

TCOM Conference 2018

Communitmetric Supervision:

A Person & Results

Centered Framework

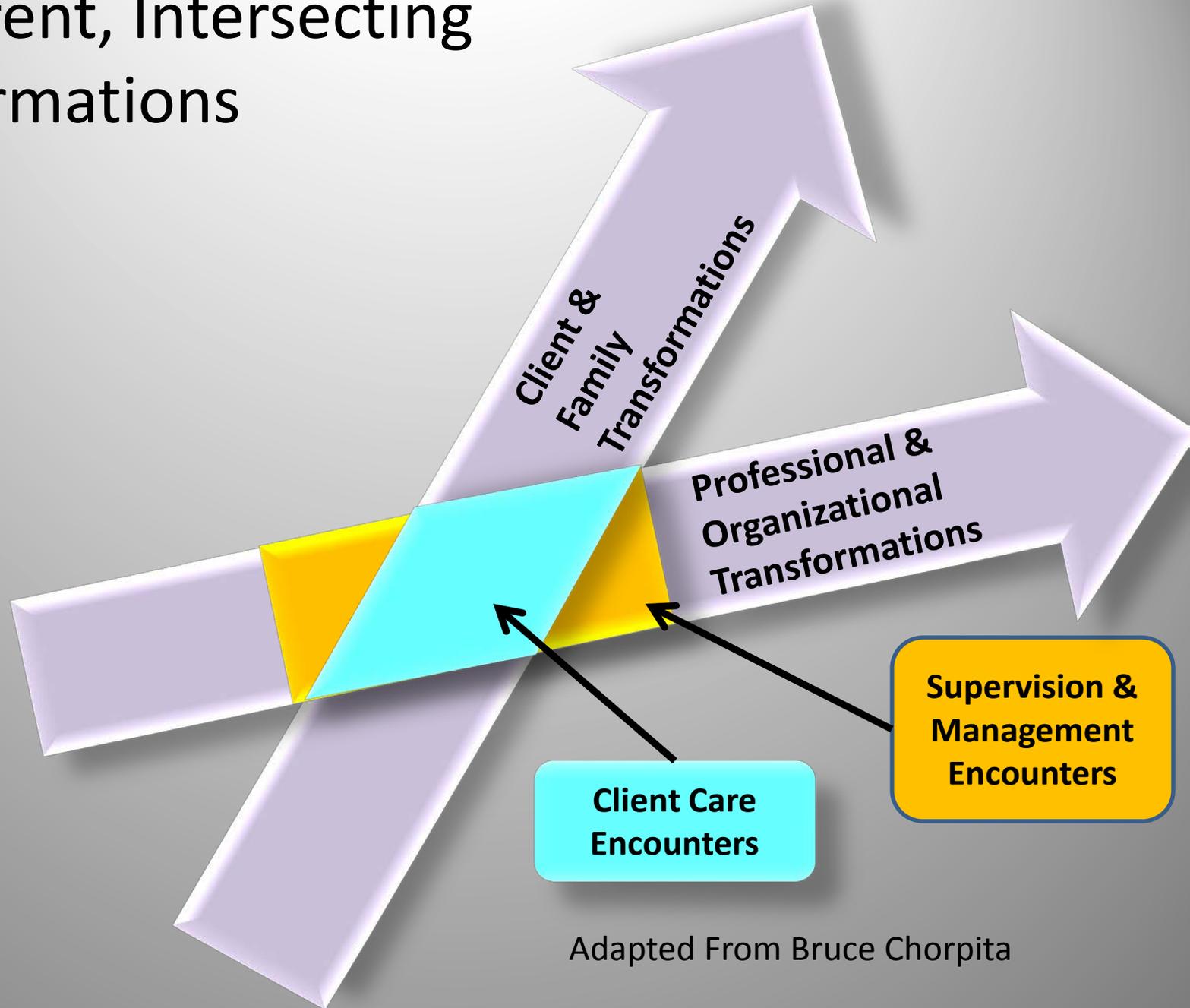


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Chief Operating Officer, A Better Way

Member Alameda County TCOM Providers' Collaborative

Concurrent, Intersecting Transformations



Adapted From Bruce Chorpita

Two Ways to Manage Complex Systems:

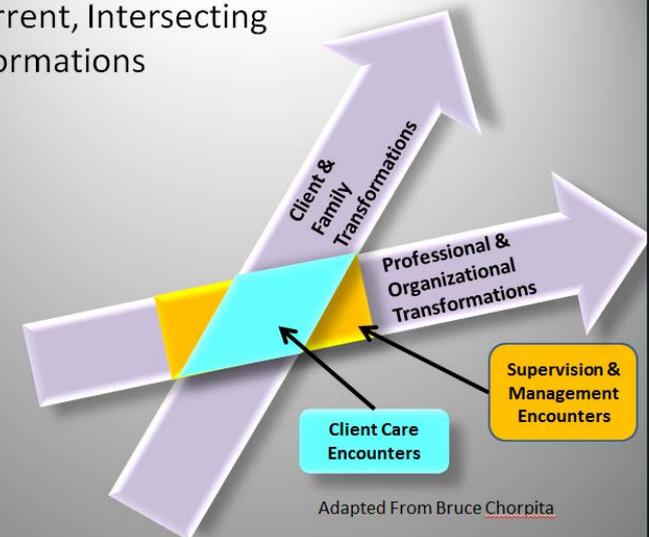
Hierarchy:

- Centralized control & decision-making
- Uniform/predictable meanings and responses among individuals
- Simpler communication

Collaboration:

- Shared control & decision-making
- Highly variable meanings & responses
- Complex communication memes
- **Requires robust & concise collaboration**

Concurrent, Intersecting Transformations



Some of the Professional Transformations

T

•Embrace a “change oriented” approach:

Yes, “meet the client where they’re at” **and then** lead them where they want to go

C

•Embrace “teaming” & Shared Vision:

Relationship with clients **is** the key , **if** we use it to catalyze a support community

O

Embrace meaningful goals:

If you’re embarrassed to show treatment plan goals to client, then we are off base

M

•Embrace ongoing observance and adaptation of plans and interventions

Treatment plan and progress-checks should be a living part of our work with clients

Thoughts about how we might scaffold change

1

Clarify role:

- What are parts of a Clinician's role that might be in need of transformation?
- Have we been transparent about that starting at hire?

2

Assess need for action & avoid blame

- Respect individuality of each team member
- Acknowledge and address extenuating circumstances

3

Stay future oriented

- Avoid battle of "histories"
- "Now that expectations are clear, are you in?"

4

"Optimal Support" → "Self-Supported Interdependence"

- Give the optimal support needed to reach standard
- Co-dependency can wear you out & prevent growth

5

Eyes on the prize:

- Avoid dance of "blame & excuses"
- Common aim: Close gap between Status Quo & Goal

6

Consider culture and development:

- Cultural Humility in services and in supervision
- Align with clinicians' stage of professional development

Six Characteristics of a Communimetric Approach

1

Planning

Items are included because they are relevant & support decision-making

Clarify role:

2

Action Levels

Level of need or strength translates directly to action.

Assess need for action & avoid blame

3

Timely, Current and Future-directed

Items are rated within a 30-day window. We can override this when appropriate.

Stay future oriented

4

It's about the individual, not the individual in services.

Focuses on the extent to which the individual can function without “extra support”

“Optimal Support” → “Self-Supported Interdependence”

5

It's about the “What” & not the “Why”:

But the “why” is important during assessment and planning

Eyes on the prize

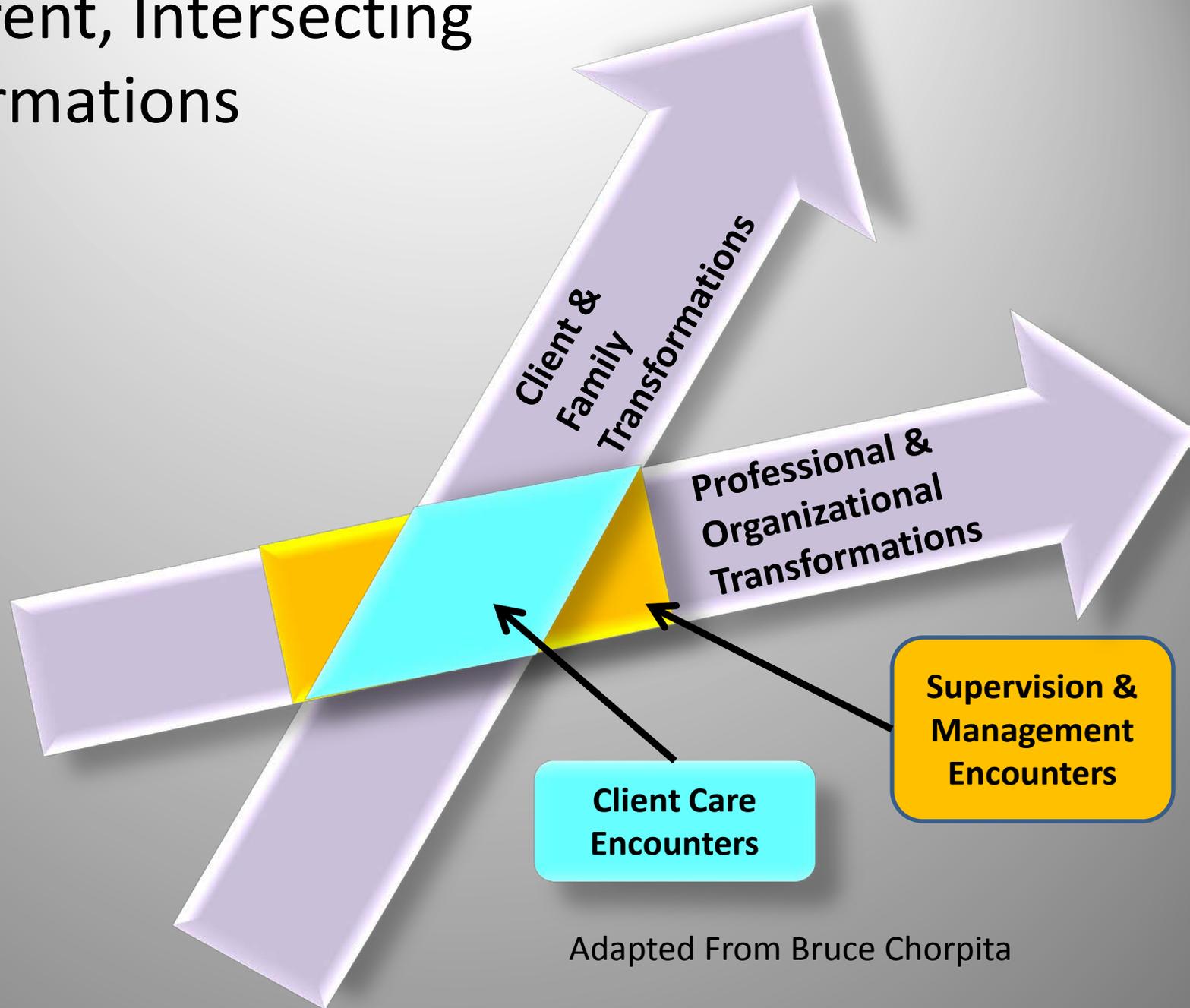
6

Culture and Development

Development and culture are considered before rating the items.

Consider culture and development:

Concurrent, Intersecting Transformations



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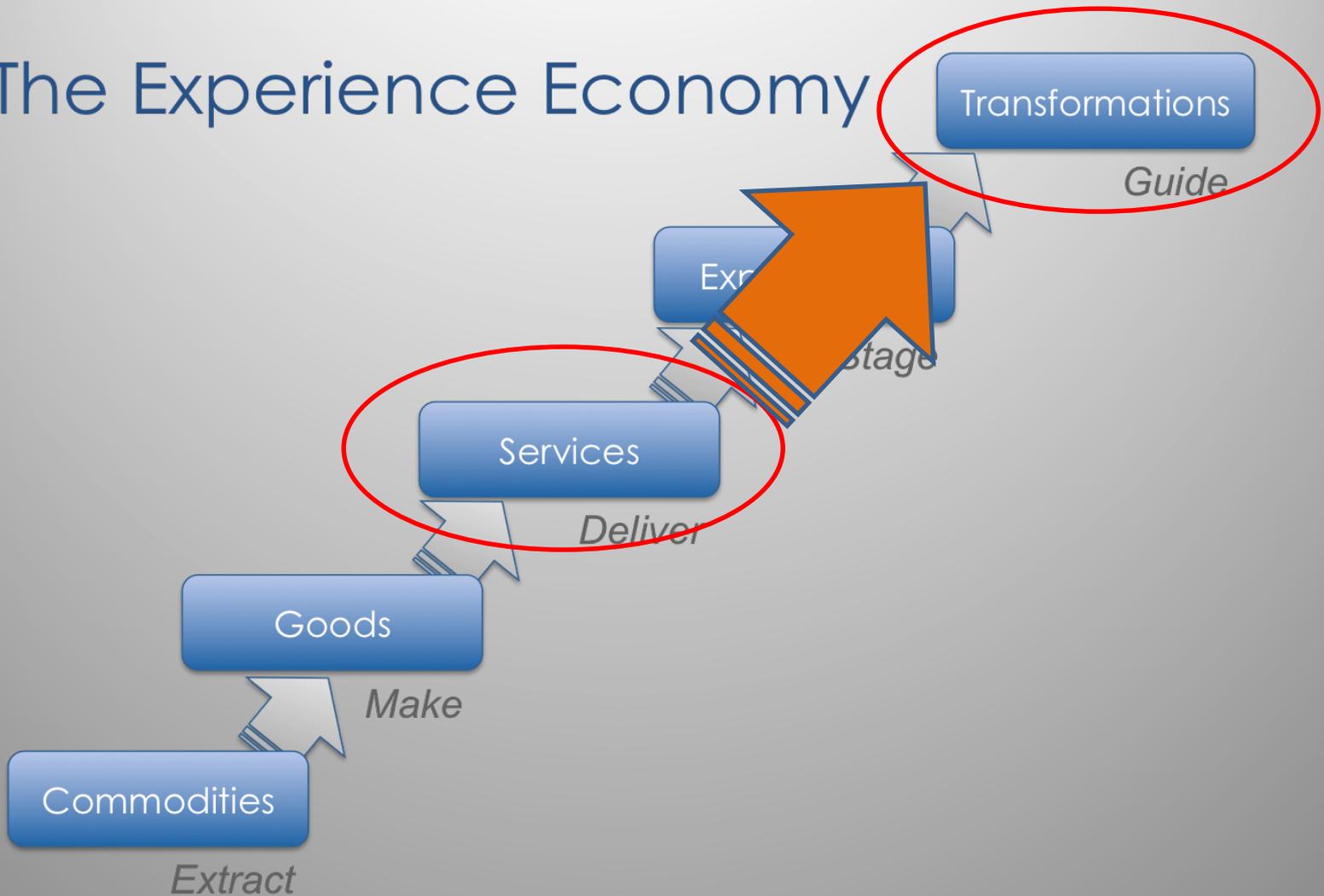
Outline

- Nested transformations
- Some issues with work – oriented toward 6 characteristics
- Identify areas of where parallel practice makes sense and where it doesn't
- Within a hierarchy what ought to be flat (e.g. Kindness and relational communication) and what should not (e.g. leaders should acknowledge differentials in power/vulnerability)

Transformation in a context of Relationship, Development, Attachment & Belonging



The Experience Economy



Source: B. Joseph Pine II & James Gilmore
"The Experience Economy" (1997, 2011)

Systemic Mismatch



The diagram consists of two blue circles on the left. The top circle is labeled 'Position Design'. The bottom circle is labeled 'Staff Person Performance' and is partially enclosed by a larger blue shape at the bottom labeled 'SUPPORT'. To the right of these circles are five stacked, rounded rectangular boxes containing text and bullet points.

Position Design

Staff Person Performance

SUPPORT

Manage positions & Lead People

- The design of the position supports the design of the program
- We hire people who are qualified to fulfill role
- *We provide relational & optimal support to help staff develop professional skills & independent practice*
- *We lead, support, & coach people to fulfill the functions of the position*
“Standards Stewardship”
- *Any necessary performance improvement – up to and including termination – is conducted transparently, directly & with full respect of person’s dignity & humanity.*
We address “fit” not “faults”

Process

1. Named the need with program leaders
2. Managers created proposed list of relevant domains/items (3 months)
3. Dialogs with staff to gather feedback , questions & suggestions (3 months)
note: We did not take anonymous feedback at this time. Pros/Cons? Mistake?
4. We refined list based on input from staff

Five Domains – 19 Items

Domain A: Job Satisfaction

- Structure of Supervision
- Supervision relationship
- Relationships w/ other mngrs.
- Relationships with co-workers
- Burn Out

Domain B: Clinical Competence

- Clinical & Cultural Skills in Theory & Practice relevant to population
- Self-Reflection with Clients, Co-Workers and Collaterals
- Development of Collaborative Objectives
- Follows Team-Driven Care Model
- Utilizes Evidence Based / Evidence Informed Practice
- Utilizes TCOM and Progress Monitoring with clients

Domain C: Documentation skills:

- Goals/Objectives are thorough, QA compliant and family-friendly
- Ability to write brief & thorough notes
- Timeliness in Writing Progress Notes
- QA Review Performance

Domain D: Professional Conduct:

- Contribution to organizational culture.
- Time Management
- Self-Management

Domain E: Service Delivery:

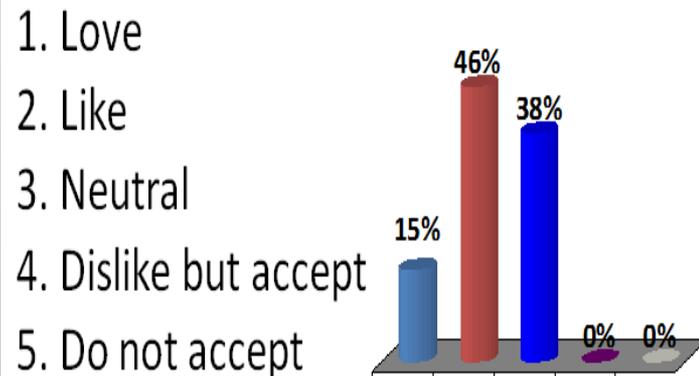
- Meets or Exceeds Service Delivery Target for Position

**Anything Missing?
Anything Extraneous?
What reactions would you expect?**

Process Continued

1. Named the need with program leaders
2. Managers created proposed list of relevant domains/items (3 months)
3. Dialogs with staff to gather feedback , questions & suggestions (3 months)
note: We did not take anonymous feedback at this time. Pros/Cons? Mistake?
4. We refined list based on input from staff
5. 3-month pilot:
 - Monthly ratings in supervision
 - Surfacing & sharing concerns (***again, we said “silence = assent”***)
 - Coaching for supervisors who struggled with pushback/questions
6. Final all-program review & anonymous degrees of agreement
7. Next Steps – practice the parallel process
 - Help Supervisors respond to questions and concerns about supervision framework
 - Help supervisors draw parallels to analogous CANS questions

1. Structure of Supervision:



Fun with Parallel Process: Supervision Questions -> CANS Answers

1. “I am not sure why you are using a tool on us that we use to describe clients’ problems”
2. “When do we do this?”
3. “I don’t see why you say this is not a performance evaluation tool”
4. “These items are not quantifiable”
5. “*I think [the item supervision relationship] is important, but I would never be able to be honest about this with supervisors. There is a power differential and fear.*”

Since 2014

- Several iterations
- Supervisors feel more supported
 - Role is clear
 - They are learning to blend “Relational” & “Accountable”
 - Helps with hiring (“Full informed consent”)
 - Clinicians developing greater professional strength
- Much turnover and drift:
 - Newer staff were not involved in creation
 - Use of model is varied across teams
 - Need greater ongoing discussion/refinement