiver’s Guide can be used *to evaluate* our own and other’s relationships. If a relationship appears to be off-course, we could discuss how we really offer CARE to others.
2. The Caregiver’s Guide can be used *to guide* how supervision group members relate with one another. In order for a supervision group to work, members have to CARE for one another.
3. The Caregiver’s Guide always serves as *a reminder* for the group on how to stay on course while participating in a supervision group and serving as a Care Partner.

