

## Introduction

A key ingredient to the implementation of effective services for youth with behavioral health challenges and their families is supporting the competency development of the workforce delivering these services. While orientation and training is a necessary component of a new hire training program, it is rarely sufficient. Indeed, it is unrealistic to think that training offered in the first few weeks of a new staff person's tenure would adequately prepare her for the work involved in delivering a complex service such as intensive care coordination or family support and training.

Since most newly learned behavior is fragile, supervision and ongoing coaching activities provided by a skilled practitioner are a critical aspect of a coherent workforce development program. Yet, not all supervision is created equal. The traditional model of office-based supervision—in which staff meet individually to review and discuss their work—has been insufficient to adequately assess whether staff are progressing appropriately with necessary skill acquisition.

As part of a learning community convened by the statewide Wraparound coaches, several Community Service Agencies (CSAs) from across the state examined the issue of staff supervision, training, and coaching. The expertise of the participating CSA programs helped the group reach several conclusions.

### **Additional reading and resources**

*Training, Coaching and Supervision for Wraparound Facilitators: Guidelines from the National Wraparound Initiative*

<http://www.nwi.pdx.edu/pdf/wrap-training-guidelines-2013.pdf>

*Additional Evidence for Consultation & Coaching from the National Implementation Research Network*

<http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-AdditionalEvidence-ConsultationCoaching.pdf>

First, it is important to have a structured method for orienting and training new staff. This method ideally is institutionalized with materials and procedures that are clearly laid out and thus not dependent on specific program leaders. Second, while weekly face to face supervision is required, this time is most effective when structured to guide supervisor and staff attention to practice elements and skills, rather than general discussion about the families being served. Finally, the importance of direct observation of staff in the field was highlighted as the best way to assess if a staff member's skills are progressing.

This brief describes the efforts of one program to significantly change their approach to direct observation of staff. While this brief focuses on a field based supervision strategy within a CSA, the approach and lessons learned have applicability to a range of human service contexts.

### **Innovation in supervision**

The leadership team at the Lawrence CSA at Children’s Friend and Family Services established a goal of increasing the amount of time directly observing their staff interacting with families. The program faced two major challenges in achieving this goal. First, how to address the complexities of arranging mutually agreed upon meeting times for families, staff, and the supervisors so that observations could occur; and second, how to address staff reluctance to being observed more often.

The Lawrence CSA developed what they referred to as a “whiteboard calendar.” This calendar was placed in a space visible to all the staff within the program. Staff were then divided and assigned to particular months. Staff members assigned to the current month were asked to list all their scheduled appointments with families on the whiteboard calendar. This allowed supervisors to compare the month’s appointments with their own schedule and insure that all staff members for that month were observed.

Initially, managers reported reluctance, and there was some initial hesitancy from staff to comply with the request to list their

appointments on the calendar. But after one or two staff complied, others followed their example, and soon the practice became more expected and less novel. In addition, once staff experienced the value of the direct observation from their supervisors, reluctance towards the project diminished.

### **Results**

The Lawrence CSA reports that having an established method for scheduling live observation of staff has increased their compliance rate with required observations (such as the Team Observation Measure). Supervisors now have a better idea of their staff members’ strengths and needs. This also allows the program to better tailor in-service trainings to address skill areas that multiple staff may be struggling with. Individual office based supervision time can also be used more judiciously to coach staff in developing those skills needed to become effective practitioners of the model.

Staff members also report positive benefit, and have increased their requests for supervisors to accompany them to meetings. The fact that the board is visible to all has helped foster a working environment in which live observation is viewed as ordinary and expected. It has also increased integration and better collaboration between other services offered by the organization including individual therapy and therapeutic mentoring.

### **Future planning**

While the CSA piloted this strategy with the care coordination staff, there are now plans

to expand the usage of the supervision board to include Family Support and Training staff members to support more field based observations by the senior family partners. This will allow for greater consistency in the supervision approach across the two services provided by the CSA.

## Conclusion

The whiteboard calendar has proven to be a positive instrument in scheduling and tracking field supervision. Once field supervision became a more structured and frequent event, staff became more comfortable with supervisors coming out to visits. Moving supervision out of the office and into the field with greater regularity also models the expectation that the work with families occur not in the office but primarily in the home and community.

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The Children's Behavioral Health Knowledge Center, located at the Massachusetts Department of Mental Health, was established in Chapter 321 of the Acts of 2008: An Act Relative to Children's Mental Health. The Center's mission is to ensure that: the workforce of clinicians and direct care staff providing children's behavioral health services are highly skilled and well trained; the services provided to children in the Commonwealth are cost-effective and evidence-based; and the Commonwealth continues to develop and evaluate new models of service delivery. The Knowledge Center fills a gap in the children's behavioral health system by serving as an information hub, through its Annual Symposium, [website](#), workshops, and webinars.