# The Role of Coaching and Supervision

in the Children's System of Care

Rosalind Hinton, LMSW
Terri Kang, LCSW, LISAC

# Learning Objectives

- Differentiate between coaching and supervision as distinct roles and processes.
- Enhance knowledge and gain practical skills for maximizing available coaching resources.
  - When and how to seek supervision
  - Determining "best fit" of staffing investment toward coaching

- Identify a range of supervision and coaching approaches that support an accountable system of care.
  - Team observation
  - Tools for coaching and supervision

# What is "coaching"

as applied to the children's behavioral health system?

## Not this!!



## First a little history…

- Coaching was formally introduced into the children's behavioral health system as a result of the JK Settlement in 2000.
- National coaches were utilized by the State of Arizona to assist in translating the 12 Arizona Principles into practice system-wide.
- Child and Family Team Coaches were required positions in contracts with Comprehensive Service Providers.
- The role of CFT Coach ceased to be a required position during the 2006 contract year.

## From history to the present…

- To maximize resources, some providers eliminated coach positions or shifted the coaching function to clinical supervisors.
- ADHS/DBHS has continued to conduct quarterly Coaches Meetings for information sharing and networking.
- There are currently 30-40 individuals identified in coaching roles statewide, with various job titles.  About 15 are specifically called coaches.
- Coaches meetings are also held at the RBHA level, with participation by coaches, supervisors, and other support roles.

## How is coaching different from supervision?



- Different relationship: mentoring vs. evaluation.
- Different focus: practical skills vs. adherence to job description, policies and procedures.
- Different scope: practice model vs. overall performance.

## Coaching is…

- *"…the process of teaching someone to do wraparound by showing them the process, consulting with them on how to use the process, and helping them discover the craft knowledge to do it well."* - Vroon VanDenBerg, LLP, "Staff Selection and Support", May 2008.

## Coaching is…

- A means of ensuring fidelity to best practices and consistency across the system.
- An extension of and adjunct to initial and ongoing training and supervision.
- An interactive, person-to-person process.
- Similar to mentoring and modeling.
- A natural means of communication and learning.

## Coaching does…

- Address monitoring of service delivery at the practice level.
- Assist with risk management.
- Help to ensure quality care for children and families.
- Maximize positive outcomes.
- Add sustainability to system of care gains.

## Sounds good…

So, if we have coaching, do we still need supervision?

## The answer is yes!



- Supervision and coaching go hand-in-hand.
- Supervision prevents *poor planning* and ensures appropriate implementation of training.

## Supervision has an important role in the system of care.



- Addresses clinical and administrative job functions.
- Holds employees accountable.
- Reduces risk and liability.
- Ensures ethical practice and legal/ regulatory compliance.
- Contributes to employee professional development.

---

## What do the experts say?

Key components of successful program implementation (Metz, Blase, and Bowie, "Research to Results", October 2007):

- "Implementation for impact [involves] training on the new program or practice is provided for all levels of staff…and frontline staff are provided with ongoing **coaching** and consultation to ensure they are implementing their new skills in a way that directly benefit the youth they serve."

---

Metz, Blase, and Bowie identify six drivers of successful implementation:

1. Staff recruitment and selection.
2. Pre-service or in-service training
3. **Coaching, mentoring, and supervision.**
4. Internal management support.
5. Systems-level partnerships.
6. Staff and program evaluation.

*"Training practitioners without providing follow-up coaching on the job is sometimes referred to as the "train and hope" approach, and research has shown this approach to be ineffective in achieving practice change." –Metz, Blase, and Bowie, October 2007*

Grosz, Schutte, and Walker, in their article "Strategies for Increasing the Effectiveness of Individualized Service Planning (Wraparound) Teams" (Building on Family Strengths 2002) identify three elements of increasing team effectiveness:

1. Selecting concrete indicators or hallmarks of good practice;
2. Providing adequate training and **coaching** on structures and strategies consistent with indicators; and
3. Ensuring that **supervision** includes key processes such as goal setting relative to selected indicators, observation, and feedback.

---

In a 2008 study by Rast and VanDenBerg, the level of fidelity to wraparound (as measured by the Wraparound Fidelity Index) was compared following training and then following training and coaching. Facilitators who received both training and coaching achieved "high fidelity" scores (above 85% on the WFI).

**Phases in Wraparound Fidelity**



---

## Components of a Sound Coaching and Supervision Model

- Flexible and adaptable to intensity of need of the employee and the situation.
- Allows for individual, group, and **field-based** opportunities.
- Addresses skill deficits as well as building on strengths.
- Is consultative and collegial.

*(Remember these guys?)*

## Components of a Sound Coaching and Supervision Model

- Addresses issues of cultural competence, including awareness of family culture and employee cultural bias.
- Provides the employee with resources to enhance effectiveness.
- Promotes conformance to best practices.
- Promotes practice according to system principles and agency mission/ values.

## Components of a Sound Coaching and Supervision Model

- Promotes the use of brainstorming and dialogue between employee and supervisor/coach.
- Includes case review as a tool for ongoing learning and care management.
- Includes observation of practice in the field (where services are being delivered).
- Follow-up occurs when opportunities for improvement are identified.

## Bringing Coaching and Supervision to Life

# Case Scenario 1

## Bringing Coaching and Supervision to Life

# Case Scenario 2

## A Demonstration

- Ruth: Mother of 5 children receiving behavioral health services
- Carlos: Case manager, CFT facilitator
- Abraham: Supervisor of Carlos

## Coaching and Supervision Tools

- CFT Proficiency Measurement Tool for Facilitators
  - Arizona Department of Health Services, Form 9.1.1, October, 2007
- Team Observation Measure
  - A component of the Wraparound Fidelity Assessment System (National Wraparound Initiative, www.rtc.pdx.edu/nwi )
- Wraparound Observation Form
  - 34 item checklist of elements of a wraparound meeting (Epstein et al, *Journal of Child and Family Studies*, 7(2), 161-170, 1998)

## References

- Grosz, D., Schutte, K., and Walker, J. (2002) "Strategies for Increasing the Effectiveness of Individualized Service Planning (Wraparound) Teams". Portland, OR, *Building on Family Strengths.*
- Metz, A.J.R., PhD, Blase, K., PhD, and Bowie, L. (2007) "Implementing Evidence-Based Practices: Six "Drivers" of Success". Washington, D.C., *Child Trends: Research to Results.*
- Rast, J. and VanDenBerg, J. (2008, February) "Impact of Training and Coaching on Wraparound Fidelity: Results of Field Evaluations and Practice Research". Paper presented at 21st Annual Research Conference: A System of Care for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, Tampa, FL.

## Question and Answer

## That's all folks…
## We thank you!