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Learning Objectives

The Supervision Curriculum for Family and Person Centered Practice - *Supervision 201: The Assessment, Performance Evaluation and Professional Development Planning Track*

❖ The Self Assessment for Supervisors

Readers will be able to:

- State at least five key aspects on which good supervision is based

❖ The Self Assessment for Supervisors: A Completed Example

Readers will be able to:

- Identify and rate their mastery of at least 20 skill areas from Part 1: Supervision Skills
- Identify and rate their mastery of at least eight values from Part 2: Values and Principles
- Identify and rate their performance on at least 25 skills and experiences from Part 3: Job Skills and Activities
- Identify and respond to at least 10 issues from Part 4: Policy, Procedure and Best Practice

❖ Supervisor's Individualized Professional Development Plan: A Completed Example

Readers will be able to:

- Describe at least three goals with associated learning activities and how what supervisors learn will be used to teach staff in each of the four parts of the Self Assessment

❖ The Self Assessment for Supervisors: Forms

Readers will be able to:

- Use the blank forms to complete a comprehensive Self Assessment

❖ Tailoring the Self Assessment: Options for Supervisors

Readers will be able to:

- Tailor the Self Assessment to better reflect their job missions and priorities and to match their specific programs and job responsibilities

❖ The Collaborative Assessment for Supervisors and Employees

Readers will be able to:

- Use their own Self Assessment and Professional Development Planning experience to describe what their employees will be doing during the process

❖ Employee's Individualized Professional Development Plan: A Completed Example

Readers will be able to:

- Identify and rate their employees' mastery of at least 20 employee behaviors in Part 1: Employee Behavior
- Have their employees rate their mastery of at least 20 employee behaviors in Part 1: Employee Behavior
- Identify and rate their employees' definitions of at least 8 key values from Part 2: Values and Principles
- Have their employees rate their definitions of at least 8 key values from Part 2: Values and Principles
- Identify and rate their employees' mastery of at least 20 skills from Part 3: Job Skills and Activities
- Have their employees rate their mastery of at least 20 skills from Part 3: Job Skills and Activities
- Identify and rate their employees' response to priority actions in reference to specific scenarios and policies
- Have their employees respond to specific scenarios in reference to policies

❖ Employee's Individualized Professional Development Plan: A Completed Examples

Readers will be able to:

- Describe at least 3 goals with associated learning activities for each of the four parts of the Collaborative Assessment

❖ The Collaborative Assessment: Forms

Readers will be able to:

- Use the blank forms to complete the Collaborative Assessment with employees

❖ Tailoring the Collaborative Assessment: Options for Supervisors

Readers will be able to:

- Using the options menu provided, tailor the Collaborative Assessment to better reflect their employees' job missions and priorities and to match their specific programs and job responsibilities

The Self Assessment for Supervisors

Introduction

Good supervision is based on the following:

- Excellent comprehension of the values and principles that define Family and Person Centered Practice and what actions – *specifically* – reflect them in practice
- Clear information about what skills each person's job requires and the degree to which each person has acquired and is correctly implementing the identified skills
- A thorough understanding of how to motivate, model skills and attitudes and teach people effectively
- Accurate assessment of what staff are doing and not doing
- Clear and accurate information about employee strengths and needs
- The ability to correctly understand and help staff interpret and apply organizational policies and procedures

Because of the importance of assessment and every supervisor's need to have accurate information, this curriculum begins with self assessment.

The first part of the self assessment relates directly to supervision skills. Supervisors are asked to look at what they do well and what they'd like to do better. Respondents will later be designing their own Professional Development Plans (PDPs) so look for areas that reflect your priorities for improvement. Supervisors are also advised to tune in carefully to how they feel throughout the assessment process. Their observations and insights will be useful as they implement a similar process with staff.

The second, third and fourth parts of the Self Assessment deal with Family and Person Centered Practice values and principles, job skills and activities and the implications that policy and procedures have on practice.

They are similar but not identical to the self assessment supervisors will later ask staff to complete on themselves as they complete performance evaluations on staff. Then, the supervisor and each employee will discuss the employee's scores, arrive at final scores and develop individualized PDPs for every employee who is participating in the process.

This allows supervisors to first experience, and then walk staff through the process by which Professional Development Plans will be put in place for everybody. It provides

valuable opportunities to model continuous skill improvement and acquisition for all levels of staff in Family and Person Centered Practice.

The Self Assessment:

Part 1 – Family and Person Centered Practice- Supervision Skills

This section is the one of the four used exclusively by supervisors and not also by staff. It allows supervisors to review their basic skills and select areas in which they'd like to acquire new skills or build on old ones. The focus is on the day to day management of several employees or teams: praise, writing clear and measurable staff goals, resolving staff conflicts, etc. An example of a completed Part 1 Assessment is on pages 10-12.

Part 2 – Family and Person Centered Practice – Values and Principles

From this part of the Self Assessment on, supervisors will be using part of the same instrument they will ultimately use to help staff design Professional Development Plans for themselves.

This section asks respondents to define the values and principles that support Family and Person Centered Practice and how much they agree with them and their importance. In the supervisors' version, supervisors are also asked to begin thinking about how to teach the values and monitor staff compliance with them. An example of a completed Part 2 Assessment is on pages 13-15.

Part 3 – Family and Person Centered Practice – Job Skills and Activities

This section lists 40 skills that can be key to implementing Family and Person Centered Practice. Supervisors are asked to assess their own levels of experience on each of these skills. They are also asked to begin thinking about how their own experiences can be used to teach staff new or improved skills that reflect the highest priorities of their organizations. An example of a completed Part 3 Assessment is on pages 16-20.

Note: If any of the skills listed are not needed by your staff, mark them N/A or simply skip over them

Part 4 – Family and Person Centered Practice – Policy, Procedure and Best Practices

This final part of the assessment offers four diverse and complicated scenarios, followed by questions to assess the following: first, supervisors' understanding of relevant policies and procedures; secondly, how they merge them with best practice. Employees will participate in a similar process later on, but the emphasis is on learning policies and procedures and how they relate to conduct and actions. Supervisors should select one or at most, two, of these scenarios to use in their self assessment, choosing the example/s that best matches their specific program priorities. When this

process is implemented with employees, supervisors will need to select a relevant scenario for their use as well.

Only one of the Part 4 scenarios is included in this section with possible answers as an example. Rhonda's story includes protective services, possible mental illness, substance abuse, possible out-of-home placement, school issues and a complicated divorce/family situation.

The other Part 4 scenarios which are in the *Forms* section of the Self Assessment for Supervisors, include the following:

- James and Gina: chronic illness, mental health and family issues, illegal behavior, court involvement, unsafe sex/criminal sexual behavior and educational problems
- Jorge: depression, isolation, grieving and loss, possible suicide attempt, school safety issues, kinship care
- John and Sarah: aging, illness, family issues, death and dying and planning for the end of life

Additional Part 4 scenarios which feature other personal and family circumstances are available in the *Tailoring the Self Assessment: Options for Supervisors* section of this manual.

The Self Assessment for Supervisors: A Completed Example

Part 1: Family and Person Centered Practice: Supervision Skills

Rate your own skills at the following tasks. If you're not satisfied with your skill level, indicate your dissatisfaction and what you plan to do to increase your skill level. Please make sure you don't plan remedial activities for any more than five skills. Prioritize if you have to, set tight but reasonable time frames for your goals and plan to select new goals in the future.

| Skill | Level of Mastery? 1= little 2= some 3= a lot | Are You Satisfied? Yes, Partly, No¹ | Remedial Plan |
|---|---|---|---|
| Praise and acknowledgement | 3 | Yes | _____ |
| Giving clear instructions | 2 | No | Write down instructions, evaluate their clarity and then deliver them in person |
| Following up on what you've requested | 1 | No | Use PDA. Enter the follow-up on a specific day |
| Writing clear professional development goals for/with staff | 2 | Yes | Will work on when the previous two are completed |

¹ Karen Bradley, Division of CMH, Idaho DHW

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| Skill | Level of Mastery? 1= little 2= some 3= a lot | Are You Satisfied? Yes, Partly, No | Remedial Plan |
|---|---|---|---|
| Teaching and/or modeling relevant skills | 3 | Yes | _____ |
| Inspiring/motivating top level performance | 3 | Yes | _____ |
| Recognizing staff strengths | 3 | Yes | _____ |
| Drafting needs statements that accurately reflect staff's unmet needs | 2 | No | Next quarter |
| Giving specific positive feedback | 3 | Yes | _____ |
| Giving specific negative feedback | 1 | No | Meet with Human Resources staff for coaching |
| Documenting staff performance | 2 | No | Create a comments file for each employee, jot down performance details on post-its and file |

| Skill | Level of Mastery? 1= little 2= some 3= a lot | Are You Satisfied? Yes, Partly, No | Remedial Plan |
|--|---|---|---------------------------------------|
| Initiating a possible dismissal | 1 | No | Next quarter |
| Completing a needed dismissal | 1 | No | Next quarter |
| Monitoring how staff spend their time | 3 | Yes | _____ |
| Resolving staff-staff conflicts effectively | 3 | Yes | _____ |
| Resolving staff-family conflicts effectively | 3 | Yes | _____ |
| Creating/influencing a positive work environment | 3 | No | It can always get better (see below) |
| Acknowledging staffs' important personal experiences timely and adequately | 1 | No | use PDA with 7 day in advance prompt? |

An Example, continued

Part 2: Family and Person Centered Practice: Values & Principles

What Do You Believe?

Define the following values in practical terms and assess your degree of agreement with each, how well it is being implemented in your program and how realistic and important it is in actual practice. Finally, note how you will teach each value and how you will ensure that staff act on it.

| Value | Your “ working definition ” of it | Do you agree with it? | How important is it? | What do you do to teach it & monitor compliance to it by staff? |
|----------------------|--|--|--------------------------------------|---|
| | | 4=Completely 3=Somewhat 2=Not much 1=Disagree | 3=Very 2=Somewhat 1=Not at all | |
| Community Based | Local, in county | 3 | 2 | Make sure staff know about local resources |
| Strength-based | using what people can already do to help them do what they need to do | 4 | 3 | Review all service plans and give staff specific, written feedback |
| Culturally Competent | Including and respecting culture, faith & important traditions in responding to human need | 4 | 3 | Have staff talk about their own cultures at staff meetings |

| | | Do you agree with it? | How important is it? | |
|---|---|--|--------------------------------------|--|
| Value | Your “ working definition ” of it | 4=Completely 3=Somewhat 2=Not much 1=Disagree | 3=Very 2=Somewhat 1=Not at all | What do you do to teach it & monitor compliance to it by staff? |
| Person/ Family Driven (Adults/Children) | Making sure the consumer feels ownership of everything that happens and chooses it when possible | 3 | 2 | Help staff see the difference between mandated and voluntary activities |
| Individualized | The plan is unique and tailored to fit each consumer | 4 | 3 | Service plan review, see above |
| Outcome Focused | The plan identifies the results the consumers want to achieve and how their progress will be measured | 3 | 3 | Service plan review, see above, plus conferring with other supervisors |
| Needs Driven | The plan identifies the consumers' unmet needs and the actions that will be taken to meet them | 4 | 3 | Service plan review |
| Unconditional | The consumers don't get kicked out of the program when they fail | 2 | 2 | Meet with managers and QA team to better understand why this is emphasized |

| | | Do you agree with it? | How important is it? | |
|------------------------------|--|--|--------------------------------------|---|
| Value | Your “ working definition ” of it | 4=Completely 3=Somewhat 2=Not much 1=Disagree | 3=Very 2=Somewhat 1=Not at all | What do you do to teach it & monitor compliance to it by staff? |
| Compassionate | Behaving in keeping with the realization that life is tough for everyone and that people deserve to be treated kindly | 4 | 3 | Ask for examples of compassionate actions by staff briefly at the beginning of each staff meeting |
| Team Developed and Supported | All plans are developed in collaboration with consumers and others who care about them and work with them | 2 | 2 | Help staff problem solve difficult relationships with hard headed colleagues |
| Flexible and Flexibly Funded | Plans are adjusted to fit each consumer and flexible money is available to fund unique ideas | 4 | 3 | Review service plans and monitor flex fund requests closely to ensure that they are appropriate |
| Normalized | We make sure that consumers are able to participate in activities that others their age and stage enjoy based on their preferences | 3 | 3 | In individual supervision, ask staff to summarize a week in the life of each consumer we discuss |

An Example, continued

Part 3: Family and Person Centered Practice: Job Skills & Activities

What clinical and service experiences do you have or will you need to have to build credibility with staff?

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|---|--|---|
| (1) Describing Family & Person Centered Practice clearly so people can decide whether or not it suits them & their circumstances | Y | 3 | Jane and Jason | Have them practice in one-on-one role plays with me |
| (2) Linking with people who have complex, unmet needs | Y | 3 | Joe | Talk to him about good manners and not judging people |
| (3) Assessing safety | Y | 2 | Joannie | Get her to training |
| (4) Evaluating and reacting proactively to potential crises and big changes | N | 0 | Jasper | Partner him with Julie for modeling |
| (5) Strengths assessment | Y | 1 | Jasmine | Have her shadow Julie, Joannie and Joe |
| (6) Learning who resource people are | Y | 3 | N/A | This group is very good at this |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| (7) Convening a Treatment, Person Centered or Family Team | Y | 3 | James and Janeen | Have them observe Jasper |
| (8) Presenting strengths to a team | Y | 3 | Jane and Jason | Role plays with me |
| (9) Learning new cultures | Y | 3 | The whole team | Continue staff meeting discussions |
| (10) Explaining life domain areas | Y | 3 | Joannie | Have her go over the training manuals and demonstrate in individual supervision |
| (11) Drafting specific outcome statements | Y | 2 | The whole team | Go over the treatment/service planning sections of the training process at staff meetings during the next quarter |
| (12) Developing simple, effective ways to measure individual and/or family progress on the outcomes | N | 1 | The whole team | Go over the treatment/service planning sections of the training process at staff meetings during the next quarter |
| (13) Drafting needs statements in relation to outcomes | Y | 2 | The whole team | Go over the treatment/service planning sections of the training process at staff meetings during the next quarter |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|---|--|---|
| (14) Translating service statements to need statements | Y | 2 | The whole team | Go over the treatment/service planning sections of the training process at staff meetings during the next quarter |
| (15) Designing strength-based strategies to meet needs | Y | 2 | The whole team | Go over the treatment/service planning sections of the training process at staff meetings during the next quarter |
| (16) Delegating tasks to team members | Y | 3 | Jasper and Jane | Point out what I do when I delegate work to them or others |
| (17) Evaluating a meeting | Y | 3 | N/A | N/A |
| (18) Documenting outcomes, needs and strategies on Treatment Plans | Y | 3 | N/A | N/A |
| (19) Working with collaborative, community structures | Y | 3 | Jason | One-on-one coaching and support at collaborative events |
| (20) Working with colleagues who have very different priorities and concerns | Y | 3 | Jason | One-on-one coaching and support at collaborative events |
| (21) Partnering with volunteers and informal supports | Y | 1 | N/A, until we have volunteers | N/A, see left |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|--|
| (22) Writing budgets & budget narratives for service planning | N | 1 | N/A | I'll get training from accounting and re-evaluate |
| (23) Facilitating a planning process | Y | 3 | N/A | They're all skilled in this area |
| (24) Advocating for an individual or family | Y | 2 | They all could improve | Get a Protection and Advocacy staffer to inservice us |
| (25) Developing crisis plans | Y | 3 | Joannie | Get her to training |
| (26) Developing safety plans | Y | 3 | Joannie | Get her to training |
| (27) Designing transition plans | Y | 3 | Joannie | Get her to training |
| (28) Recruiting specific resource people | Y | 1 | Jasmine | Have Jasper share strategies in a meeting with all three of us |
| (29) Accurately estimating costs of common, local services | N | 1 | All | Get info from referrers, funders and providers and document it in a notebook |
| (30) Persuading people to do what they might otherwise not want to do | Y | 3 | Everybody except Jerry | Have Jerry demonstrate at staff meetings and keep it fun |
| (31) Getting everything done in the available time to do it, including crises | Y | 2 | Me first, then staff | I'll go to training, get myself organized and take it from there |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|--|---|---|
| (32) Describing Family and Person Centered Practice persuasively to a wide variety of stakeholders | Y | 2 | Everybody except Jerry | See #3 |
| (33) Getting free stuff | Y | 2 | Everybody except Jerry | See #3 |
| (34) Doing background checks | N/A | N/A | N/A | Human resources handles this |
| (35) Evaluating therapeutic intensity across a variety of settings | N/A | N/A | N/A | N/A |
| (36) Defining responsive & responsible boundaries one situation at a time | Y | 2 | Not a problem | |
| (37) Working outside your role while you're in it | N | 1 | Defer | Defer |
| (38) Dealing with challenging behavior at meetings | Y | 2 | Julie and Joe | Go with each of them once and coach before and after each meeting |
| (39) Getting, spending & accounting for flexible funds | N | 1 | N/A | N/A |
| (40) Modifying a categorical service to improve its "fit" | N/A | N/A | N/A | N/A |

An Example, continued

Part 4: Family and Person Centered Practice: Policy, Procedure and Best Practice

Note: Only one scenario is presented in this section of samples. See the Forms section for the remaining scenarios. The directions are presented below without editing.

Directions: Choose one of the scenarios presented below, read it and respond to the questions that follow. Do your best to accurately state relevant policies and procedures (for your organization). Then, decide what actions Family and Person Centered Practice would suggest and determine how well or poorly this practice is supported by the policies and procedures of your organization. Enter the score that best reflects your opinion.

Family Centered Practice Scenario:

Rhonda – Child Protective Services, School & Mental Health

Rhonda, age 37, couldn't believe how her life was turning out. Nothing was how it was supposed to be. She was stunned to find herself presiding over the burial of all of her dreams.

When she married Benny, Rhonda's world made sense. Even though she was an excellent student and had planned to become a doctor, she was so in love with Benny that she agreed to quit school. The plan was for her to work and get Benny through school so that he could realize his goal and become an advertising executive. They would marry, be financially secure forever and Rhonda would raise their children. Happily ever after, all the way.

Benny and Rhonda had four wonderful children, two boys and two girls, all in a five-year span. Rhonda was completely devoted to caring for them. She was a full time mom, just as she and Benny had hoped. She was an excellent cook and was as organized as any army general. When it came to shopping, she was a real pro. Her coupon wallet was always up-to-date and she knew every resale shop in town.

For fun, Rhonda watched Oprah and movies on cable. Her favorites were *Steel Magnolias*² and *Moonstruck*³. A devout Catholic, she also adhered to the tenants of her faith. Her personal patron saint was St. Francis of Assisi, whom she admired for parting with his wealthy family to live with the poor and the animals he loved and protected. Her priest, Father Julio, was one of the biggest comforts and influences in her life. Rhonda also read what she could find about her secular heroines: Sojourner Truth, Amelia Earhart and Harriot Tubman.

² *Steel Magnolias*, Film, dir. Herbert Ross, 1989 (115 min).

³ *Moonstruck*, Film, dir. Norman Jewison, 1987 (110 min).

Rhonda spent as much time as possible with her sister Kara, who liked to shop just as much as she did and loved all the same movies. Rhonda thought her sister was probably the greatest aunt in the world. Aunt Kara wanted to know everything about the children and they thought of her as their most special friend.

Rhonda was happy as a stay-at-home mom. She and Kara met for lunch often, usually with some discount or coupon to reduce the cost. They both loved a bargain. All those lunches had their toll. The sisters joined a gym with the best intentions and when Rhonda went, she felt great. It was hard to find the time to go, though. Unfortunately, that didn't change how good dessert tasted. For Rhonda, the pounds just snuck up on her. When she quit smoking – a real triumph of will – she was rewarded with a 22-pound weight gain.

When her youngest was 8, and with more support from Kara than she got from Benny, Rhonda went back to work part-time at the library. It was minimum wage and had no benefits, but it was fun. She and the children were covered by Benny's health insurance through his job, so it was okay. Rhonda was among adults for a change and she liked it. She also got to read all the best sellers when they were hot off the presses.

When she looked back on it that was when Benny stopped coming home for dinner. It kind of crept up on Rhonda, until she noticed that he was missing four dinners a week. He was a little fuzzy about where he was and he stopped looking her in the eye. Everything else between them also stopped and Rhonda began to believe that her husband was having an affair.

The children were 13, 12, 11 and 9 when Benny moved out. He was in love, he said. He had a chance to be happy and he said he owed it to himself to take it. Rhonda's self-esteem shattered when she saw her thin, 23-year-old replacement.

Benny filed for divorce immediately. She felt paralyzed. Sometimes she noticed that she wasn't breathing right. She was taking little gasps, with a racing heart and shaky hands. As Rhonda sought legal representation, the hard truth was plain. She couldn't pay for the kind of help she needed. Her only choice was to take what she could get.

Benny said that Rhonda could have full custody of the children, which was good. What was bad was the acrimonious debate about child support and alimony. Benny quit his job, moved in with his girlfriend and fought hard to avoid paying for anything. Since he had arranged to have no income, for the most part, he won.

Rhonda stopped going to work. She just couldn't seem to get there. Her children were late for school and they weren't as clean and well groomed as they had always been. They even showed up sick, which had never happened before. Calls home went unanswered and notes delivered by the children were ignored. The school staff wanted to meet with Rhonda, but they couldn't connect with her.

When her 9 year-old arrived at school with a palm mark on her left cheek, the school nurse called child protective services. When the social worker rang the doorbell, Rhonda answered it, clearly out of it and smelling like bourbon and sour perspiration. The house was a wreck. It smelled even worse than Rhonda did. When the social worker looked pointedly at a pipe on the coffee table, Rhonda acted surprised that it was there, as she slipped it into the pocket of her housecoat. There was very little food in the house: sour milk, hard cheese, moldy bread and spoiled bologna. When she was pressed to explain what had happened to her youngest child, Rhonda broke down. Weeping inconsolably, she admitted that she had been hitting the children and even worse that her life was totally out of control. She felt bad all of the time and the pot and bourbon were the only things that numbed her pain. Rhonda wanted to be a good mom, but she was stuck. She needed help.

Rhonda: A Worksheet for Family Centered Practice

| Question | Policy, Procedures & Issues | Best Practice: Your Opinion |
|--|--|---|
| 1. What are the main risks in the scenario? To Rhonda? To Rhonda's children? Other risks? | Policy requires that the children's safety is the #1 priority. | If the family can remain intact, that's also a top priority |
| 2. What are the likely proximate causes of the situation, as it is now? | Neglect triggered by substance abuse and possibly depression | Rhonda likely needs in patient rehabilitation |
| 3. What might Rhonda feel? What might her children feel? | Hopeless, sad and rejected. The children: helpless, worried | Every member of this family has been affected by Rhonda's addiction. They will all need therapeutic assistance of some sort |
| 4. What are Rhonda's most important strengths, assets, values, beliefs and positive relationships? (State the most significant and the most potentially helpful for resolving her current situation) | Faith, reading, heroes | Ensure that Rhonda can practice her faith and read while she's at rehab and after she is discharged |
| 5. Should Rhonda's children be removed from her physical custody? Why or why not? | Yes, until she can manage her addiction and care for them | Reunify ASAP and make sure children can participate in treatment with her as a family |

| Question | Policy, Procedures & Issues | Best Practice: Your Opinion |
|---|--|---|
| 6. Should the children be removed from her legal custody or guardianship? Why or why not? | No. Their dad can sign any needed consents for medical treatment, etc. | We will still ask Rhonda for consent and interact with her as the custodial parent |
| 7. These children could be placed with Benny and his girlfriend. What are the likely pluses of this placement? The minuses? | He is their father so we'll have to check with him first, even though Rhonda will be crushed | They would be better off placed with Rhonda's sister because they are closer to her. It would be less disruptive because of their close relationships |
| 8. What are Rhonda's and her children's likely priorities (outcomes) to achieve? | Reunification as soon as it's safe | Same |
| 9. What might they need? | Inpatient rehab is considered first choice when addiction is present and children are involved | Rhonda needs support to get and remain clean and sober |
| 10. What other information will help you plan with/for Rhonda and her children? | How to arrange for random urinalyses for Rhonda | Review recovery resource materials and make them available to Rhonda |

Supervisor's Individualized Professional Development Plan: *A Completed Example*

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|--|--|-------------------|---|
| # 1: | <u>Part 1: Supervision Skills</u> Goal: Improve how I follow up on requests to staff | <ul style="list-style-type: none"> - Use PDA - Talk to Janet and Josh (peers) about how they follow up - Check at the end of every week to make sure nothing slipped by | 00/00/00 | I'll discuss it openly with staff, enlist their assistance & encourage them to do the same with consumers |
| | <u>Part 2: Values and Principles</u> Goal: Make sure staff help consumers develop truly person-driven plans | <ul style="list-style-type: none"> - Discuss with manager in terms of actual practice | 00/00/00 | Focus on it at an all staff meeting, asking staff to bring sample plans |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|--|--|-------------------|---|
| # 1: | <u>Part 3: Job Skill Activities</u> Goal: Evaluating and reacting proactively to potential crises and big changes | - Ask HR for training - Review crisis plans from Janet's unit | 00/00/00 | Have a lunch meeting (brown bag but I'll bring desert & drinks) and practice crisis planning as a group on several of our consumers |
| | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Clarify when to refer to inpatient vs. outpatient or 12 step program participation | - Talk to Dr. June for input - Talk to intake staff at Rehabs A and B - Talk to Junior (recovering peer) | 00/00/00 | When I know more about this, I'll get staff trained |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|--|--|-------------------|---|
| # 2: | <u>Part 1: Supervision Skills</u> Goal: Document staff performance briefly, accurately and in an organized way | - Create comments file and insert comments on post-it notes - Look it over every Friday to see if I noted comments on all of my supervisees | 00/00/00 | I'll tell them what I'm doing and model it for their use with consumers I'll call the people I missed and will solicit their suggestions on what I should document |
| | <u>Part 2: Values and Principles</u> Goal: Get staff to recognize the difference between individualized and cookie cutter plans | - Continued service plan review | 00/00/00 | Publicly acknowledge the creation of individualized plans in group email |
| | <u>Part 3: Job Skill Activities</u> Goal: Continue work on crisis planning | - Continue | 00/00/00 | Continue |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|--|---------------------|-------------------|---|
| # 2: | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Continue to learn about options for recovery | - Continue | 00/00/00 | Continue |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|---|---|-------------------|---|
| # 3: | <u>Part 1: Supervision Skills</u> Goal: Improve skills in giving employees specific negative feedback | - Participate in one-on-one coaching from Human Resources staff - Discuss how they do this with other supervisors | 00/00/00 | |
| | <u>Part 2: Values and Principles</u> Goal: Continue work on individualizing service plans | - Continue | 00/00/00 | Continue |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|---|--|--|---|
| # 3: | <u>Part 3: Job Skill Activities</u> Goal: Continue work on crisis planning <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Increase staff's familiarity with options for recovery support | - Continue - Staff training | 00/00/00 00/00/00 | Continue Get Dr. June to speak at a staff meeting |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|---|---|-------------------|--|
| # 4: | <u>Part 1: Supervision Skills</u> Goal: Give clearer and more complete instructions to staff | - Write them down ahead of time, review them and then try them out - Follow up with email | 00/00/00 | I'll remember how difficult this can be when staff have communication issues |
| | <u>Part 2: Values and Principles</u> Goal: continue work on individualizing service plans | - Continue | 00/00/00 | Continue |
| | <u>Part 3: Job Skill Activities</u> Goal: Learn to write budgets and budget narratives | - Get accounting staff to train me - Review sample budgets and narratives - Learn costs for typical services and service elements | 00/00/00 | When I've mastered this, I'll teach it to staff |
| | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Continue emphasis on recovery options | - Staff training | 00/00/00 | Get Intake representatives from Rehab A & B to speak at a staff meeting |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|---|--|-------------------|--|
| # 5: | <u>Part 1: Supervision Skills</u> Goal: Increase skills and confidence in initiating and completing a needed dismissal | - Study Policy Manual and discuss it with my supervisor - Role play with my supervisor | 00/00/00 | |
| | <u>Part 2: Values and Principles</u> Goal: Increase staff's abilities to build strategies on consumer strengths | - Mandatory training with lots of practical examples - Follow up with staff meeting discussion on their progress in this area | 00/00/00 | Help staff build on their strengths in supervision as they work on improved work performance |
| | <u>Part 3: Job Skill Activities</u> Goal: Continue to learn budgets and narratives | - Continue | 00/00/00 | Continue |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|--|---------------------|-------------------|--|
| # 5: | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Continue emphasis on recovery options | - Staff training | 00/00/00 | Get Junior to speak at a staff meeting |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|--|--|-------------------|--|
| # 6: | <u>Part 1: Supervision Skills</u> Goal: Increase the timely acknowledgement of important events in employees' lives | - Convene staff meeting to discuss what the team wants to acknowledge and how they'd like to be acknowledged. - Use PDA with 7- and 3-day advance prompts | 00/00/00 | Remind them to do the same at the first staff meeting each month |
| | <u>Part 2: Values and Principles</u> Goal: Continue focus on strength-based planning | - Continue | 00/00/00 | Continue |

| Month | Skill/ Experience/ Belief | Learning Activities | Date Completed | How did/will you use what you learned as a supervisor or manager? |
|-------|--|---|--------------------------|--|
| # 6: | <u>Part 3: Job Skill Activities</u> Goal: Develop a sample plan with a budget and a budget narrative <u>Part 4: Policy, Procedure and Best Practice</u> Goal: To learn and understand how legal and physical custody decisions are made and how children's feelings are taken into account in the process | - Present it to Accounting staff for feedback - Meet with everybody I can who works in this area, formally or informally | 00/00/00 00/00/00 | Teach staff what I've learned Decision pending |

The Self Assessment for Supervisors: Forms

The following forms are blank copies of the completed forms you have just reviewed, Parts 1-3. From Part 4, the Rhonda scenario is presented with a blank answer format for supervisors. There are also three additional scenarios and blank answer forms included in this section of the manual. An overview of the scenarios – James & Gina, Jorge and John & Sarah – is provided on page 9 of this volume of *The Supervision Curriculum for Family and Person Centered Practice*.

Part 1: Supervision Skills

Rate your own skills at the following tasks. If you're not satisfied with your skill level, indicate your dissatisfaction and what you plan to do to increase your skill level. Please make sure you don't plan remedial activities for any more than five skills. Prioritize if you have to, set tight but reasonable time frames for your goals and plan to select new goals in the future.

| Skill | Level of Mastery? 1= little 2= some 3= a lot | Are You Satisfied? Yes, Partly, No⁴ | Remedial Plan |
|---|---|---|----------------------|
| Praise and acknowledgement | | | |
| Giving clear instructions | | | |
| Following up on what you've requested | | | |
| Writing clear professional development goals for/with staff | | | |
| Teaching and/or modeling relevant skills | | | |
| Inspiring/motivating top level performance | | | |

⁴ Karen Bradley, Division of CMH, Idaho DHW

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| Skill | Level of Mastery? 1= little 2= some 3= a lot | Are You Satisfied? Yes, Partly, No | Remedial Plan |
|---|---|---|----------------------|
| Recognizing staff strengths | | | |
| Drafting needs statements that accurately reflect staff's unmet needs | | | |
| Giving specific positive feedback | | | |
| Giving specific negative feedback | | | |
| Documenting staff performance | | | |
| Initiating a possible dismissal | | | |
| Completing a needed dismissal | | | |
| Monitoring how staff spend their time | | | |
| Resolving staff-staff conflicts effectively | | | |
| Resolving staff-family/consumer conflicts effectively | | | |

| <i>Skill</i> | Level of Mastery? 1= little 2= some 3= a lot | Are You Satisfied? Yes, Partly, No | <i>Remedial Plan</i> |
|--|--|---|-----------------------------|
| Creating/influencing a positive work environment | | | |
| Acknowledging staffs' important personal experiences timely and adequately | | | |

Part 2: Values & Principles

What Do You Believe?

Define the following values in practical terms and assess your degree of agreement with each, how well it is being implemented, how realistic and how important it is in actual practice. Finally, note how you will teach each value and how you will ensure that staff act on it.

| Value | Your “ working definition ” of it | Do you agree with it? 4=Completely 3=Somewhat 2=Not much 1=Disagree | How important is it? 3=Very 2=Somewhat 1=Not at all | What do you do to teach it & monitor compliance to it by staff? |
|---|--|---|--|---|
| Community Based | | | | |
| Strength-based | | | | |
| Culturally Competent | | | | |
| Person/ Family Driven (Adults/Children) | | | | |

| | | Do you agree with it? | How important is it? | |
|--------------------|--|--|--------------------------------------|---|
| Value | Your “ working definition ” of it | 4=Completely 3=Somewhat 2=Not much 1=Disagree | 3=Very 2=Somewhat 1=Not at all | What do you do to teach it & monitor compliance to it by staff? |
| Individualized | | | | |
| Outcome Focused | | | | |
| Needs Driven | | | | |
| Unconditional | | | | |
| Compassionate | | | | |

| | | Do you agree with it? | How important is it? | |
|---------------------------------|--|--|--------------------------------------|---|
| Value | Your “ working definition ” of it | 4=Completely 3=Somewhat 2=Not much 1=Disagree | 3=Very 2=Somewhat 1=Not at all | What do you do to teach it & monitor compliance to it by staff? |
| Team Developed and Supported | | | | |
| Flexible and Flexibly Funded | | | | |
| Normalized | | | | |

Part 3: Job Skills & Activities

What clinical and service experiences do you have or will you need to have to build credibility with staff?

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|---|--|---|
| (1) Describing Family & Person Centered Practice clearly so people can decide whether or not it suits them & their circumstances | | | | |
| (2) Linking with people who have complex, unmet needs | | | | |
| (3) Assessing safety | | | | |
| (4) Evaluating and reacting proactively to potential crises and big changes | | | | |
| (5) Strengths assessment | | | | |
| (6) Learning who resource people are | | | | |
| (7) Convening a Treatment, Person Centered or Family Team | | | | |
| (8) Presenting strengths to a team | | | | |
| (9) Learning new cultures | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| (10) Explaining life domain areas | | | | |
| (11) Drafting specific outcome statements | | | | |
| (12) Developing simple, effective ways to measure individual and/or family progress on the outcomes | | | | |
| (13) Drafting needs statements in relation to outcomes | | | | |
| (14) Translating service statements to need statements | | | | |
| (15) Designing strength-based strategies to meet needs | | | | |
| (16) Delegating tasks to team members | | | | |
| (17) Evaluating a meeting | | | | |
| (18) Working with collaborative, community structures | | | | |
| (19) Working with colleagues who have very different priorities and concerns | | | | |
| (20) Partnering with volunteers and informal supports | | | | |
| (21) Writing <i>Outcome-Need-Strategy</i> service plans | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|---|--|---|
| (22) Writing budgets & budget narratives for service planning | | | | |
| (23) Facilitating a planning process | | | | |
| (24) Advocating for an individual or family | | | | |
| (25) Developing crisis plans | | | | |
| (26) Developing safety plans | | | | |
| (27) Designing transition plans | | | | |
| (28) Recruiting specific resource people | | | | |
| (29) Accurately estimating costs of common, local services | | | | |
| (30) Persuading people to do what they might otherwise not want to do | | | | |
| (31) Getting everything done in the available time to do it, including crises | | | | |
| (32) Describing Family and Person Centered Practice persuasively to a wide variety of stakeholders | | | | |
| (33) Getting free stuff | | | | |
| (34) Doing background checks | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| (35) Evaluating therapeutic intensity across a variety of settings | | | | |
| (36) Defining responsive & responsible boundaries one situation at a time | | | | |
| (37) Working outside your role while you're in it | | | | |
| (38) Dealing with challenging behavior at meetings | | | | |
| (39) Getting, spending & accounting for flexible funds | | | | |
| (40) Modifying a categorical service to improve its "fit" | | | | |

Part 4: Policy, Procedure and Best Practice

Directions: Choose the Rhonda scenario (pages 21-23) or one of the scenarios below, and respond to the questions following each (The questions for the Rhonda scenario follow these directions). Do your best to accurately state relevant policies and procedures (for your organization). Then, decide what actions Family and Person Centered Practice would suggest and determine how well or poorly this practice is supported by the policies and procedures of your organization. Enter the score that best reflects your opinion.

Rhonda: A Worksheet for Family Centered Practice

| Question | Policy and Procedural Concerns ⁵ | Best Practice: Your Opinion |
|---|---|-----------------------------|
| <ol style="list-style-type: none"> 1. What are the main risks in the scenario? To Rhonda? To Rhonda's children? Other risks? 2. What are the likely proximate causes of the situation, as it is now? 3. What might Rhonda feel? What might her children feel? 4. What are Rhonda's most important strengths, assets, values, beliefs and positive relationships? (State the most significant and the most potentially helpful for resolving her current situation) 5. Should Rhonda's children be removed from her physical custody? Why or why not? | | |

⁵ Community Solutions Supervisors Network, Fort Worth, Texas

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| Question | Policy, Procedures & Issues ⁶ | Best Practice: Your Opinion |
|--|--|-----------------------------|
| <p>6. Should the children be removed from her legal custody or guardianship? Why or why not?</p> <p>7. The children could be placed with Benny and his girlfriend. What are the likely pluses of this placement? The minuses?</p> <p>8. What are Rhonda's and her children's likely priorities (outcomes) to achieve?</p> <p>9. What might they need?</p> <p>10. What other information will help you plan with/for Rhonda and her children?</p> | | |

⁶ Community Solutions Supervisors Network, Fort Worth, Texas

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Family Centered Practice Scenario:

James & Gina – Health, Court & Mental Health

James had never expected life to be easy. He married young, at 18, when his girlfriend, Amber, was pregnant with his child. A responsible young man, he did his level best to care for her and anticipated the birth of his baby daughter. He finished high school at night so that he could work full time and provide for his little family. In all ways, James did what he needed to do to keep them going. It was the right thing to do.

When Gina was born, it was love at first sight for James. He had never seen a prettier baby. She looked smart, too. Amber tried to convince him that you can't tell how smart a baby is just by looking at her. James smiled and dropped the subject, but his opinion never changed: Gina was smart.

It took Amber and James awhile to learn how to care for Gina. It was remarkable how one tiny human could create so much chaos. The days whipped by and before they knew it, Gina was three. Meanwhile, James was worried about his marriage. Amber seemed to be pulling away from him. They hardly talked and being together was getting to be a chore. Amber didn't even want to talk about Gina – James' favorite topic.

That changed when Gina started losing weight. They called her pediatrician who suggested some dietary supplements, but Gina kept getting smaller. She looked sickly and sometimes she slept more than seemed normal. James and Amber took her back to their pediatrician. He ordered blood work and in days, told Amber and James that their daughter had diabetes.

With the help of several doctors, a certified diabetes educator and a nutritionist, James and Amber settled into a routine. They went to a support group for parents of children who have diabetes. James liked it right from the start. He hooked up with a few group members and learned a lot. Amber only went the first time. She didn't want to talk about diabetes. To James, it seemed like there were a lot of things she didn't want to talk about. She just kept getting quieter and quieter.

When Gina was four, Amber was so tired she couldn't get out of bed in the morning. She slept all afternoon, too. James was worried, especially when he came home from work and found Gina sobbing on the living room couch. Amber was in bed, staring at the wall. It seemed like she didn't even hear their daughter crying.

Amber was diagnosed with depression and spent some time in the hospital, to make sure that she was on the right medication. James tried to visit, but between work, Gina and the diabetes, he didn't have much time. It was a lot to juggle, but he did his best.

Depression proved to be the straw that broke James and Amber's marriage. There were other hospital stays, hot and cold running doctors and a whole gamut of medicines and side effects. Finally, Amber told James that she couldn't remain with him and Gina. She believed that they were the reason she was depressed, especially Gina and her

health problems. Amber moved into her parents' house. From there, it seemed like she just quit. James wasn't surprised when the divorce papers came in the mail. It was time to read the writing on the wall.

James set out to be the best single dad he could be. He worked at it, just like he approached everything. He could talk knowledgeably about any aspect of diabetes, even with specialists. He and Gina were very close. James was glad that Gina remained close to Mary Lou and Alvin, her grandparents on Amber's side.

The fact that Gina seemed to love school was a real plus for James. She was a focused student, right from the start. Gina's grades were good, in all of her subjects. Her favorite, though, was English. By the time she was 10, she was writing little stories, full of imagination, heroes and villains. Gina wanted to be a writer when she grew up, hopefully for People magazine or the National Enquirer. She wrote her first poem for her dad the year she was 11. James thought it was the best Father's Day present anybody ever got.

James' folks, Grandma Sharon and Grandpa Steve, were the ones who got Gina interested in tennis. Sharon took it up in her late forties. She said that she was just trying to keep in shape, but she was having so much fun that Steve started playing, too. It irked him that she played so much better than he did. The family joke at the time was that Steve got Gina into tennis so there was someone he could beat. She was nice about it, but Gina could trounce her grandpa within six months and she started beating Sharon soon after that. Gina liked watching tennis, too, especially Venus and Serena Williams and Jennifer Capriati.

Gina liked quieter activities as well. Her favorite movies were *Save the Last Dance*⁷, *Barbershop 1* and *2*⁸, *Beautyshop*⁹ and *You Got Served*¹⁰. She saw *Take the Lead*¹¹ 8 times. James watched it with her twice. His reaction was "Okay, they danced. Get over it." Gina just said "Dad!" and shook her head.

Gina had every CD that Usher and R. Kelly made. When Gina played *He Saved Me*, to prove to her dad that R. Kelly was a stand up guy, James rolled his eyes and said "If this guy's saved, I'm a sure bet for Heaven."

Everything in James' and Gina's lives was going fine, even the diabetes. The two of them worked together to keep it under control – Gina's endocrinologist called it "excellent control". Until she was 12, at least. That was the year Gina started to steal food. James didn't know how long she had been doing it when the police called. The store security guard busted Gina just outside the exit with two Cokes in her pocket, a couple of Milky Way candy bars and the wrapper from a Nestle's Crunch bar in her purse. As company policy dictated, he called the police who arrested her. When

⁷ *Save the Last Dance*, Film, dir. Thomas Carter, 2001 (112 mins.)

⁸ *Barbershop*, Film, dir. Tim Story, 2002 (102 mins.) *Barbershop 2*, Film, dir. Kevin Rodney Sullivan, 2004 (106 mins.)

⁹ *Beauty Shop*, Film, dir. Bille Woodruff, 2005 (105 mins.)

¹⁰ *You Got Served*, Film, dir. Christopher B. Stokes, 2004 (95 mins.)

¹¹ *Take the Lead*, Film, dir. Liz Friedlander, 2006 (118 mins)

James took her home he insisted that she test her blood. He wasn't surprised when Gina tested high at 290 (normal is 70-120). When he looked in her nightstand, despite her protests about invasion of privacy, he found Reese's Peanut Butter Cups and M&Ms. He tried not to lecture his daughter, but James was concerned. On top of that, Gina had a court date and then, a probation officer.

James called Gina's endocrinologist, who recommended testing her blood sugar with finger sticks around the clock for a couple of days. Gina had gotten pretty foggy a couple of times, from not enough food or too much insulin. James kept telling Gina it was a logical thing to do, but she balked. It seemed like they fought every time she was supposed to test. The 3 AM test was the worst. Gina wouldn't get up, with her dad's help or on her own. She was sullen, angry and verbally aggressive. She pushed James on two occasions, once hard enough to knock him over.

Within two months, things were grim for this little family. By then, Gina had run away four times. She claimed she was at parties and sleeping over with friends, although she wouldn't say where or with whom. She came home smelling like pot several times, too.

James was appalled when he met her 19 year-old so-called boyfriend Victor, who didn't seem to work, go to school or do much of anything. Embarrassed though he was, James brought up the topic of sexual activity and safety. Gina confided that they were intimate and she assured her shocked dad that she wouldn't get pregnant. She said that Victor promised that if she stood up and used the bathroom right afterwards, it couldn't happen, so she was safe and Victor also promised her that he didn't have any sexually transmitted diseases.

To make matters worse, Gina's grades were on the way to the basement. She had never had behavior problems at school, but she was caught smoking with two classmates behind the dumpster in the parking lot. According to the vice-principal, who called James at work, she got into a shouting match with him when he confronted them. She was suspended for 10 days and James didn't know what to do. He had to call off work, which he never did, even when he was sick, just to make sure Gina didn't do anything crazy. He checked her glucometer – the device people who have diabetes use to measure their blood sugar – to make sure that the scores the little instrument recorded were within safe parameters. Her numbers were fine and James tried to relax about the whole thing, but to him, it seemed like Gina was having dramatic highs and lows. When he found her passed out, slumped over her bed, he called for an ambulance. At the emergency room, Gina's blood tested at 876 (normal = 75-120). Somehow, she had figured out how to program her glucometer to read normal while she bolted down candy and soda pop.

Gina survived her medical crisis, even though James felt like he had aged 20 years. He was relieved, but also worried. There were too many things going on and he had to reconnect with Gina. It was hard to know where to start.

James & Gina: A Worksheet for Family Centered Practice

| Question | Policy, Procedures & Issues ¹² | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <ol style="list-style-type: none"> 1. What are the most immediate risks for Gina? 2. What are the long term safety, health and welfare concerns for her? 3. What would be the best way to start a relationship with James? With Gina? 4. What would you do about Victor? 5. Select and define 3 outcomes that you believe match the family's and the court's probable priorities. | | |

¹² Community Solutions Supervisors Network, Fort Worth, Texas

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| Question | Policy, Procedures & Issues ¹³ | Best Practice: Your Opinion |
|---|---|-----------------------------|
| <p>6. What needs might have to be met for James and Gina to successfully achieve the outcome you suggested?</p> <p>7. What strategies, based on their strengths, values, etc., would you propose to meet each need, stated above?</p> <p>8. Who are the informal resource people available to support Gina and James?</p> <p>9. Who else might be useful? How would you go about including them?</p> <p>10. Should Amber be included in this process? Why? Why not? How, step by step, would you approach James and Gina about reaching out to her? How would you approach Amber?</p> | | |

¹³ Community Solutions Supervisors Network, Fort Worth, Texas

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Family Centered Practice Scenario:

Jorge – Mental Health, Child Protective Services and School

For **Jorge**, the problem was cancer and car crashes. He loved to think back to when his mom was alive, before she died of breast cancer when he was 11. They were quite a team.

Jorge's dad died in a car crash when he was just a baby, so he didn't even remember him. He wished that his dad's family still lived nearby; they moved away a year after he died. Jorge wished he could hear their voices and share their memories, so he could know his father a little better. He'd seen plenty of pictures, though, and his mom, Rosa Linda, told him stories about him all of time. It really sounded like they were in love, the way his mom told it. Still, Jorge could recall lots of good times even when it was just the two of them. Jorge learned young that you don't always appreciate normal until you don't have it anymore. He wished he could have memorized every moment, but he didn't know he would lose his mom like he did. When he lost her, he lost normal.

When Rosa Linda died from breast cancer, Jorge went to live with her sister, Aunt Vera. Jorge had always liked his aunt. She was the only relative who lived in the area; really the only one he knew well. Rosa Linda and Vera had struck out on their own when they were in their early twenties, despite their parent's disapproval. Their brothers, Aldo and Fernando, were also opposed to their little sisters' plan, but Rosa Linda and Vera were adamant. They wanted a little space and they were determined to get it. Even though his mom and his aunt talked about the family constantly, Jorge's relationship with them was a little distant. There were phone calls, emails, cards and letters, and every Christmas, his mom and aunt drove the 14 hours it took to get home. After Rosa Linda's death, Aunt Vera took Jorge there for Christmas, Jorge's favorite holiday. He loved the music, the decorations and the luminary candles they put out on Christmas Eve. They always took gifts to the sisters at the convent and visited the crèche. Ever since Jorge was 8, he accompanied his family to Midnight Mass. They always got there by 11:00 so they could sing carols with their friends and acquaintances at church. Still, one of Jorge's fondest memories was he, his mom and Aunt Vera singing carols in the car on the long ride to visit the family. Now that it was only Jorge and Aunt Vera, they tried to keep the tradition going even though it made them cry a little. Vera tried to make sure that as many things as possible remained the same when Jorge came to live with her. He went to the same karate dojo, earning a green belt. They attended the same church, too. At Aunt Vera's urging, Jorge continued to be part of the youth group and sing in the choir, the activities that were always his favorite parts of church.

Jorge had other interests as well and tried to keep busy, like his mom had always said. He was interested in weather and climate, hoping to become a meteorologist when he grew up. Rosa Linda and Vera had always thought that his attachment to his junior chemistry set – his all time favorite toy – was cute. For Jorge, it was serious stuff.

As Jorge grew older, he became interested in history, especially World War II and the European Theater. Mrs. Bury, who had been his eighth-grade history teacher, shared his fascination. She helped him find books and stories about heroes, victims, villains and events that shaped history. Jorge and Mrs. Bury were both big admirers of President George W. Bush, General John Abizaid and the soldiers who served in Operation Iraqi Freedom.

One of the things that Aunt Vera taught Jorge was that people have to learn how to take care of themselves. She taught him to cook, saying that everybody should know how to fix themselves and their loved ones a decent, nutritious meal. Jorge had a real aptitude for cooking. Pretty soon, he was a better cook than his aunt. He also got very good at figuring out how to fix things around the house. Aunt Vera told him his mom would be proud of him and Jorge knew she was right.

They had fun, too, although they were sad. It was hard not to miss Rosa Linda, but Aunt Vera said they had to try. They watched wrestling and the Comedy Channel, and Vera made a point to watch Jorge's favorite shows with him: *24*¹⁴, *CSI: Miami*¹⁵ and *The Simpsons*¹⁶. She did her best to keep up with Jorge's favorite music, but Vera just didn't like the hip-hop stuff and heavy metal her nephew enjoyed. When she heard Tejano music coming from his room, she knew that Jorge was thinking about his mom. She also knew that it was going to take time for both of them to heal.

When Vera was diagnosed with breast cancer, it had already spread to her lymph nodes. Telling Jorge that she had breast cancer was even harder than hearing that she, and of course, her sister, had it. Vera began a rigorous regimen of chemotherapy, with all the side effects her physicians predicted. It was awful. Hard as she tried to think positive, and be positive about her situation – as much for Jorge as herself – it was no good. “IT” was cancer and Jorge was terrified. So was Vera.

Jorge was 14 when Aunt Vera lost her battle with breast cancer. The family came to rally around them, or as he guessed, just him since there was no longer a “them”. Jorge couldn't seem to speak to them. He couldn't hear them talking to him either. He heard a loud rushing sound in his head, like a whole lot of water cascading through his brain. What was even worse was that all he could feel was a familiar, overwhelming numbness. He sat on what had been Aunt Vera's bed and tried to think, but he couldn't really do that either. After rummaging around her nightstand, Jorge found a half-full container of pain pills and took all of them. He laid down on the bed and tried to go to sleep.

Jorge's grandma found him and the ambulance took him to the hospital. The people in the emergency room pumped his stomach and got rid of the pills he took. Even though he was no longer in danger from the pills, Jorge was catatonic, his whole body drawn

¹⁴ *24*, with Keifer Sutherland, 20th Century Fox Television, 2001 to the present.

¹⁵ *CSI: Miami*, with David Caruso and Emily Procter, CBS Productions, 2002 to the present

¹⁶ *The Simpsons*, created by Matt Groening, 20th Century Fox Television, 1989 to the present.

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into the fetal position. His grandparents and uncles were terrified. They had never seen a child – or anyone, really – act like Jorge. They didn't know how to help him.

Jorge was hospitalized in the psychiatric unit for what turned out to be 37 days. He missed Aunt Vera's funeral because his doctors recommended that he not go. Jorge was diagnosed with major depression, medicated and referred to a highly structured residential treatment center. His remaining family bowed to the opinions of the experts. They loved Jorge, even though they didn't know him as well as they would have liked. He was family and all they wanted was for him to be healthy and as happy as possible. If the doctors said it was the very best thing they could do for him, then Jorge would go where they said and they would keep in touch and give the young man their whole-hearted support.

At the Center, Jorge lost 22 pounds in his first eight weeks there. He told concerned staff that he had no appetite and was having a lot of stomach cramps. He was listless, very quiet and wanted to sleep all of the time. Getting him up and out of bed in the morning was a daily struggle. His therapist, Sari, reported that he rarely spoke during therapy sessions. She tried to connect with him through activities, and by approaching him in different ways and in a variety of settings. To her, Jorge seemed shy as well as depressed. Sari believed that he wanted to connect with a couple of youth and staff. She saw him watching the others interact, even smiling a little.

Everybody agreed – something had to be done to help this bereft young man. The question was what. Every one on the staff knew he wasn't getting better and their hearts went out to him. After six months in care, there was little improvement in Jorge's situation.

Jorge: A Worksheet for Family Centered Practice

| Question | Policy, Procedures & Issues¹⁷ | Best Practice: Your Opinion |
|--|---|------------------------------------|
| <p>1. What are the main risk factors for Jorge?</p> <p>2. Should he stay at the residential treatment center? Should he have been placed there at all? Why? Why not?</p> <p>3. Jorge missed Aunt Vera's funeral. What do you think of that? What would you have recommended? Why? What should happen next related to this missed ritual?</p> <p>4. How could Jorge be connected to his family? Who else might be helpful to him and how?</p> <p>5. Where could Jorge live next? Why?</p> | | |

¹⁷ Community Solutions Supervisors Network, Fort Worth, Texas

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| Question | Policy, Procedures & Issues ¹⁸ | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <p>6. What would be a permanency plan for Jorge?</p> <p>7. How might Jorge react to next Christmas? Future holidays?</p> <p>8. What strengths does Jorge have?</p> <p>9. How could his strengths be best built on to make him happier and safer?</p> <p>10. How might Jorge's entrance into a new school be structured for success both academically and socially?</p> | | |

¹⁸ Community Solutions Supervisors Network, Fort Worth, Texas

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Person Centered Practice Scenario:
John & Sarah – Aging, Illness & Death

Sarah and John were 68 and 74¹⁹, respectively. They celebrated their fiftieth wedding anniversary this past year. They had 4 grown children and 9 grandchildren, ages 10 - 20. They are retired, living on Social Security and their lifetime savings. Their investments took a beating in the stock market when the tech stocks dropped, and although their income is adequate, it will no longer stretch to meet special circumstances. They were talking about one or both of them returning to work just before John got sick.

John was diagnosed with cancer, which metastasized aggressively. He was depressed and had started giving away some of his personal belongings. Sarah was on medication for hypertension, but was noticing rapid heartbeats, which made her very uncomfortable. Her adult children reported that she was drinking way too much since John was diagnosed, and that she was also depressed.

John needed chemotherapy every other week, and was in the hospital for about 36 hours. He was on a great deal of medication, including oxycontin and fentanyl, plus sedatives, sleeping pills and various drugs to fight the nausea resulting from the chemotherapy. Sarah had never believed in using lots of medication. She was afraid that John would become addicted to all of these drugs. She had no idea how to administer this variety of medication to her husband.

Sarah and John had usually had a pretty good relationship but their marriage was under a great deal of strain. This was, in part, because of the change in their roles caused by John's failing health. They were both accustomed to John being strong for Sarah, and that shifted. He wanted her to do all of the caregiving for both of them. For the first time in her life, Sarah found that she resented this and sometimes became so angry and resentful that she couldn't bear to be around her husband. They were fighting more than they ever had before. John had a minor fender bender while driving their car to a vet's appointment, but insisted on continuing to drive regardless. He was unsteady descending the steps in their home, but refused to let Sarah help him or walk down in front of him.

John was an avid golfer and used to hang out with his friends every day at the public golf course. He still had friends from grade school and high school. His other main interest was gardening. He depended on the bounty of his garden for status in the neighborhood and always gave everybody vegetables. The neighbors invariably came to John when they had a problem with their own planting, and he gloried in being the man with the answers. His garden was now full of weeds and when he stood at the window looking out at it, Sarah swore she saw tears in his eyes.

Sarah also had two close friends she had shared her life with for many years. People called them "the triplets". She'd play Canasta every week, and participate in a weekly

¹⁹ Community Partnerships Group, 1995, McMurray, PA

ladies' luncheon club. She hadn't gone since John got sick, and felt guilty about how much she missed these activities.

John and Sarah were always involved in couple activities before John got sick. They loved to dance, and until his diagnosis, could still jitter bug better than anybody else in town. They walked daily at the local mall, and also enjoyed musicals, costume parties and senior tours. They were used to having an activity every day. They were very active at their synagogue, especially Sarah, who just retired from chairing the synagogue women's group. Sarah cooked and cleaned for special events at the shul, and was always considered the backbone of the congregation. John attended services, his faith was strong, but he kept his spirituality pretty private. They were close to their Rabbi, who was young and a real "people person".

John's and Sarah's adult children were pretty concerned about the status of their parents' affairs, but everybody was afraid to ask. They were estranged from their eldest son due to a long-standing feud. Sarah reported dreaming about him and begged John to pick up the phone and call their son. John wasn't willing to make the first move because that would indicate that he was wrong about their conflict. Their other son lived nearby and owned a small business. He was married to a full time homemaker with school aged children. Their daughter lived about two hours away, and drove in to see them every weekend and every Wednesday. She, like her brother, was heartsick at the thought of losing her dad.

John & Sarah: A Worksheet for Person Centered Practice

| Question | Policy, Procedures & Issues ²⁰ | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <ol style="list-style-type: none"> 1. What, in your opinion, are the major issues John and Sarah face? 2. What might help John feel better, in any way, in the short term, i.e., immediately? How might your answers to this question be accomplished? 3. What are John's (likely) most important things to achieve in the longer term? 4. What are (likely) the most troubling aspects of this situation for Sarah? How does she feel? 5. Are there any simple things that will help Sarah feel a little bit better? How might they be accomplished? | | |

²⁰ Community Solutions Supervisors Network, Fort Worth, Texas

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| Question | Policy, Procedures & Issues ²¹ | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <p>6. Who are John and Sarah's current resource people?</p> <p>7. Who else might be available to them and what would need to happen to include them?</p> <p>8. Is there anything that could be done to ease the current conflict between John and Sarah?</p> <p>9. What do you think would bring this family together quickly and effectively?</p> | | |

²¹ Community Solutions Supervisors Network, Fort Worth, Texas

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Tailoring the Self Assessment: Options for Supervisors

The following options provide supervisors with additional areas they may wish to add to make the Self Assessment more relevant to their work and their organizations.

Part 1: Additional Supervision Skills

| <i>Skill</i> | Level of Mastery? 1= little 2= some 3= a lot | Are You Satisfied? Yes, Partly, No²² | <i>Remedial Plan</i> |
|--|---|--|-----------------------------|
| Delegates tasks with good results | | | |
| Participates in special projects as asked | | | |
| Participates in training and professional development activities as required | | | |
| Mediates among employees and responds to consumer complaints quickly, politely and responsibly as needed | | | |
| Participates in evaluation and/or research activities | | | |
| Writes _____ competently | | | |

²² Karen Bradley, Division of CMH, Idaho DHW

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| <i>Skill</i> | Level of Mastery? 1= little 2= some 3= a lot | Are You Satisfied? Yes, Partly, No | <i>Remedial Plan</i> |
|---|---|---|-----------------------------|
| Represents the organization effectively at/by: | | | |
| Participates in the development of the local system of care by: | | | |
| Mentors staff as needed | | | |
| Manages the workplace environment effectively | | | |
| Manages money with precision and integrity | | | |
| Markets service/program effectively to consumers | | | |
| Keeps the budget balanced | | | |
| Maintains positive relationships with colleagues, managers and others as needed | | | |
| Manages work place crises promptly and safely | | | |

Part 2: Additional Values & Principles

| Value | Your “ working definition ” of it | Do you agree with it? 4=Completely 3=Somewhat 2=Not much 1=Disagree | How important is it? 3=Very 2=Somewhat 1=Not at all | What do you do to teach it & monitor compliance to it by staff? |
|-----------------------|--|--|---|--|
| Accountable | | | | |
| Fair | | | | |
| Focused on Permanency | | | | |
| Collaborative | | | | |
| Faith based | | | | |
| Effective | | | | |

| | | Do you agree with it? | How important is it? | |
|-------------------------------|--|--|--------------------------------------|---|
| Value | Your “ working definition ” of it | 4=Completely 3=Somewhat 2=Not much 1=Disagree | 3=Very 2=Somewhat 1=Not at all | What do you do to teach it & monitor compliance to it by staff? |
| Cost Efficient | | | | |
| Safe | | | | |
| Medically Sound | | | | |
| Supportive of Independence | | | | |
| Preventative | | | | |
| Educational | | | | |
| Consistent | | | | |

| | | Do you agree with it? | How important is it? | |
|--------------------------------|--|--|--------------------------------------|---|
| Value | Your “ working definition ” of it | 4=Completely 3=Somewhat 2=Not much 1=Disagree | 3=Very 2=Somewhat 1=Not at all | What do you do to teach it & monitor compliance to it by staff? |
| Well Prepared and Competent | | | | |
| Reliable | | | | |

Part 3: Additional Job Skills & Activities

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-----------------------|---|--|---|
| <p><u>Economic Support Programs</u></p> <ul style="list-style-type: none"> • Discovers, responds to and documents consumers' barriers to economic independence, including disability, poor health and difficult personal circumstances • Assesses consumers' ability to budget and manage money and provide appropriate corrective or informative services when indicated • Ensures that consumers/families receive benefits for which they are eligible • Ensures that consumers know the limits that govern eligibility for benefits and explains the goal of financial independence to avoid undue dependency • Helps consumers tie their current activities to achievement of long range financial stability | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| <u>Offender Programs</u> <ul style="list-style-type: none"> • Ensures consumer compliance with terms and conditions of probation/parole • Develops and monitors the effectiveness of community safety strategies and includes up-to-date technology when appropriate to maximize community safety • Recognizes zero tolerance situations • Prepares for and behaves effectively in court and other relevant settings • Includes, consults with, and reviews safety plans with specialists who are focused full time on key safety risks | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|---|--|---|
| <u>Food and Nutrition Programs</u> <ul style="list-style-type: none"> • Determines family/consumer access to refrigeration, cooking appliances and kitchen tools • Assesses consumer knowledge of food and nutrition • Connects consumers with resources that increase their knowledge of food and nutrition • Directs families and consumers to local food pantries and similar resources • Utilizes family members and other informal resource people to avoid hunger and poor nutrition | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|---|--|---|
| <u>Developmental Disability Programs</u> <ul style="list-style-type: none"> Assesses safety of consumers who may be unable to report compromised safety Ensures that all strategies and plans designed for consumers are person centered Identifies the need for and supports consumers in developing positive and permanent relationships Ensures that consumers receive benefits for which they are eligible Develops long term relationships with consumers, their family members and their resource people | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| <p><u>Programs for the Aging</u></p> <ul style="list-style-type: none"> • Describes the conditions under which a mandated abuse and/or neglect report is indicated and how it should be filed. • Assesses safety of consumers who may be unable to report compromised safety • Ensures that all strategies and plans designed for consumers are person centered • Determines which family members and other resource people can be involved and includes them in practical, supportive ways • Informs consumers of the benefits of living wills, wills, guardianship arrangements, organ donation and other end of life issues and identifies resources to assist those who want to pursue them | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| <u>Women/Infants/Children Programs</u> <ul style="list-style-type: none"> • Connects consumers with resources that increase their knowledge of food and nutrition • Accurately describes resources for pregnant women, infants and young children: medical, childcare, parenting, etc. • Assesses the safety of pregnant women, infants and young children • Describes the conditions under which a mandated abuse and/or neglect report is indicated and how it should be filed. • Assesses consumers' ability to budget and manage money and provides appropriate corrective or informative services when indicated | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|---|--|---|
| <u>Jobs Programs</u> <ul style="list-style-type: none"> • Discovers, responds to and documents consumers' barriers to working , including disability, poor health and difficult personal circumstances • Takes a detailed work history including jobs worked, descriptions of jobs, money earned and duration of each • Assesses employment preparedness and intervenes as indicated to achieve defined outcomes • Develops and maintains relationships with potential employers • Develops anger and stress management strategies that address specific anger and stress risks in work places | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| <u>Behavioral Health Care Programs</u> <ul style="list-style-type: none"> Assesses problem behaviors specifically and accurately OR ensures that behavioral assessments are as accurate, specific and unbiased as possible Uses and understands key terms accurately Designs and/or implements individualized, strength-based behavior interventions Assesses the efficacy of behavior interventions in terms of achieved outcomes and adjusts them as indicated Demonstrates mastery of the agency's/organization's clinical model/s | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| <u>Mental Health Programs</u> <ul style="list-style-type: none"> • Understands and is able to explain common mental illness diagnoses clearly • Exhibits familiarity with common psychotropic medications • Assesses safety of consumers who may be unable to report compromised safety • Ensures that consumers/families receive benefits for which they are eligible • Ensures that all strategies and plans designed for consumers are person centered | | | | |

| Your Experience | Had It? Y or N | How much? 0=none 1= little 2= some 3= a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|---|--|---|
| <p><u>Safety Programs</u></p> <ul style="list-style-type: none"> Assesses consumer/child safety in keeping with standards <hr/> <p>(insert definition of state standard here)</p> <ul style="list-style-type: none"> Facilitates the design of individualized protective plans that directly address identified risks Prepares for and behaves effectively in court and other relevant settings Helps parents and caregivers build protective capacities Determines which family members and other resource people can be involved in safety planning and includes them in practical, supportive ways | | | | |

Part 4: Additional Scenarios for Policy, Procedure and Best Practice

The following scenarios are available, like the others included in previous sections of this manual, so that Supervisors can select from them, adapt them or adopt them to further tailor their self assessment. Select one or two (at most) for your assessment, replacing the Rhonda scenario that is already included as a completed example. The idea here is to select whatever is most relevant to the group you supervise and the work you do.

Christy and Aliya

Developmental disability, young mom, not many informal resources, incarceration and a young adult who needs a place to live and someone to help her take care of herself

LaShawonna and Narell

Drug addiction, child neglect and abandonment, broken trust, broken relationships and family child sexual abuse

Paul

Young adult, chronic and persistent mental illness, isolation, exploded relationships and trouble with the police

Jonathon

Young child, extremely active, destructive, out-of-control behavior, burnt out family and a second child now at risk

Christy & Aliya

Christy was pretty wild when she was young. She wouldn't go to school and she didn't have one single friend her own age. Her friends were all in their 20's and none of them had jobs. Christy liked "bad boys", which so totally irked her mom that the two fought like crazy. She was only 14, but she hung around with a biker crowd and rather liked being sort of an outlaw.

Her mom, JoElla, said she was out of control and was going to get into trouble. Christy was in way over her head but she couldn't stop Christy no matter how hard she tried. When JoElla punished her, she didn't stay punished; when she grounded Christy, the girl didn't stay grounded. JoElla worried all the time, but that didn't help either.

Drugs were around, of course, but Christy didn't see a problem, at least not for her. Getting high was fun, not dangerous. She watched some of her friends get in a little too deep, but she was careful. When she found out that her mom was searching her dresser, Christy was livid. What right did she think she had anyway? Her mom didn't even keep what she found – about half of an ounce of pot and some crank. She flushed

it down the toilet! The rift between them grew. Sometimes Christy tried to talk to her Great Aunt Selena, about getting away from her nosy mother. Aunt Selena was sympathetic, but not helpful. Their little talks always ended too soon for Christy, despite the lack of any real resolution. Aunt Selena would rush off to Bingo as if she were driving an ambulance.

Christy knew the rumors about bikers sharing their sex partners with their buddies. It was supposed to be some kind of initiation ritual. She heard about it on Jerry Springer. Christy knew about the sexual shenanigans some of the girls got into, but she only wanted to be involved with one guy at a time. After all, she laughed to herself, she was brought up to be a lady.

Christy was surprised when she missed her period. It couldn't be. She was very careful about birth control. When the home pregnancy test turned up positive, she figured a condom must have broken. She went to John, her on and off boyfriend, and asked for some money to pay for the abortion. He had a complete fit. He said the baby wasn't his and refused to help at all. He even called her a whore.

After a pregnancy that seemed to last nine years instead of nine months, Aliya was born. Christy could tell that there was a problem right away, even though she was just 15. The doctors and nurses got quiet and their faces were grim. When Christy got a look at her daughter, she thought she looked strange. The main doctor handed the baby to her and told her what she hadn't yet had time to see. They were pretty sure that Aliya had Down's Syndrome.

It was a lot for anybody, especially for a 15-year-old. Christy was tougher than anyone thought. She went back to school when Aliya was at least partly on a schedule. She got through high school and finished most of beauty school at the same time, thanks to a program at her school. She surprised everybody with her maturity.

Christy and Aliya grew up together. People stared at her daughter sometimes, but Christy blew it off. Aliya was a great daughter and Christy loved her fiercely. She changed her life so that her daughter could be secure and happy. She got a job at a small shop owned by a really nice couple. When she started earning decent money, Christy rented a little house with a porch and a yard the size of a postage stamp. She could cut the grass with a weed whacker in about 15 minutes. She and Aliya became friends with their next-door neighbors, Marcus and Jamie. They shared barbeque dinners and took care of each other. Grandma JoElla and Great Aunt Selena talked about it, but they never said a word to Christy. They thought it was amazing how she was raising Aliya. She always made sure that her daughter was involved in everything the other children were in. Aliya went to school in regular classes. She even sold gift-wrap and candy door to door to raise money for field trips. JoElla and Selena were impressed. When they found out that she was buying saving bonds, they could barely stop smiling.

Aliya was a happy go lucky child with a sunny disposition. She loved school, especially Miss Percilla, who taught her real world skills from 7th grade onward. She loved Girl Scouts, the school choir and baking cupcakes. Aliya competed in the Special Olympics and sold Girl Scout cookies from a stand she set up in their tiny front yard. Christy also sold them at work and with the two of their efforts combined Aliya sold more than any other scout in her troop three years in a row.

Over the years of raising Aliya, Christy had pretty much quit the whole idea of having a man in her life. The experience with John was so negative it set her off for years. She also didn't want to parade a bunch of men in front of Aliya, only to watch them inevitably disappear. Jan and her other girlfriends at work practically begged her to go out with Ronny, one of their customers. He was cute and always had money. He was funny, too. They wore Christy down and she agreed to go out with him.

The date from hell started innocuously enough. They dropped Aliya – now 14-years-old – off at Aunt Selena's and went to a really nice restaurant. Christy was impressed by how much money Ronny had. She was considerably less thrilled when he pulled a bag of cocaine out of his pocket. She knew it had to be worth at least a thousand dollars, there was so much of it. Christy figured what the hell, and they snorted coke all night: in the car, in the bathroom at the restaurant and finally, at Ronny's place, where they ended up. It was fun until the moment the police kicked the door down and arrested both of them for possession with the intent to sell.

The attorney Christy got eventually found out that Ronny's house had been under surveillance for some time. She promised to do her best for her client. However, the fact that Christy had a bunch of coke in her purse coupled with the swings she took at the arresting officers were serious issues. There was no money for bail, so Christy sat in jail. Her lawyer advised Christy to plead guilty to a lesser charge so that she wouldn't be facing a long sentence. They hoped she would get probation, with time served. Christy was crushed when she was sentenced to six months at the county work farm. What would happen to Aliya?

Christy and Aliya: A Worksheet for Person Centered Practice

| Question | Policy, Procedures & Issues ²³ | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <ol style="list-style-type: none"> 1. What may be the most important things this family would like to address immediately? 2. How is Christy likely to feel? 3. Where might Aliya live? 4. What are Christy's most significant strengths? 5. Are there possible issues for JoElla, Christy's mom? 6. What about Aunt Selena? | | |

²³ Community Solutions Supervisors Network, Fort Worth, Texas

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Christy and Aliya: A Worksheet for Person Centered Practice, continued.

| Question | Policy, Procedures & Issues ²⁴ | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <p>7. Does this family have any resource people? Could any be recruited?</p> <p>8. How might Aliya spend her time?</p> <p>9. What are the long term concerns for Aliya? For Christy?</p> | | |

²⁴ Community Solutions Supervisors Network, Fort Worth, Texas

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LaShawwna & Narell

No matter how you look at it, **LaShawwna** had a tough start in life. Her mom, Kim, tried crack for the first time at a friend's birthday party just after she turned 18. She never meant to get involved with drugs, but somebody had a pipe and everyone was taking a hit, so she did it too. She liked how the drug made her feel: sharper, happier and very aware. That was just the first time. After only a few more experiences Kim needed it, more than she ever could have imagined. Her mom and dad talked to her and they, like her friends, offered help of all kinds. She accepted none of their offers. She just wanted to get high and to be left alone to do it. When she didn't have money, she took theirs. To everybody she knew, Kim was out-of-control and heading for trouble.

When Kim first realized that she was pregnant, she was 19. She had no idea who the baby's father was. She took a pregnancy test at the Department of Public Health. The people there offered help to the young, expectant mom. They could get her into a program to help her get clean. It involved 21 days of day treatment after her initial detoxification was completed. Kim didn't know what else to do, so she agreed to try it.

Day treatment presented Kim with a new challenge: being around recovery during the day and being around drugs at night. One of the volunteers at the program helped her find a new apartment and that made it easier. Kim signed up for swimming at the "Y" and computer classes in the evening. She was proud of herself for getting healthier and smarter at the same time.

When LaShawwna was born, Kim asked Narell, her best friend all through school, to be the baby's Godmother. Godmother Narell agreed and from the start, she was close to LaShawwna. They had a special relationship, a solid connection. As the little girl grew, they spent time together as often as they could.

Everybody around Kim and LaShawwna hoped that their safe, contented life together would last but it didn't. When LaShawwna was seven, Kim convinced herself that she was able to smoke crack recreationally. She was wrong.

A phone call from a concerned neighbor kicked off a protective services investigation and response when LaShawwna was eight. The social worker who investigated the neighbor's allegation of neglect went to the rooming house that was Kim's and LaShawwna's current home. The social worker discovered that LaShawwna had been alone for two days and three nights. The child was very thin, frightened and hungry. She had unhealed sores on her arms and the closest things to food in the filthy room were the empty pizza boxes all over the floor. The worker took custody of LaShawwna and after questioning her further, placed her with her grandparents.

Sadly, that was the beginning of the first of three unsuccessful attempts to reunify LaShawwna safely with her mom. She tried, but Kim couldn't stay away from crack. Every time she seemed to be getting clean, she relapsed. By the time LaShawwna was 10, Kim was on the streets, played out, sick and emotionally damaged.

Kim's mom wanted to raise LaShawwna, but it was not to be. After her husband died, she had a debilitating heart attack. Her doctor wanted her in an extensive cardiac rehabilitation program for at least a few months. LaShawwna's social worker got her into a foster home while they figured out what to do. When LaShawwna told her about Narell, her Godmother, LaShawwna had a resource at last. Narell got a bigger apartment and when she moved in, LaShawwna moved in too.

LaShawwna liked living with Narell. Her Godmother was smart, loyal and a real hard worker. The apartment was spotless and filled with plants: beautiful dish gardens and hanging baskets. Narell grew mint and she and LaShawwna made sun tea, their favorite beverage. They went to church on Sunday mornings, evenings and every Wednesday and LaShawwna liked that too.

To top it off, Narell was also a great cook. Her baked ham and fried chicken were the best LaShawwna had ever tasted. She taught the girl to cook and they loved being together in the kitchen. Narell could tell stories too, and loved to entertain her Goddaughter with tales that were scary, funny or heroic.

LaShawwna blossomed under Narell's care. She did well in school, although moving around had an impact on her learning. Math was her favorite subject. She also was a whiz at puzzles and word problems.

LaShawwna wanted to be a famous singer when she grew up. She practiced in her room, singing along with the radio. The little girl designed dance routines and elaborate, "stylin'" costumes to go with her favorite songs. LaShawwna was going to be even more popular than Fergie, Mariah Carey, Alicia Keys and Mary J. Blige.

The X-Men movies,²⁵ all three of them, were LaShawwna's favorite movies – she saw them four times. Storm was her favorite character, but she also liked Dr. Jean Gray. She tried to be telepathic sometimes, but she wasn't having much luck with it. LaShawwna kept on trying anyway.

When Earl, Narell's brother, came to stay with them, Narell was taking word processing classes at night. Completing the class successfully would put her in line for a better job. Earl sold flowers at busy intersections when they needed extra cash. The rest of the time, he promised his sister that he would watch LaShawwna.

What started with Earl's desire to give LaShawwna back rubs turned into rape. The first time, he met the little girl after school and walked her home. Earl said she looked tense and rubbed her back and shoulders. LaShawwna didn't know what to do when he took her clothes off and started touching her all over. When he hurt her she cried. Earl told her not to tell Narell what happened or she would send LaShawwna away for being a bad girl. LaShawwna, afraid that he was telling the truth, said nothing that night or the night after that. When Earl continued to molest her, she said less and less. That was

²⁵ X-Men, X2 and X-Men: The Last Stand, Films, dir. Bryan Singer, Brett Ratner, 20th Century Fox, 2000, 2003 and 2006 (104 min., 132 min. and 104 min.)

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the first thing Narell noticed. It also seemed to her that LaShawonna was tired all of the time, complaining that she felt too sick to sleep at night. She was always okay for school in the morning, but she started dawdling on her way home. She came home later and later each day and she quit wanting to eat meals with Narell and Earl. Something, clearly, was wrong.

Narell figured that her best chance of getting LaShawonna to talk to her was in the kitchen. She practically dragged her into the kitchen and set her up to bread chicken for frying. While she cut up chicken, Narell talked about how special she had always known LaShawonna was. She told her that she would protect her for the rest of her life. When the young girl's head went down, Narell saw tears fall in the flour. She put her arms around her Goddaughter and begged her to tell her why she was so sad. After her long, painful silence, LaShawonna finally spoke.

When Narell found out what Earl was doing, she was horrified. She had to find help for LaShawonna and figure out what to do about Earl. It was too much, way out of her league.

LaShawonna and Narell: A Worksheet for Person Centered Practice

| Question | Policy, Procedures & Issues ²⁶ | Best Practice: Your Opinion |
|---|---|-----------------------------|
| <ol style="list-style-type: none"> 1. What is likely to happen to Kim in the short term? Long term? Should she be part of this plan? 2. What are some of the possible long term effects on LaShawonna from her early life with Kim? 3. How many people and places has LaShawonna lost? How could her grief be reduced? 4. What were the early indicators that Earl was a danger to LaShawonna? 5. What should be done immediately to ensure LaShawonna's safety? | | |

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LaShawonna and Narell: A Worksheet for Person Centered Practice, continued.

| Question | Policy, Procedures & Issues ²⁷ | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <p>6. Can Narell be trusted to keep LaShawonna safe in the future?</p> <p>7. What are likely to be Narell's immediate issues with all of this?</p> <p>8. What may be the issues for the rest of Earl's and Narell's extended family?</p> <p>9. What might be some ways to get LaShawonna re-engaged in life?</p> <p>10. What strengths do LaShawonna and Narell have that could be central to planning for them?</p> | | |

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Paul

Paul's family – his mom, dad, little sister and maternal grandparents – sometimes felt like they had seen it all. They were deeply attached to him, but with each passing day, they all grew more concerned. What would happen to this brilliant 29-year-old man who had completely stopped making sense quite a while ago? Was he safe? Were they? They had more questions than answers and it was tough to get used to that.

Paul began hearing voices just before he turned 20. He was a college sophomore studying political science, his long time interest. Paul started watching politics on TV when he was just a little boy. He watched the news when he was supposedly too young to understand it and read the newspaper pretty well by the time he was in the fourth grade. While other children watched cartoons and teen dramas, Paul focused on CNN, FOX News, MSNBC and CSPAN. His peers built tree houses and forts while he practiced mock press conferences with world leaders. While everyone else tried to be cool, Paul worked at being presidential. Janice, his mom, thought maybe he really would be president some day. Scott, his dad, just hoped he would be normal.

Paul's little sister, Tricia, was the first to find out about the voices that spoke only to her brother. Some people, from somewhere, told the then 19-year-old Paul not to eat meat. The unknown "they" told him that the devil put evil worms in it and if he ate it, the worms would eat him up. Despite being only 12-years-old, Tricia was scared enough to tell her parents, Scott and Janice, who kept a closer eye on their son than they had prior to her report. What they observed frightened them; Paul was convinced that people were out to get him. He talked about the traps these mysterious people set to ensnare him. Sometimes, he stopped sleeping for days at a time, completely certain that he was in mortal danger. Paul usually had a lot of energy, but he suddenly seemed brittle. He buzzed around his room for hours at a time, starting weird projects that never got finished. At other times, he couldn't seem to get out of bed, emotionally shattered by the impact of third world poverty on the global environment. Together, Scott and Janice decided to take him to their family doctor.

Four appointments and three doctors later, Paul was diagnosed with schizophrenia and bipolar disorder. Parents Janice and Scott were floored. How could their smart, imaginative son be so seriously ill? Tricia cried for days. She felt that Paul was gone for good, and with him, her faith that the world was fair also disappeared.

The diagnosis marked the beginning of what was to be a long siege. As different medicines and therapies were attempted, Paul got worse. He accused countless people of robbing and molesting him, and even accused (falsely) his grandpa of sodomizing him when he was little. He was convinced that relatives and family friends would stick hot needles in his eyeballs if he went to sleep. Worried that others were stealing his thoughts, he rubbed toothpaste on his head to protect himself.

As the years passed, Paul had his ups and downs. He had several confrontations with the police when he tried to interfere with them as they made an arrest. He was mouthy,

accusing them of arresting innocent people (none of whom he actually knew) to populate work camps that no one knew about but him. As a result, Paul was arrested several times.

In court, Paul absolutely insisted on representing himself. Police officers testified that Paul had told them he would tell the media that they beat him and stuck their guns in his mouth in order to get his confession. His behavior was so manic, the judge ordered him to submit to a psychiatric evaluation.

Paul's family still saw, from time to time, the young man they believed was truly their own. He was still political in a big way. He liked to watch the Sunday morning political shows, even though he kept yelling at the TV whenever certain politicians appeared. Scott told every psychiatrist who examined his son that this came from the boy's unfortunate liberal political affiliation rather than from his mental illness. Janice especially worried about Karl Rove's role in the government. Nothing upset her son more than him.

His family held on to their experiences of him as his "old self", as they called it. Even back in high school, Paul was generous. He volunteered to tutor students for whom English was a second language. He was also fond of games like Scrabble and Trivial Pursuit, at least when he took his medicine. Everyone who knew him thought that he would win big on Jeopardy, maybe even bigger than Ken Jennings. Always brighter than average, Paul was good at riddles, word problems and metaphors.

Although he was never an athlete, Paul loved to run and had once – when he was well-planned to run a marathon, maybe even participate in a triathlon one day. He also admired Pittsburgh Penguins owner Mario Lemieux, "Le Magnifique", his all time favorite hockey player.

Just after he turned 29, Paul threw a brick through the picture window in the living room of his parents' house. He then stood outside of his sister Tricia's apartment, yelling, cursing and threatening her until the police showed up. When they did, Paul told them that Tricia was a drug dealer. Her apartment was searched and about ¼ ounce of marijuana was found, leading to Tricia's arrest.

Other relatives and friends fell by the wayside, due to Paul's angry threats to expose them for committing every crime he could imagine. How could this young man regain his life, the people who cared about him wanted to know. How could he be less alone and more connected to his family and others when he got people into trouble? Or should they, as lots of other people told them, just let Paul go? Answers to these questions were, at best, elusive.

Paul: A Worksheet for Person Centered Practice

| Question | Policy, Procedures & Issues ²⁸ | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <ol style="list-style-type: none"> 1. What are the most immediate risks for Paul? 2. What are the long term safety, health and welfare concerns for him? 3. How could a person approach Paul to increase the chances that he would accept that approach? 4. Should Paul's family be involved? 5. What are likely to be Paul's immediate medical needs? 6. Who in Paul's life needs legal assistance? | | |

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Paul: A Worksheet for Person Centered Practice, continued.

| Question | Policy, Procedures & Issues ²⁹ | Best Practice: Your Opinion |
|---|---|-----------------------------|
| <p>7. What might be Paul's other pressing needs? How could they be met?</p> <p>8. Do Paul's strengths suggest any possibly effective strategies?</p> <p>9. Can anything be done to mend Paul's relationship with law enforcement?</p> | | |

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Jonathon

The fact that **Jonathon** made it safely to his 6th birthday was truly a tribute to the patience of his parents, Becca and Mike. Their son had been difficult to manage almost since he was born. Franklin, his 10-year-old brother, was sick of trying to be patient. The truth was, he was sick and tired of Jonathon. Sometimes it seemed like all Franklin heard was “Jonathon this” and “Jonathon that”, “Jonathon, Jonathon, Jonathon”. Could we at least talk about something else once in a while? Franklin wondered.

Even when he was a baby, Jonathon never really napped. He was colicky every evening for months, way longer than the baby books said colic might last. Becca and Mike talked it over, thinking back to when Franklin was little. It had been nothing like this, though. Becca scheduled an appointment with their pediatrician. She and Mike also talked to Mike’s parents and Becca’s dad, who all tried to reassure the young couple. Every baby is different, they said. He’ll come along in time. The pediatrician said basically the same thing. They listened and they carried on, but Mike and Becca took to looking at each other and mouthing their main question: when?

As soon as Jonathon could walk he was into everything. He was quite active and very quick. He grabbed whatever he saw unless Mike or Becca stopped him. Even though he had originally been excited to be a big brother, Jonathon was the bane of Franklin’s existence. He took his older brother’s toys and screamed bloody murder when Franklin tried to get his stuff back. To top it all off, Jonathon still didn’t nap and he only slept for five or six hours each night. None of them slept well with the amount of noise the little guy made and Becca and Mike practiced what they called “relay sleeping”; taking turns so that each of them could sleep a little.

As Jonathon grew, his behavior just got worse. He threw temper tantrums, banging his head and screaming when he didn’t get his way. Becca and Mike knew they shouldn’t cave in to his angry demands, but they were embarrassed, especially out in public. Franklin was mortified. Still, he was angry that they went out less. He loved going to McDonalds and Chuckie Cheese with his parents. There again, the problem was the same as it always had been... Jonathon.

The bigger he got, the more successful Jonathon was at destroying toys, books, cereal bowls – really, anything he could break. He seemed especially prone to breaking Franklin’s things. Becca explained to her eldest that they just couldn’t afford to replace the destroyed items. The day Jonathon tried to flush Franklin’s Playstation 2 down the toilet, Franklin lost it. He punched his brother as hard as he could and pushed him over. Jonathon cracked his forehead on the edge of the tub and bled like crazy. Mike sent Franklin to his room to cool his heels while his parents fussed over Jonathon. When they were done, Mike came to his room and sat down on the bed. Franklin could tell that his father was angry. He launched right into “the big speech” and made Franklin feel even more guilty than he already did. Mike grounded him with no TV for a week. Nobody seemed to remember that the Playstation 2, his very favorite possession, was completely ruined.

Right after Jonathon turned four, Becca and Mike again saw their pediatrician to ask about their youngest. The doctor asked if his activity level had decreased. His parents reported that it had increased instead. They described how they tried to keep him occupied with his Matchbox truck and car collection or with his favorite TV shows: Teletubbies³⁰, the Road Runner³¹ and just about everything on the Disney Channel and Nickelodeon. These activities worked somewhat at keeping him positively occupied, but only up to a point. They decided to try medication.

Mike and Becca started what proved to be over a year of trial and error with different medicines. Unfortunately, Jonathon's activity level continued to be a problem. Every time a medical solution seemed promising, it ended up disappointing them. They continued to try various drugs and combinations of them, making sure to carefully observe the impact on Jonathon's behavior. Finally, the doctor advised them to see if having Jonathon spend part of the day in a more structured, group setting would help. Becca and her dad, Jonathon's very favorite person apart from his parents, took the boy to a daycare center and signed him up, hoping for the best. It proved to be the first of four daycare centers that kicked him out because of his rambunctious behavior. Jonathon's longest record for being in a daycare center was a brief eight weeks. In between daycare situations, Becca's dad helped as much as he could. He entertained his grandson with magic tricks. Grandpa could separate his thumb and pull quarters of out Jonathon's ear. They had lunch together sometimes. Grandpa fixed his favorites: macaroni and cheese, Spaghettios and Oreos.

Mike and Becca continued to do the best they could to find things that engaged Jonathon, even if it was only briefly. He liked dinosaurs and fire trucks. He wanted to be a fire fighter when he got big, unless he could drive a big truck or be a cowboy. Sooner, his goal was to be a school crossing guard, like the 6th grader who crossed the students at Franklin's school. No one could say that he didn't have an imagination, and that helped keep him occupied for awhile. Jonathon planned to invent a machine that could turn cows into pterodactyls, clothing that makes you fly, and giant plants that grow candy all year round.

By the time Jonathon turned six, he was repeating kindergarten. His parents were exhausted, his teachers were stressed out to the max and his grandparents were concerned and bewildered. No one would babysit Jonathon, so Becca and Mike had no time together and very little time left for Franklin. Franklin was moody most of the time and to make matters worse, he was starting to act up too. Every night, Becca said Jonathon's prayers with him and tucked him in with Raggedy Andy and Pooh. She knew, in her heart, that she and Mike were running out of hope. They had no idea what to do.

³⁰ Teletubbies, by Andrew Davenport, Produced by Ragdoll, Producers Anne Wood and Andrew Davenport, PBS Television Network, Series aired from March 1997 to the present.

³¹ Road Runner, dir, Chuck Jones, Warner Borthers, 1967.

Jonathon: A Worksheet for Person Centered Practice

| Question | Policy, Procedures & Issues ³² | Best Practice: Your Opinion |
|---|---|-----------------------------|
| <ol style="list-style-type: none"> 1. What are the main risks this family faces short term? Long term? 2. Is Jonathon getting all the medical care he needs? 3. Which of Jonathon's behaviors should be targeted for immediate intervention? 4. How might Jonathon's behavior be addressed? 5. What issues are coming up for Franklin? What might he need? | | |

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Jonathon: A Worksheet for Person Centered Practice, continued.

| Question | Policy, Procedures & Issues ³³ | Best Practice: Your Opinion |
|--|---|-----------------------------|
| <p>6. Who are the resource people this family has? Who, additionally, might they need?</p> <p>7. Might Becca and Mike have issues? What might they be?</p> <p>8. What kind of schedule might work for this family?</p> | | |

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The Collaborative Assessment for Supervisors and Employees

Introduction

Now that supervisors have completed their own Self Assessments and Professional Development Plans, they are prepared to implement a similar assessment with the employees who report to them. They can call on their recent experience of thinking through their own job performance to make the process useful and relevant to staff.

The idea of collaborative assessment is not new. Employees are often asked to evaluate their work performance although it is done most often in conversation. Some complete a document similar to this one or use other methods to have input into the performance evaluation process. The purpose of these techniques is to build consensus between the supervisor and the employee, specifically about what the employee is doing well, doing poorly or not doing and what will be done to improve the employee's performance. Supervisors should stress, as they describe the process and its purpose, that nobody is perfect and improvement is always both a possibility and a priority. The attitude is if we can do it, we can always do it better.

As previously mentioned, the supervisor retains appropriate authority over the employee, the evaluation and the resulting Professional Development Plan. There will always be areas where the supervisor and the employee disagree. Sometimes, supervisors and staff can only agree to disagree on elements of the evaluation.

The first step in the Collaborative Assessment is for supervisors to decide how to go about using it. They can give the blank format to an employee as the evaluation is scheduled and ask the employee to complete it prior to the evaluation while they complete their rating column on the form privately. Supervisors can set a deadline for employees to turn in the completed assessment prior to the evaluation or ask them to bring it with them to the meeting. Supervisors may instead choose to complete the blank format in discussion with employees during the actual evaluation meetings.

Whichever way the supervisor decides to implement this evaluation system, it makes sense for the supervisor to prepare for the session in advance. This is particularly important when the employee is having difficulties or when the employee's likely response to feedback is emotional or argumentative.

Preparation should include reviewing the document with the employee in mind and making notes about specific examples and situations that influence how the supervisor scores each item. If the supervisor has (wisely) kept a file or some form of documentation about successes and difficulties that occur, preparation will be even more effective.

Another key thing to remember is that the most important part of this process is the outcome: the Individualized Professional Development Plan. Supervisors are advised not to get caught up in a dispute about whether an item warrants a score of two or three. If the supervisor and the employee can agree that a certain area or specific skill requires additional instruction, remediation, changed behavior or other intervention, that's what is important. Supervisors should focus on the emerging Individualized Professional Development Plan as the most important part of the experience.

The Collaborative Assessment:

Part 1 – Employee Behavior

This section of the assessment is the only one that the supervisor has not completed personally in the Self Assessment for Supervisors. It is focused on the most basic employee behavior: attendance, promptness, communication, etc.

Part 2 – Values and Principles

This section asks respondents to define the values and principles that support Family and Person Centered Practice and how much they agree with them and their importance.

Part 3 – Job Skills and Activities

This section lists 40 skills that can be key to implementing Family and Person Centered Practice.

Note: If any of the skills listed are not needed by your staff, mark them N/A or simply skip over them

Part 4 – Policy, Procedure and Best Practices

This final part of the assessment offers four diverse and complicated scenarios, followed by questions to assess the following: first, the employee's understanding of relevant policies and procedures and, secondly, how they can and should merge them with best practice. The emphasis is on learning policies and procedures and how they relate to conduct and actions.

Supervisors should select one or at most, two, of these scenarios, choosing the example/s that best match/es their specific program priorities.

Only one of the Part 4 scenarios is included in this section with possible answers as an example. It, Rhonda's story, includes protective services, possible mental illness, substance abuse, possible out-of-home placement, school issues and a complicated divorce/family situation.

The other Part 4 scenarios which are in the *Forms* section of the *Self Assessment for Supervisors*, include the following:

- James and Gina: chronic illness, mental health and family issues, illegal behavior, court involvement, unsafe sex/criminal sexual behavior and educational problems
- Jorge: depression, isolation, grieving and loss, possible suicide attempt, school safety issues, kinship care
- John and Sarah: aging, illness, family issues, death and dying and planning for the end of life

Additional Part 4 scenarios which feature other personal and family circumstances are available in the *Tailoring the Collaborative Assessment: Options for Supervisors* section of this manual.

The Collaborative Assessment: A Completed Example

Part 1: Employee Behavior

Staff: _____ Supervisor: _____ Date: ____/____/____

***Instructions:** In this section of the assessment, please rate your performance on important professional behaviors. The rating should reflect your honest opinion of how you are doing on each element of the assessment. Use the Notes column to write down what thoughts or events influenced your rating.*

Please turn this in, with all of the attached sections, Parts 1-4, completed, to _____ on or before ____/____/____. A meeting will then be scheduled to finish your Performance Evaluation and work on your Professional Development Plan.

Please note that the supervisor has and will exercise appropriate authority over the employee

| Rating | | | | |
|----------------------|------------|--------------|-------------|-----------|
| N/A = Not Applicable | 1 = Rarely | 2 = A Little | 3 = Usually | 4 = A Lot |

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/Conclusion |
|--|-------|------------|---|------------------------------|
| (1) Arrives on time | 3 | 3 | Sometimes runs a little late in the morning | 3 |
| (2) Completes required documentation fully and on time, as directed by agency policy | 3 | 2 | Progress notes are 3-6 weeks late | 2 |

| Rating | | | | |
|----------------------|------------|--------------|-------------|-----------|
| N/A = Not Applicable | 1 = Rarely | 2 = A Little | 3 = Usually | 4 = A Lot |

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/Conclusion |
|---|-------|------------|--|------------------------------|
| (3) Complies with office rules (e.g., attire, grooming, etc.) | 4 | 4 | N/A | 4 |
| (4) Maintains a reasonably clean workspace | 2 | 1 | Please wash old cups and dispose of uneaten food daily | 1 |
| (5) Respects consumer confidentiality | 4 | 3 | Watch casual chat about consumers in the kitchen and copy room | 3 |
| (6) Gets along adequately with co-workers (i.e., no feuds, interpersonal attacks, etc.) | 3 | 4 | Liked and admired by all and known for being thoughtful | 4 |
| (7) Reports required information to the right people, at the right time | 3 | 3 | Critical incident reports occasionally late | 3 |
| (8) Communicates clearly, politely, and without gossip | 4 | 4 | ----- | 4 |

| Rating | | | | |
|----------------------|------------|--------------|-------------|-----------|
| N/A = Not Applicable | 1 = Rarely | 2 = A Little | 3 = Usually | 4 = A Lot |

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/Conclusion |
|--|---------------------------------|------------|--|------------------------------|
| (9) Follows through on supervisory and administrative directives | 4 | 3 | The dirty cups and old food have been discussed three times without notable change | 3 |
| (10) Returns phone calls in a timely way | 2 | 2 | Should be by the end of next business day; now, several days | 2 |
| (11) Responds to mail – electronic or traditional in a timely way | Email: 4 Snail Mail: 2 | 4 2 | Try not to ignore old fashioned mail | 3 |
| (12) Works a full ____ hours per day/week/month | 4 | 4 | Thank you! | 4 |
| (13) Supports co-workers as needed | 4 | 3 | Does well except could do better with on call back-up | 3.5 |
| (14) Collaborates as needed with individuals, families and other organizations | 4 | 4 | ----- | 4 |

Rating
N/A = Not Applicable **1** = Rarely **2** = A Little **3** = Usually **4** = A Lot

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/ Conclusion |
|--|-------|------------|--|----------------------------------|
| (15) Submits schedule and updates whereabouts, plans and activities as required | 2 | 1 | Both electronic schedule and updates are usually 2-3 days late | 1 |
| (16) Responds to "after hours" situations promptly, politely & with needed support | 3 | 3 | See #13 | 3 |
| (17) Refrains from: <ul style="list-style-type: none"> Spreading rumors Unkind acts towards others in the workplace Unkind acts in the community Emotional outbursts (not including appropriate venting) Taking other people's stuff Making false statements | 3 | 3 | Consumer confidentiality, #5 | 3 |
| | 4 | 4 | ----- | 4 |
| | 4 | 4 | ----- | 4 |
| | 4 | 4 | ----- | 4 |
| | 4 | 4 | ----- | 4 |
| | 4 | 4 | ----- | 4 |
| <ul style="list-style-type: none"> Submitting false documentation | 4 | 4 | ----- | 4 |

| Rating | | | | |
|----------------------|------------|--------------|-------------|-----------|
| N/A = Not Applicable | 1 = Rarely | 2 = A Little | 3 = Usually | 4 = A Lot |

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/ Conclusion |
|--|-------|------------|---|----------------------------------|
| <ul style="list-style-type: none"> Using phones & computers inappropriately | 3 | 2 | Please refrain from online shopping and web surfing that is not directly related to practice and consumer needs | 2.5 |
| (18) Attends training as required | 4 | 3 | Cancelled CPR training twice and must complete it by 00/00/00 | 3 |
| (19) Submits accurate and appropriately detailed information for billing and expenses on time | 3 | 2 | usually at least a week late | 2 |
| (20) Maintains files that reflect policy and best practice principles | 2 | 2 | Last audit, 3/4 of consumer files not complete | 2 |

An Example, continued

Part 2: Values & Principles

Staff: _____ Supervisor: _____ Date: ____/____/____

Instructions: In this section of the assessment tool, please rate your performance, this time focusing on how well or poorly your actions reflect and embody the values that define Family and Person Centered Practice. Next, in the space provided, give your best working definition of each value or of actions that reflect the value or actions that violate it. If possible, use your own actions and experiences for the examples.

Please note that the supervisor has and will exercise appropriate authority over the employee

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings <u>Actions/Definition</u> 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|----------------------|---|--|--|
| | | | |
| Community Based | 3 | Referring consumers to services they can get to | 3/2 |
| Strength-Based | 3 | Record the consumer's strengths in progress notes | 2/1 |
| Culturally Competent | 4 | Getting along with everybody no matter who they are or where they're from | 2/2 |

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings Actions/Definition 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|------------------------------|---|--|--|
| Family and Person Centered | 4 | Making sure that what the consumer wants is in the plan | 4/3 |
| Individualized | 3 | Each plan is unique to each consumer | 3/4 |
| Outcome Focused | 4 | You ask the consumer what they want to change and that's the outcome | 3/3 |
| Needs Driven | 3 | What the consumer wants is in the plan | 3/1 |
| Unconditional | 3 | No matter what they do, we don't kick them out | 3/4 |
| Compassionate | 4 | Do unto others as they do unto you | 3/1 |
| Team Developed and Supported | 4 | Everybody involved and the consumer gets together and collaborates on everything | 4/4 |

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings Actions/Definition 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|------------------------------|---|--|---|
| Flexible and Flexibly Funded | 3 | Change the plan to fit the consumer and use the flex fund to pay for the stuff you can't pay for any other way | 4/4 |
| Normalized | 4 | Treat the consumers like they're normal | 2/1 |

An Example, continued

Part 3: Job Skills & Activities

Staff: _____ Supervisor: _____ Date: ____/____/____

Instructions: In this section, please rate your degree of mastery of the key skills listed below. As noted previously, the skill rating should be done as honestly as possible. If there are specific reasons why you selected a particular score, jot them down in the Notes column for later discussion with your supervisor.

Please note that the supervisor has and will exercise appropriate authority over the employee

| Degree of Mastery 1 = N/A 2 = no current evidence 3 = Not Mastered 4 = Making Progress 5 = Making Good Progress 6 = Mastered | | | | |
|---|--------------|-------------------|-------------------------------------|--|
| Skill | Staff | Supervisor | Notes | Consensus/Finding/Conclusion |
| (1) Describing Family & Person Centered Practice clearly so people can decide whether or not it suits them and their circumstances | 3 | 4 | It takes practice when you feel shy | 4 |
| (2) Linking with people who have complex, unmet needs | 5 | 5 | Very compassionate and practical | 5 |
| (3) Assessing safety | 3 | 2 | Has not completed training yet | 3 Pending three more months of training |

| Degree of Mastery | | | | |
|--|-------|------------|--|------------------------------|
| 1 = N/A 2 = no current evidence 3 = Not Mastered 4 = Making Progress 5 = Making Good Progress 6 = Mastered | | | | |
| Skill | Staff | Supervisor | Notes | Consensus/Finding/Conclusion |
| (4) Evaluating and reacting proactively to potential crises and big changes | 6 | 6 | Colleagues seek her help in doing responsive crisis planning | 6 |
| (5) Strengths assessment | 5 | 6 | Excellent! | 6 |
| (6) Learning who resource people are | 4 | 5 | It's tough to ask people to help others. | 5 |
| (7) Convening a Person Centered, Treatment or Family Team | 5 | 4 | Needs more practice to build confidence | 4 |
| (8) Presenting strengths to a team | 5 | 6 | See #5 | 6 |
| (9) Learning new cultures | 6 | 6 | Always interested and does research to increase learning | 6 |
| (10) Explaining Life Domain areas | 4 | 4 | Could be more flexible in how Life Domain areas are used | 4 |
| (11) Drafting specific outcome statements | 3 | 2 | Has not completed Service Planning training yet | 2 |

| Degree of Mastery 1 = N/A 2 = no current evidence 3 = Not Mastered 4 = Making Progress 5 = Making Good Progress 6 = Mastered | | | | |
|---|--------------|-------------------|---|-------------------------------------|
| Skill | Staff | Supervisor | Notes | Consensus/Finding/Conclusion |
| (12) Developing simple, effective ways to measure individual and/or family progress on the outcomes | 3 | 2 | Has not completed Service Planning training yet | 2 |
| (13) Drafting needs statements in relation to outcomes | 3 | 2 | Has not completed Service Planning training yet | 2 |
| (14) Translating service statements to need statements | 3 | 2 | Has not completed Service Planning training yet | |
| (15) Designing strength-based strategies to meet needs | 5 | 5 | Has not completed Service Planning training yet but excels at this aspect of it | 5 |
| (16) Delegating tasks to team members | 4 | 4 | See #7 | 4 |
| (17) Evaluating a meeting | 5 | 5 | Always makes sure that everybody is included | 5 |
| (18) Documenting outcomes, needs and strategies on Treatment Plans | | | | |

| Degree of Mastery | | | | |
|--|-------|------------|--|------------------------------|
| 1 = N/A 2 = no current evidence 3 = Not Mastered 4 = Making Progress 5 = Making Good Progress 6 = Mastered | | | | |
| Skill | Staff | Supervisor | Notes | Consensus/Finding/Conclusion |
| (19) Working with collaborative, community structures | 6 | 6 | Well respected for collaborative efforts | 6 |
| (20) Working with colleagues who have very different priorities and concerns | 6 | 5 | Could be a bit more assertive. Is always collaborative | 5 |
| (21) Partnering with volunteers and informal supports | 4 | 5 | Again, well liked and effective but could be a little bit more assertive | 5 |
| (22) Writing budgets & budget narratives for service planning | 3 | 3 | Please use a calculator to check figures | 3 |
| (23) Facilitating a planning process | 4 | 5 | Could handle difficult situations better but runs very effective planning meetings | 5 |
| (24) Advocating for an individual or family | 5 | 4.5 | A 5 except for court and IEP meetings | 4.5 |
| (25) Developing crisis plans | 6 | 6 | Excellent proactive planning | 6 |
| (26) Developing safety plans | N/A | N/A | Hasn't needed to do one yet | |

| Degree of Mastery | | | | |
|--|-------|------------|---|------------------------------|
| 1 = N/A 2 = no current evidence 3 = Not Mastered 4 = Making Progress 5 = Making Good Progress 6 = Mastered | | | | |
| Skill | Staff | Supervisor | Notes | Consensus/Finding/Conclusion |
| (27) Designing transition plans | N/A | N/A | Hasn't needed to do one yet | |
| (28) Recruiting specific resource people | 4 | 4 | Always has translator or interpreter there when needed, works well with the faith community. Could improve ties to 12 Step resources and community resources (food pantry, housing support, etc.) | 4 |
| (29) Accurately estimating costs of common, local services | N/A | N/A | ----- | |
| (30) Persuading people to do what they might otherwise not want to do | 4 | 4 | Working on it! | 4 |
| (31) Getting everything done in the available time to do it, including crises | 3 | 3 | Could be more organized | 3 |
| (32) Describing Family and Person Centered Practice persuasively to a wide variety of stakeholders | 3 | 4 | Needs to work on court and school | 4 |

| Degree of Mastery | | | | |
|--|-------|------------|---|----------------------------------|
| 1 = N/A 2 = no current evidence 3 = Not Mastered 4 = Making Progress 5 = Making Good Progress 6 = Mastered | | | | |
| Skill | Staff | Supervisor | Notes | Consensus/Finding/ Conclusion |
| (33) Getting free stuff | 3 | 4 | Improving | 4 |
| (34) Doing background checks | 6 | 6 | ----- | 6 |
| (35) Evaluating therapeutic intensity across a variety of settings | 5 | 5 | | 5 |
| (36) Defining responsive & responsible boundaries one situation at a time | 6 | 6 | A resource to other staff in this area | 6 |
| (37) Working outside your role while you're in it | 5 | 6 | very flexible | 6 |
| (38) Dealing with challenging behavior at meetings | 3 | 4 | Great with consumers, needs to work on colleagues' challenging behavior | 3.5 |
| (39) Getting, spending & accounting for flexible funds | 6 | 6 | A flex fund superstar! | 6 |
| (40) Modifying a categorical service to improve its "fit" | 2 | 2 | Defer to next evaluation | 2 |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your Performance Evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: Rhonda Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 21-23

| What To Do? | | Good Match? Fair Match? Poor Match? |
|--|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| - Inform supervisor and child protective services | Agreed | Good |
| - Find a Rehab that will accept Rhonda | Agreed | Good |
| - Place the children in shelter care | Disagree | Poor |
| - Develop a plan with Rhonda and others to include her faith in her recovery plans | Agreed | Good |
| - Get Rhonda's permission to include her sister, Father Julio and friends from the library on her treatment team | Agreed | Good |

Part 4: continued

Directions: Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.

Scenario: Rhonda Note: Please refer back to the scenario in this section of The Supervision Curriculum, pages 21-23

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|--------|-----------------|--|--|
| Rhonda | Faith | <ul style="list-style-type: none"> - Pray - Let God restore her sanity - Turn it over to God - Arrange for Father Julio to keep in touch | Good Good Good Good |
| Rhonda | Heroes | <ul style="list-style-type: none"> - Watch Oprah and be a woman of spirit - Meditate on how Sojourner Truth, Amelia Earhart & Harriet Tubman stayed strong at least once a day | Good Good |
| Rhonda | Favorite Movies | <ul style="list-style-type: none"> - Watch them in Rehab | Fair |
| Rhonda | Family | <ul style="list-style-type: none"> - Help the children maintain stability and stable relationships - Participate in family aspect of rehabilitation - Do an intervention | Good Good Poor |

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|---------------|-----------------|-------------------------------------|---|
| Rhonda | Reading | - Get Rhonda books to read in Rehab | Fair |

Employee's Individualized Professional Development Plan: A Completed Example

| Month | Skill/Experience/Belief | Learning Activities | Date Completed |
|-------|--|--|----------------|
| # 1: | <u>Part 1: Employee Behavior</u> Goal: Employee will refrain from using computer for personal reasons | Just do it, Supervisors will "stroll" past desk more frequently | 00/00/00 |
| | <u>Part 2: Values and Principles</u> Goal: Employee will accurately list at least 5 reasons why services should be community-based | Discussion with Supervisor | 00/00/00 |
| | <u>Part 3: Job Skill Activities</u> Goal: Employee will improve safety assessment skills | - Employee will observe Janna doing a safety assessment - Employee will complete training | 00/00/00 |
| | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Employee will accurately describe out-of-home care options in priority order | One-on-one conversations with supervisor, Josh (parent) | 00/00/00 |

| Month | Skill/Experience/Belief | Learning Activities | Date Completed |
|-------|---|--|----------------|
| # 2: | <u>Part 1: Employee Behavior</u> Goal: Employee will submit schedule and updates whereabouts, plans and activities as required | - Employee will receive additional training on how to work with the scheduling program - Supervisors and employee will meet briefly every Friday to review the previous week's progress and to preview the next week. | 00/00/00 |
| | <u>Part 2: Values and Principles</u> Goal: Employee will correctly define strength-based services | Employee will review Juniper's and Jarod's service plans and discuss how and why they were developed with both | 00/00/00 |
| | <u>Part 3: Job Skill Activities</u> Goal: Employee will improve safety assessment skills | Employee will observe Jerry doing a safety assessment | 00/00/00 |
| | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Continue to improve understanding of out-of-home placement options | One-on-one discussions with Jackson (parent advocate) and Josh (parent) | 00/00/00 |

| Month | Skill/Experience/Belief | Learning Activities | Date Completed |
|-------|--|---|----------------|
| # 3: | <u>Part 1: Employee Behavior</u> Goal: Completes Progress notes on time | - Employee will enter written or electronic prompts on schedule with warnings at 4 weeks prior to due date, 2 weeks and 1 week. - Supervisor will review finished progress notes weekly and provide feedback | 00/00/00 |
| | <u>Part 2: Values and Principles</u> Goal: Employee will learn about 1 new culture | Discussion, books, films, music, etc. | 00/00/00 |
| | <u>Part 3: Job Skill Activities</u> Goal: Employee will increase ability to draft specific outcome statements and specify how to measure progress on outcomes | Service Planning training | 00/00/00 |
| | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Employee will improve ability to turn strengths into strategies | Review Jason's Service Plans | 00/00/00 |

| Month | Skill/Experience/Belief | Learning Activities | Date Completed |
|-------|--|---|----------------|
| # 4: | <u>Part 1: Employee Behavior</u> Goal: Maintains a clean work space | - Employee will either use disposable cups or wash cups daily - Employee will not eat or keep food at desk | 00/00/00 |
| | <u>Part 2: Values and Principles</u> Goal: Learn another culture | Continue | 00/00/00 |
| | <u>Part 3: Job Skill Activities</u> Goal: Employee will increase ability to write needs statements that relate to defined outcomes and translate service statements into needs statements | Service Planning training, continued | 00/00/00 |
| | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: continue, strength-based strategies | Review Jennifer's Service Plans | 00/00/00 |

| Month | Skill/Experience/Belief | Learning Activities | Date Completed |
|-------|--|---|----------------|
| # 5: | <u>Part 1: Employee Behavior</u> Goal: Employee will return phone calls within 24 hours of receiving them | Employees will submit phone contact records to supervisor at the end of each business day | 00/00/00 |
| | <u>Part 2: Values and Principles</u> Goal: Learn another culture | Continue | 00/00/00 |
| | <u>Part 3: Job Skill Activities</u> Goal: Employee will write Outcome-Need-Strategy service plans | Service Planning Training | 00/00/00 |
| | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: continue, strength-based strategies | Do a strength assessment with supervisor (a strength of this employee) and also with supervisor, generate possible strength-based strategies after the assessment | 00/00/00 |

| Month | Skill/Experience/Belief | Learning Activities | Date Completed |
|-------|--|---|----------------|
| # 6: | <u>Part 1: Employee Behavior</u> Goal: Employee will submit billing and expense information on time | <ul style="list-style-type: none"> - Accounting will hold employee's reimbursement checks for 1 extra week for each week the information is late - Employee will personally deliver billing records for the previous week by noon on Monday to supervisor | 00/00/00 |
| | <u>Part 2: Values and Principles</u> Goal: Employee will accurately describe the role of compassion in service planning | <ul style="list-style-type: none"> - Read mission statement and policy manual - Discuss examples of compassion in weekly one-on-one supervision | 00/00/00 |
| | <u>Part 3: Job Skill Activities</u> Goal: Employee will handle difficult behavior from colleagues at meetings | Supervisor and employee will role play real situations that the employee has confronted and brainstorm solutions | 00/00/00 |
| | <u>Part 4: Policy, Procedure and Best Practice</u> Goal: Continue, strength-based strategies | Redo a Service Plan with strengths and present it to Supervisor | 00/00/00 |

The Collaborative Assessment: Forms

Part 1: Employee Behavior

Staff: _____ Supervisor: _____ Date: ____/____/____

***Instructions:** In this section of the assessment, please rate your performance on important professional behaviors. The rating should reflect your honest opinion of how you are doing on each element of the assessment. Use the Notes column to write down what thoughts or events influenced your rating.*

Please turn this in, with all of the attached sections, Parts 1-4, completed, to _____ on or before ____/____/____. A meeting will then be scheduled to finish your Performance Evaluation and work on your Professional Development Plan.

| Rating | | | | |
|----------------------|------------|--------------|-------------|-----------|
| N/A = Not Applicable | 1 = Rarely | 2 = A Little | 3 = Usually | 4 = A Lot |

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/ Conclusion |
|--|-------|------------|-------|----------------------------------|
| (1) Arrives on time | | | | |
| (2) Completes required documentation fully and on time, as directed by agency policy | | | | |

| | | | | |
|--|--|--|--|--|
| Rating N/A = Not Applicable 1 = Rarely 2 = A Little 3 = Usually 4 = A Lot | | | | |
|--|--|--|--|--|

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/ Conclusion |
|--|-------|------------|-------|----------------------------------|
| (3) Complies with office rules (e.g., attire, grooming, etc.) | | | | |
| (4) Maintains a reasonably clean workspace | | | | |
| (5) Respects consumer confidentiality | | | | |
| (6) Gets along adequately with co- workers (i.e., no feuds, interpersonal attacks, etc.) | | | | |
| (7) Reports required information to the right people, at the right time | | | | |
| (8) Communicates clearly, politely, and without gossip | | | | |
| (9) Follows through on supervisory and administrative directives | | | | |
| (10) Returns phone calls in a timely way | | | | |

| | | | | |
|---|--|--|--|--|
| <p style="text-align: center;">Rating</p> <p style="text-align: center;">N/A = Not Applicable 1 = Rarely 2 = A Little 3 = Usually 4 = A Lot</p> | | | | |
|---|--|--|--|--|

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/ Conclusion |
|---|-------|------------|-------|----------------------------------|
| (11) Responds to mail – electronic or traditional in a timely way | | | | |
| (12) Works a full ____ hours per day/week/month | | | | |
| (13) Supports co-workers as needed | | | | |
| (14) Collaborates as needed with individuals, families and other organizations | | | | |
| (15) Submits schedule and updates whereabouts, plans and activities as required | | | | |
| (16) Responds to “after hours” situations promptly, politely & with needed support | | | | |
| (17) Refrains from: <ul style="list-style-type: none"> • Spreading rumors • Unkind acts towards others in the workplace • Unkind acts in the community | | | | |
| | | | | |
| | | | | |

| | | | | |
|---|--|--|--|--|
| <p align="center">Rating</p> <p align="center">N/A = Not Applicable 1 = Rarely 2 = A Little 3 = Usually 4 = A Lot</p> | | | | |
|---|--|--|--|--|

| Behavior | Staff | Supervisor | Notes | Consensus/Finding/ Conclusion |
|---|-------|------------|-------|----------------------------------|
| <ul style="list-style-type: none"> • Emotional outbursts (not including appropriate venting) • Taking other people's stuff • Making false statements • Submitting false documentation • Using phones & computers inappropriately | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (18) Attends training as required | | | | |
| (19) Submits accurate and appropriately detailed information for billing and expenses on time | | | | |
| (20) Maintains files that reflect policy and best practice principles | | | | |

Part 2: Values & Principles

Staff: _____ Supervisor: _____ Date: ____/____/____

***Instructions:** In this section of the assessment tool, please rate your performance, this time focusing on how well or poorly your actions reflect and embody the values that define Family and Person Centered Practice. Next, in the space provided, give your best working definition of each value or use of actions that reflect the value or actions that violate it. If possible, use your own actions and experiences for the examples.*

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings <u>Actions/Definition</u> 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|------------------------|---|--|--|
| Community Based | | | |
| Strength-Based | | | |
| Culturally Competent | | | |

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings Actions/Definition 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|----------------------------|---|---|---|
| Family and Person Centered | | | |
| Individualized | | | |
| Outcome Focused | | | |
| Needs Driven | | | |
| Unconditional | | | |

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings Actions/Definition 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|------------------------------|---|---|--|
| Compassionate | | | |
| Team Developed and Supported | | | |
| Flexible and Flexibly Funded | | | |
| Normalized | | | |

Part 3: Job Skills & Activities

Staff: _____ Supervisor: _____ Date: ____/____/____

Instructions: In this section, please rate your degree of mastery of the key skills listed below. As noted previously, the skill rating should be done as honestly as possible. If there are specific reasons why you selected a particular score, jot them down in the Notes column for later discussion with your supervisor.

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|--|--|---|
| (1) Describing Family & Person Centered Practice clearly so people can decide whether or not it suits them & their circumstances | | | | |
| (2) Linking with people who have complex, unmet needs | | | | |
| (3) Assessing safety | | | | |
| (4) Evaluating and reacting proactively to potential crises and big changes | | | | |
| (5) Strengths assessment | | | | |
| (6) Learning who resource people are | | | | |
| (7) Convening a Treatment, Person Centered or Family Team | | | | |
| (8) Presenting strengths to a team | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-----------------------|--|--|---|
| (9) Learning new cultures | | | | |
| (10) Explaining Life Domain areas | | | | |
| (11) Drafting specific outcome statements | | | | |
| (12) Developing simple, effective ways to measure individual and/or family progress on the outcomes | | | | |
| (13) Drafting needs statements in relation to outcomes | | | | |
| (14) Translating service statements to need statements | | | | |
| (15) Designing strength-based strategies to meet needs | | | | |
| (16) Delegating tasks to team members | | | | |
| (17) Evaluating a meeting | | | | |
| (18) Documenting outcomes, needs and strategies on Treatment Plans | | | | |
| (19) Working with collaborative, community structures | | | | |
| (20) Working with colleagues who have very different priorities and concerns | | | | |
| (21) Partnering with volunteers and informal supports | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-------------------|--|--|---|
| (22) Writing budgets & budget narratives for service planning | | | | |
| (23) Facilitating a planning process | | | | |
| (24) Advocating for an individual or family | | | | |
| (25) Developing crisis plans | | | | |
| (26) Developing safety plans | | | | |
| (27) Designing transition plans | | | | |
| (28) Recruiting specific resource people | | | | |
| (29) Accurately estimating costs of common, local services | | | | |
| (30) Persuading people to do what they might otherwise not want to do | | | | |
| (31) Getting everything done in the available time to do it, including crises | | | | |
| (32) Describing Family and Person Centered Practice persuasively to a wide variety of stakeholders | | | | |
| (33) Getting free stuff | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-------------------|--|--|---|
| (34) Doing background checks | | | | |
| (35) Evaluating therapeutic intensity across a variety of settings | | | | |
| (36) Defining responsive & responsible boundaries one situation at a time | | | | |
| (37) Working outside your role while you're in it | | | | |
| (38) Dealing with challenging behavior at meetings | | | | |
| (39) Getting, spending & accounting for flexible funds | | | | |
| (40) Modifying a categorical service to improve its "fit" | | | | |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your performance evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: Rhonda Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 21-23

| What To Do? | | Good Match? Fair Match? Poor Match? |
|------------------------|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| | | |

Part 4: *continued*

Directions: *Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.*

Scenario: Rhonda Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 21-23

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|---------------|-----------------|--------------------------------|---|
| | | | |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your performance evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: James and Gina Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 48-51

| What To Do? | | Good Match? Fair Match? Poor Match? |
|------------------------|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| | | |

Part 4: *continued*

Directions: *Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.*

Scenario: James and Gina Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 48-51

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|---------------|-----------------|--------------------------------|---|
| | | | |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your performance evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: Jorge Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 54-56

| What To Do? | | Good Match? Fair Match? Poor Match? |
|------------------------|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| | | |

Part 4: *continued*

Directions: *Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.*

Scenario: Jorge Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 54-56

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|---------------|-----------------|--------------------------------|---|
| | | | |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your performance evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: John and Sarah Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 59-60

| What To Do? | | Good Match? Fair Match? Poor Match? |
|------------------------|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| | | |

Part 4: *continued*

Directions: *Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.*

Scenario: John and Sarah Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 59-60

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|---------------|-----------------|--------------------------------|---|
| | | | |

Tailoring the Collaborative Assessment: Options for Supervisors

The following options provide supervisors with additional areas they may wish to add to make the Collaborative Assessment more relevant to the work of their staff and the mission of their organizations.

Part 1: Additional Employee Behavior

| <i>Skill</i> | Level of Mastery? 1 = little 2 = some 3 = a lot | Are You Satisfied? Yes, Partly, No³⁴ | <i>Remedial Plan</i> |
|--|--|--|-----------------------------|
| Manages time wisely | | | |
| Accepts feedback in a professional way (i.e. _____) | | | |
| Prepares adequately for _____ | | | |
| Participates effectively in _____ | | | |
| Informs me about _____ accurately and on time | | | |

³⁴ Karen Bradley, Division of CMH, Idaho DHW

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| Skill | Level of Mastery? 1 = little 2 = some 3 = a lot | Are You Satisfied? Yes, Partly, No | Remedial Plan |
|--|--|---|----------------------|
| Documents _____ accurately and on time | | | |
| Teaches _____ to _____ so that mastery is achieved | | | |
| Collaborates positively and successfully with _____ | | | |
| Forms and maintains a _____ relationship with _____ | | | |
| Covers holiday and other shifts (i.e. _____) cooperatively with _____ | | | |
| Determines consumer/family eligibility for _____ | | | |
| Accurately describes what must be done and by what deadlines to become or remain eligible for _____ | | | |
| Teaches consumers and families to complete key forms: _____ that are required to access _____ | | | |

| Skill | Level of Mastery? 1 = little 2 = some 3 = a lot | Are You Satisfied? Yes, Partly, No | Remedial Plan |
|---|--|---|----------------------|
| Explains to consumers and families the documents: _____ that are needed to be eligible for _____ | | | |
| Manages reports and documents expenditures of agency money as required | | | |
| Accesses services for consumers/families efficiently, i.e., within _____ | | | |
| Alerts the appropriate persons when indications of fraud like _____ are present | | | |
| Represents agency/organizational values: _____ effectively in public | | | |
| States, explains and gives three examples of agency/ organization mission | | | |
| Ensures that all plans and interventions are competent in terms of consumer/family faith, culture, values, etc. | | | |

Part 2: Additional Values & Principles

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings Actions/Definition 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|-----------------------|---|--|---|
| Accountable | | | |
| Fair | | | |
| Focused on Permanency | | | |
| Collaborative | | | |
| Faith based | | | |

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings Actions/Definition 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|----------------------------|---|---|--|
| Effective | | | |
| Cost Efficient | | | |
| Safe | | | |
| Medically Sound | | | |
| Supportive of Independence | | | |
| Preventative | | | |

| Value/Principle | Rating (How well does the employee embody/act on the value or principle) 1 = Rarely 3 = Some 2 = A Little 4 = A Lot | Your Working Definition (an example and/or non example from actual practice) | Supervisor's Ratings Actions/Definition 1 = Not Accurate 2 = Pretty Accurate 3 = Mostly Accurate 4 = Accurate |
|-----------------------------|---|---|--|
| Educational | | | |
| Consistent | | | |
| Well Prepared and Competent | | | |
| Reliable | | | |

Part 3: Additional Job Skills & Activities

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-----------------------|--|--|---|
| <p><u>Economic Support Programs</u></p> <ul style="list-style-type: none"> • Discovers, responds to and documents consumers' barriers to economic independence, including disability, poor health and difficult personal circumstances • Assesses consumers' ability to budget and manage money and provide appropriate corrective or informative services when indicated • Ensures that consumers/families receive benefits for which they are eligible • Ensures that consumers know the limits that govern eligibility for benefits and explains the goal of financial independence to avoid undue dependency • Helps consumers tie their current activities to achievement of long range financial stability | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-----------------------|--|--|---|
| <p><u>Offender Programs</u></p> <ul style="list-style-type: none"> • Ensures consumer compliance with terms and conditions of probation/parole • Develops and monitors the effectiveness of community safety strategies and includes up-to-date technology when appropriate to maximize community safety • Recognizes zero tolerance situations • Prepares for and behaves effectively in court and other relevant settings • Includes in, consults with and reviews safety plans with specialists who are focused full time on key safety risks | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-----------------------|--|--|---|
| <u>Food and Nutrition Programs</u> <ul style="list-style-type: none"> • Determines family/consumer access to refrigeration, cooking appliances and kitchen tools • Assesses consumer knowledge of food and nutrition • Connects consumers with resources that increase their knowledge of food and nutrition • Directs families and consumers to local food pantries and similar resources • Utilizes family members and other informal resource people to avoid hunger and poor nutrition | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-----------------------|--|--|---|
| <u>Developmental Disability Programs</u> <ul style="list-style-type: none"> Assesses safety of consumers who may be unable to report compromised safety Ensures that all strategies and plans designed for consumers are person centered Identifies the need for and supports consumers in developing positive and permanent relationships Ensures that consumers receive benefits for which they are eligible Develops long term relationships with consumers, their family members and their resource people | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|--|-----------------------|--|--|---|
| <p><u>Programs for the Aging</u></p> <ul style="list-style-type: none"> • Describes the conditions under which a mandated abuse and/or neglect report is indicated and how it should be filed. • Assesses safety of consumers who may be unable to report compromised safety • Ensures that all strategies and plans designed for consumers are person centered • Determines which family members and other resource people can be involved and include them in practical, supportive ways • Informs consumers of the benefits of Living Wills, wills, guardianship arrangements, organ donation and other end of life issues and identifies resources to assist those who want to pursue them | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-----------------------|--|--|---|
| <u>Women/Infants/Children Programs</u> <ul style="list-style-type: none"> • Connects consumers with resources that increase their knowledge of food and nutrition • Accurately describes resources for pregnant women, infants and young children: medical, childcare, parenting, etc. • Assesses the safety of pregnant women, infants and young children • Describes the conditions under which a mandated abuse and/or neglect report is indicated and how it should be filed. • Assesses consumers' ability to budget and manage money and provides appropriate corrective or informative services when indicated | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-----------------------|--|--|---|
| <u>Jobs Programs</u> <ul style="list-style-type: none"> • Discovers, responds to and documents consumers' barriers to working, including disability, poor health and difficult personal circumstances • Takes a detailed work history including jobs worked, descriptions of jobs, money earned and duration of each • Assesses employment preparedness and intervenes as indicated to achieve defined outcomes • Develops and maintains relationships with potential employers • Develops anger and stress management strategies that address specific anger and stress risks in work places | | | | |

| Your Experience | Had It? Y or N | How much? 0 =none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-----------------------|---|--|---|
| <u>Behavioral Health Care Programs</u> <ul style="list-style-type: none"> Assesses problem behaviors specifically and accurately OR ensures that behavioral assessments are as accurate, specific and unbiased as possible Uses and understands key terms accurately Designs and/or implements individualized, strength-based behavior interventions Assesses the efficacy of behavior interventions in terms of achieved outcomes and adjusts them as indicated Demonstrates mastery of the agency's/organization's clinical model/s | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-----------------------|--|--|---|
| <u>Mental Health Programs</u> <ul style="list-style-type: none"> • Understands and is able to explain common mental illness diagnoses clearly • Exhibits familiarity with common psychotropic medications • Assesses safety of consumers who may be unable to report compromised safety • Ensures that consumers/families receive benefits for which they are eligible • Ensures that all strategies and plans designed for consumers are person centered | | | | |

| Your Experience | Had It? Y or N | How much? 0 = none 1 = little 2 = some 3 = a lot | Which staff need to know about what you learned from the experience? | How will you use your experience to teach them? |
|---|-----------------------|--|--|---|
| <p><u>Safety Programs</u></p> <ul style="list-style-type: none"> Assesses consumer/child safety in keeping with standards <hr/> <p>(insert definition of state standard here)</p> <ul style="list-style-type: none"> Facilitates the design of individualized protective plans that directly address identified risks Prepares for and behaves effectively in court and other relevant settings Helps parents and caregivers build protective capacities Determines which family members and other resource people can be involved in safety planning and includes them in practical, supportive ways | | | | |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your performance evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: Christy and Aliya Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 78-80

| What To Do? | | Good Match? Fair Match? Poor Match? |
|------------------------|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| | | |

Part 4: *continued*

Directions: Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.

Scenario: Christy and Aliya Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 78-80

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|--------|----------|-------------------------|--|
| | | | |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your performance evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: LaShawonna and Narell

Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 83-85

| What To Do? | | Good Match? Fair Match? Poor Match? |
|------------------------|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| | | |

Part 4: *continued*

Directions: *Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.*

Scenario: LaShawanna and Narell Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 83-85

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|---------------|-----------------|--------------------------------|---|
| | | | |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your performance evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: Paul Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 88-89

| What To Do? | | Good Match? Fair Match? Poor Match? |
|------------------------|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| | | |

Part 4: *continued*

Directions: *Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.*

Scenario: Paul Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 88-89

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|---------------|-----------------|--------------------------------|---|
| | | | |

Part 4: Policy, Procedure & Best Practice - What to do?

Directions: Read the scenario presented and write down at least 5 things that you can, should or would do for the people described. Think carefully about policies and important procedures for the organization and what they require you to do as you record your priority actions. When your performance evaluation is completed, you will have an opportunity to discuss your responses with your supervisor.

Scenario: Jonathon Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 92-93

| What To Do? | | Good Match? Fair Match? Poor Match? |
|------------------------|-----------------------------|---|
| Staff Priority Actions | Supervisor Priority Actions | |
| | | |

Part 4: *continued*

Directions: *Thinking through the same scenario, list at least five personal or family strengths that are significant (i.e., that can make a difference in what's going on.) For each strength identified, generate a strategy that could build on it in a positive way. Your responses will be rated as you discuss them with your supervisor at your evaluation meeting.*

Scenario: Jonathon Note: Please refer back to the scenario in this volume of The Supervision Curriculum, pages 92-93

| Person | Strength | Strength-Based Strategy | Rating Good strategy? Fair strategy? Poor strategy? |
|---------------|-----------------|--------------------------------|---|
| | | | |

Using the Assessment Results

Now that the assessment is complete, the supervisor and the employee move into the goal setting phase, hopefully in agreement with each other. When consensus on top priority goals is absent, the supervisor sets the priority goals, develops a detailed, written plan for continued skill acquisition and gets whatever signatures and reviews that are required. With or without the employee's agreement, the next step for the supervisor is to select and document specific methods to measure employee progress/achievement of the top priority goals.

For each section of the assessment: Human Service Skills – Part 1; Employee Behavior – Part 2; Values and Performance – Part 3 and Policy, Procedure and Practice – Part 4, help the employee choose (if possible) or select for the employee (if not) one to three important performance goals from each area. Document each goal and the measure you agree on to assess and monitor the employee's progress. Specify the skill, the strategies you and the employee select to achieve it (again, if possible; if not, the supervisor specifies) and what motivational strategies you agree will be helpful to each employee (since rewards and punishments must match each person in ways that produce results). Determine also, hopefully in consensus but otherwise if not, realistic dates by which the employee will achieve the desired results.



Individualized Employee Professional Development Plan

Individualized Professional Development Plan for: _____ Date: ____/____/____

| Employee Behavior | Methods to Learn It\ Increase It\ Replace It | Resources | Motivators | Target Date |
|--|--|--|--|-------------|
| <ul style="list-style-type: none"> Improve safety assessment skills | Complete training | Trainers, plus weekly supervision on assessment of current consumers | Personal satisfaction | 00/00/00 |
| <ul style="list-style-type: none"> Include resource people on treatment teams | Review all plans and list who is involved indicating their roles: friend, faith leader, psychologist, etc. | Supervisor assistance | Lunch out when each consumer has resource people participating | 00/00/00 |
| <ul style="list-style-type: none"> Arrive on time, especially in the morning | Improve time management skill | Training through HR | Recognition letter on improvement | 00/00/00 |

Individualized Employee Professional Development Plan – *continued*

| Employee Behavior | Methods to Learn It\ Increase It\ Replace It | Resources | Motivators | Target Date |
|---|--|-------------------------------|---|-------------|
| <ul style="list-style-type: none"> Completes documentation on time | Schedule writing time just like meetings and stick to it | ----- | No late night work or embarrassment | 00/00/00 |
| <ul style="list-style-type: none"> Maintain a clean work space | Wash and discard daily | Reminder post it note on desk | ----- | 00/00/00 |
| <ul style="list-style-type: none"> Improve skills in designing strength-based strategies | Review quality strength-based plans and discuss | Supervision colleagues | N/A | 00/00/00 |
| <ul style="list-style-type: none"> Increase knowledge of consumers' cultures | Exposure to cultures and culturally competent plans | Films, actual plans | More satisfied consumers and more effective plans | 00/00/00 |

Individualized Employee Professional Development Plan

Individualized Professional Development Plan for: _____ Date: ____/____/____

| Employee Behavior | Methods to Learn It\ Increase It\ Replace It | Resources | Motivators | Target Date |
|-------------------|--|-----------|------------|-------------|
| • | | | | |
| • | | | | |
| • | | | | |

Individualized Employee Professional Development Plan – *continued*

| Employee Behavior | Methods to Learn It\ Increase It\ Replace It | Resources | Motivators | Target Date |
|---|--|-----------|------------|-------------|
| <ul style="list-style-type: none"> • • • | | | | |

Individualized Employee Professional Development Plan – *continued*

| Values and Performance | Methods to Learn It\ Increase It\ Replace It | Resources | Motivators | Target Date |
|------------------------|--|-----------|------------|-------------|
| • | | | | |
| • | | | | |
| • | | | | |