

CP BRIEF CHECK-IN REPORT

(Used by CP to share a brief update on the caring relationship during a regular supervision meeting)

Care Partner's Name _____ Date of Supervision Meeting: _____

Write a 1-2 sentence answer to these questions and share them with your Supervision Group during the Care Partner's Check-In.

1. **How many times** have you met with your Care Receiver? Do you plan to meet again?
2. What is your Care Receiver's **current situation**, concerns, or challenges?
3. What are your **process-oriented goals** for the relationship right now? In the future? What are you doing to reach them?
4. **What is going well** in the relationship? What is **not going well**?
5. **What resources** have you suggested to them – books, small groups, classes, other support?
6. **How can the supervision group help you** give the best possible care to your Care Receiver?

Characteristics of an Effective Check-In

Brief. Keep it short – no longer than 2 minutes. No need to report all the details about the situation.

Honest. Tell the group when you feel uncomfortable, fearful, angry, or concerned about any aspect of the relationship. You won't get the support and help you need if they don't know what's really going on.

Confidential. Talk in a way to protect privacy of the Care Receiver – use no names and give no identifying details about the person.

Prepared in Advance. You will get the most out of a supervision meeting by preparing carefully and thoughtfully ahead of time.



SUPERVISION IN CAREGIVING

Support, Encouragement, Accountability

Therefore, encourage one another and build up each other, as indeed you are doing.

-1 Thessalonians 5:11

I. ENCOURAGE ONE ANOTHER

Encouraging each other is a big part of supervision.

Encouragement is an important dynamic we want to develop within the Care Partners community - group supervision sessions are opportunities to encourage one another and build up each other.

II. HOW DOES SUPERVISION WORK?

A. THE IMPORTANCE OF SUPERVISION

How important is supervision for Care Partners?

It is so important to understand that no Care Partner will have an on-going relationship with a Care Receiver without regular and consistent participation in supervision.

B. THE GOAL OF SUPERVISION

The goal of supervision is for Care Partners to **work together** to provide the best Christ-centered care possible **for the benefit of their Care Receivers**.

Consider two important elements of this definition.

1. *Supervision is all about **Care Partners** working together.*
2. *Supervision is ultimately for the **Care Receiver**.*
3. *Supervision is not a **gossip** group, a **therapy** group, a place for one person to show off their **clinical skills**, or a place for anyone to get chewed out for **mistakes**.*
4. *Supervision is an opportunity to discuss how to **bring the best care possible**. In supervision Care Partners **support** one another's ministry, **encourage** one another when the caregiving gets difficult, and hold one another **accountable** for the vital ministry you agree to do.*

C. MEETINGS

Frequency – Monthly

- Your Campus Supervision Coordinator is _____
- Supervision Meets Monthly on _____

Attendance

It's important that you attend supervision.

- By **attending monthly meetings consistently** you'll get to **connect with other Care Partners, form community and comradery, support, encouragement, and foster accountability** which are all needed for you and your Care Receiver.
- There is no such thing as an **unsupervised** care partner – no Care Partner will be assigned a Care Receiver without attending and participating in supervision.
- Missing meetings **consistently** is not permitted. A Care Partner will be required to end any caring relationship with a Care Receiver.

Length and Content

Typical Agenda:

- Announcements and Updates
- Continuing Education or Team Building
- Group Check-in

Leadership

Supervision Group Facilitator (SGF):

- **Facilitates** a supervision group of about 6-8 Care Partners
- **Is Available** outside of supervision meetings for questions, concerns, individual supervision, or as your Care Partner if you need to talk about a personal situation, you're facing
- **Prays** for assigned care partners and their care receivers
- **Brings your ideas and concerns** to the leadership team

III. MAINTAIN CONFIDENTIALITY

Confidentiality is essential to a caring relationship and supervision. Maintain confidentiality in a supervision group while sharing enough specific information to get useful feedback.

Here are a few guidelines:

1. **Don't reveal the names** of a Care Receiver or names family members.
2. **Don't share information** a Care Receiver very specifically asked you to tell no one. (If this is an issue you need help with, talk to your Supervision Group Facilitator in private.)
3. **Don't share intimate details** of the Care Receiver's life that have no bearing on the relationship.
4. **Keep everything confidential** you discuss in your supervision group.
5. If a Care Receiver has shared information **that could be very damaging**, request individual supervision with your Supervision Group Facilitator (abuse, illegal activity, etc.).

Provide enough specific information without breaking confidence: For example, you could say your Care Receiver is in a nursing home, but not which one. Be specific about what is going on in the relationship, your own needs, and a Care Receiver's needs for effective supervision.

Plan Ahead - prepare your Check-in Report ahead of time.

Share details with purpose in mind – share only what you need to share to receive the supervision needed.

IV. CHECK-IN ACTIVITY

Characteristics of an Effective Check-In Report

1. **Brief:** The check-in should take one to two minutes. If it is longer, it is too long as a check-in.
2. **Honest:** A check-in should tell the truth. If a Care Partner is feeling uncomfortable, afraid or angry at their Care Receivers, or concerned about some aspect of the relationship, they need to say so. The members of the supervision group cannot provide support and encouragement if they don't know what's really going on.
3. **Confidential:** The check-in is presented in a way that preserves confidentiality. Use no names and give no needless details.
4. **Prepared in Advance:** Care Partners care enough about their Care Receivers, themselves, and

other members of the supervision group to carefully prepare ahead of time.

A Sample Check-In Report

1. Describe your Care Receiver's primary need or problem.

My Care Receiver is experiencing terrible emotional pain as she grieves the death of her child.

2. What does your Care Receiver need from the relationship?

Most of all, my Care Receiver needs support. She needs someone who listens to her as she talks about very painful feelings.

3. What are your current process-oriented goals for the relationship?

My goal is to have courage to continue to listen, care, support, and love my Care Receiver.

4. What is going well in the relationship and what is not going well?

The fact we get together once a week and talk over the phone is very positive. What is not going well is that things seem to be getting worse for my Care Receiver, not better.

5. How can your Supervision Group help you be a better caregiver in this relationship, now, or the next time you report in-depth?

Help me find courage to keep caring. This relationship is also very difficult for me emotionally.

V. LOOKING AHEAD