BEST PERSONNEL PRACTICES IN PARENT SUPPORT PROVIDER PROGRAMS

This brief reviews the strategies for hiring and supervising Parent Support Providers as they work with families parenting children and youth with emotional, behavioral (including substance use) or mental health challenges

HIRING PARENT SUPPORT PROVIDERS[1]

Recruiting and hiring staff is never a one-way street. Earning the respect and endorsement of the applicant should be considered from initial interaction until the end of the process, whether it leads to employment or not. Even when an organization is not interested in an applicant, the interactions should be viewed as an outreach and education effort about children's mental health. A candidate who is not qualified or chooses not to take the position is likely to talk to someone about their experience. A poor impression of an organization can only translate to one thing—an applicant sharing a negative perception with friends and co-workers, all of whom are potential employees, family members who might use the agency's services or possibly even a future donor to the program. A positive impression allows the candidate to talk about the unusually pleasing experience, even if it did not lead to a position.

Organizations with the most effective hiring policies are more likely to use the following four practices:

- Automated resume screening based on predetermined skills or task history
- Job interviews in which applicants are asked to describe specific examples of their skills
- Assessments that predict whether applicants are motivated by the factors associated with a particular job or an organization's values and ways of doing things
- Simulations that gauge specific job-related abilities and skills.

[1] This is the National Certification title and some states or regions have slight variances in the name used for their parent-to-parent peer professionals. For further information contact the National Federation.

DEVELOPING THE JOB DESCRIPTION

To begin the hiring process, an organization needs to develop a job description and agree on the skills desired to accomplish the tasks. The job description should indicate the importance and approximate percentage of time to be spent on each task. The National Federation has identified the minimal required competencies for a Parent Support Provider. These can provide the foundation for determining the range of job duties. Subsequently, the applicant's resume and interview performance can be compared to the plan, the job description.

In addition to a resume and cover letter, the application should request that the applicants describe their experience parenting a child or youth with emotional, behavioral (including substance use) or mental health challenges. The job requirement is not just being or having been a parent, it is that ability to articulate and model lessons learned from those experiences. The fundamental or essential job duty of the Parent Support Provider is to be a role model. Individuals need to show empathy and day-to-day practical examples of how a parent will learn to use the same skills. Asking applicants to explain what personal parenting or peer experience they have prepares them to be a Parent Support Provider; it becomes an appropriate practice. This does not represent one of the illegal interview questions, since the purpose of the inquiry is to establish a necessary qualification of the applicant.

In accordance with Bates *v. UPS, 511 F. 3d 974 (9th Cir 2007)*, a bone fide occupational qualification allows exceptions for discriminating against someone with a disability and similarly someone who does not have a disability if

- There is "job-relatedness" by demonstrating that the qualification standard fairly and accurately measures the individual's actual ability to perform the essential functions of the job;
- "Consistent with business necessity" by demonstrating that the disputed qualification standard substantially promotes the business's needs; and
- "Performance cannot be accomplished by reasonable accommodation" by demonstrating either that no reasonable accommodation currently available would cure the performance deficiency or that such reasonable accommodation poses an undue hardship on the employer.

Two issues negate the thinking that it may be discriminatory to have a requirement of "lived experience": the experience is used positively for inclusion into the class "qualified individuals with a mental illness disability" and is based on an acceptable business necessity. Parenting experience or experience with children's mental health systems is an *"essential function – a fundamental job duty of the employment position"*. The fear that a person without this experience may sue is unfounded because the 2010 revision of the American Disability Act specifically prohibits a claim for reverse discrimination.

There are inquiries to or about the applicant that may not be made because they violate constitutional rights or federal laws including

- Age
- Race, ethnicity, or color
- Gender or sex
- Country of national origin or birth place
- Religion
- Disability (for the purpose of excluding someone from the position)
- Marital or family status or pregnancy (for the purpose of excluding someone from the position).

Interview teams should be briefed to avoid these areas. Having developed questions with possible follow-up inquiries helps comfortable or relaxed interviews not turn into a "chat session" which may inadvertently stray into these illegal inquiries.

When evaluating the applicants resume, cover letter and statement of lived experience, the following categories should be considered:

- Education and training
- Skills (consider the competencies[2])
- Work and volunteer experience
- Supervision of others
- Leadership skills
- Interpersonal skills
- Teamwork
- Time management
- Customer Service
- Motivation for the job
- Problem-solving
- Experience as a parent

A four point scale checklist of these elements can focus the hiring team's conversation on the basis of their impressions: exceeds expected standard, meets expected standard, less than expected standard, does not meet expect standard. It also provides appropriate documentation for the justification of the final hire and should be retained along with all other paperwork associated with the hiring process: job description, copies of advertisement of the position, a copy of all materials provided by each candidate (cover letter, resume, information about experience, thank you letter), interview questions and impressions completed by the interview team, copies of notification to unsuccessful applicants, and hire letter to successful applicant.

INTERVIEWING THE CANDIDATE

Whether the interview is by phone, electronic communication or in person, the interview team must have questions to ask.

The interview gathers information that highlights the applicant's background, such as

[2] National certification competencies for Parent Support Providers can be found at www.ffcmh.org

- What attracted you to this position or organization?
- What were your most satisfying work or volunteer experiences and why?
- What are the three strengths or skills you believe prepares you best for this position?
- What do you believe you will need the most in assistance or training if you are offered this position?
- What did you like least about your last work or volunteer position?
- What do you know or believe about the family-driven approach in children's mental health?
- If you were given a magic wand to make changes in children's mental services in (this town), what changes would you make? Why?
- Who was your best supervisor and why?
- Have you ever had difficulty with a supervisor? How did you resolve the conflict?
- How would you describe your work style?
- What would be your ideal working situation?
- What are your lifelong dreams?
- What is your personal mission statement?
- What is your greatest achievement at work or outside of work?

The team also can ask for information to determine how this applicant approaches their work, such as, motivational qualities and problem-solving abilities. These are behavioral interview questions and are more pointed and more specific than traditional interview questions. They probe at the applicant's work ethics. Examples include

- Tell us about a time when you had to give someone difficult feedback. How did you handle it?
- Give us an example of a time you did something wrong at work. How did you handle it?

- What irritated you about a co-worker, and how did you deal with it?
- Describe a decision you made that was unpopular and how you handled or implemented it.
- Give an example of a goal you reached and how you achieved it.
- Describe how you handled a situation in which you were required to finish multiple tasks by the end of the day, and there was no conceivable way that you could finish them.
- Give an example when your schedule was interrupted and how you handled it.
- What was the last project you headed up, and what was its outcome?
- Give us an example of a time that you felt you went above and beyond the call of duty at work.
- Give an example of an occasion when you used logic to solve a problem.
- What criteria are you using to evaluate the organization that may offer you a position?
- Can you describe a time when your work was criticized?
- Have you ever been on a team where someone was not pulling their own weight? How did you handle it?
- Tell us about a time when you had to give someone difficult feedback. How did you handle it?

It is advantageous to require a short hand or computer written paragraph. If the agency's data is paper-based then a handwritten paragraph is a good test of readability. If the agency's data is computer-based then using a computer and e-mailing the document is a good beginning test of computer literacy. Either method provides the interview team with a solid example of creativity, thinking and writing skills. Two possible questions that do not require prior knowledge:

- How do you think we rate as interviewers? Explain how you came to that conclusion.
- If you could choose one superhero power, what would it be and why?

With this type of question, the applicant provides the hiring team information to assess whether the situa-

tion was handled in a manner fitting with the organization's culture. This also provides information that can be compared with a reference's perception.

CHECKING BACKGROUND AND REFERENCES

The prudent personnel practice, when the job involves working with people who may be vulnerable, is to ensure that the agency is aware of any past conduct that, if repeated, would cause harm to people they have hired to help, other staff or the agency. The agency needs to have the results of a check on criminal misdemeanor and felony arrests and convictions, domestic violence related civil orders and child protection reports. The choice is then to make a choice whether to hire the person, discuss the results with the applicant in order to develop a monitoring plan or not hire the person. Often there is a lag time between submitting the requests for information and getting the results, even if the task is given to the applicant to fulfill. During this time period, new staff should be in training and work directly with a mentor whenever in contact with family members. This would be wise no matter what ultimately becomes of the background check results.

Reference checks are producing increasingly less information because of employers' apprehension of giving any information, even with a release form. Often, the only information available is the title of the position held, dates of employment, salary and, possibly, eligibility for re-hire. The amount of information might be increased if the request is for the applicant's past supervisor or colleague to speculate how this position fits for the applicant or what the applicant might need to succeed in the position being considered. Most relevant reference information is likely gathered from common colleagues who are not necessarily listed as references.

THANK YOU LETTERS AND NOTES

As with all application materials, this letter should be error-free, well-written, and content appropriate. More so than the resume or the cover letter, the interview thank you letter is a good writing sample. It is the least likely to have been reviewed by others. So, the interview thank you letter is the best bet to assess your candidate's writing style and competence unless a writing exercise is given as part of the interview.

SUPERVISION

Supervision is a way for parents working within systems to provide support to each other, share resources and strategies, brainstorm barrier busting ideas, and check in with each other on how we are doing as parents (self-care) supporting each other in finding that balance between the work we love and supporting our own children and families.

A key component in group supervision is creating a sense of shared ownership of the program. This ensures quality work and a desire and a passion for maintaining a high level of integrity within the program.

Parent Support Provider services represent a relatively new concept in the area of reimbursed health and social services. While many of the same principles of building and managing human services apply, this brief will not examine what is generally known as administrative supervision. This type of supervision relates to the personnel policies, program goals, funding and administrative requirements. Many books and articles have been written about administrative supervision and the role of the supervisor. The type of supervision that is primarily administrative will be driven to achieve the following objectives:

- Hiring/promoting/demoting/terminating
- Monitoring productivity or accountability
- Writing reports
- Explaining rules and policies
- Internal agency coordination
- Performance evaluations and training plans
- Agency strategic planning.

Instead, this brief will focus on the supervision of the content or the services.

EFFECTIVE SUPERVISION MODELS

The three models of supervision that appear most effective with Parent Support Providers services are peer and outcome based supervision, peer and clinical group coaching, and group peer to peer coaching. Generally, one-on-one supervision is not as helpful as group supervision. There may be three explanations. Primarily, few agencies or geographic areas have enough experienced supervisors and funding to provide weekly individual review of the Parent Support Provider's entire caseload. Secondly, only a few articles and presentations have been published about the fidelity of the parent-to-parent services, making cross-geographic comparisons difficult. Lastly, many of the experienced supervisors are the "founders" of the services and the effectiveness of the models may be indicative of the personalities rather than the techniques; however, based, on the current research and the replication of the current information, the best practice is outcome based supervision. Individual coaching will be useful in follow-up when specific deficits in training or individual barriers are identified through the group training and outcome-based supervision.

OUTCOME BASED SUPERVISION

Two models have been developed that have an outcome based tool. Keys for Networking (Keys) in Kansas has developed Targeted Parental Assistance (TPA) [3] and the Office of Mental Health in New York state is using a form of the Child and Adolescent Needs and Strength[4]. Keys uses a detailed training manual and forty hours of pre-service training with online real time interactive cues to guide the work of parent support specialists who are tasked to promote seven specific skills/traits: Persistent, Articulate, Resourceful, Expectant, Networked, Transparent, and Strategic. These are the parent outcomes.

[3] Targeted Parental Assistance was developed by Jane Adams, Ph.D., Executive Director of Keys for Networking in Kansas.

[4] Questions about family involvement and parental strengths are used as a subscale and outcome measurement. CANS was developed by John S. Lyons PhD.

They are coupled with external outcomes: i.e., keeping children in school, maintaining a C or better grade point average, enrolling in and retaining enrollment in Medicaid/ SCHIP, etc. To promote these outcomes, staff score their clients along a ten point continuum in each of the seven traits within the first 15 days or three contacts and then again every 90 days. The assignment is to help parents solve problems, manage day to day situations AND develop specific skills. With a supervisor, staff learn to work with parents to identify skills/traits most useful to them and work together to build those skills. The data base then cues the staff to use activities to promote skill development. Supervisors review the data, conference with staff, listen to live calls and provide intensive coaching to staff. Fidelity measures are available to guide consistent scoring and coding of efforts, models to demonstrate staff-client interactions are available. Keys supervisor/director trains staff every 90 days to assure that program practices are delivered as designed.

Weekly and monthly group trainings promote group discussion and norm the approach delivered to clients. Monthly data reviews are presented to staff showcasing individual performance compared to the group as well as aggregate data and individual successes in building the seven skills/traits and the outcomes of the specific program, such as Medicaid/SCHIP enrollment. Preliminary data from the first year's randomized treatment/control study from American Institute for Research shows that parents served through this very targeted approach are statistically significantly more likely to enroll in public insurance and retain coverage for their children than parents served through the traditional problem solving methods. Preliminary data is also showing that parents offered this approach are gaining at statistically significant levels in Persistence, Expectant and Transparency. According to Dr. Adams, Keys Director, the development of these three traits are the result of the peer to peer exchanges, mutual sharing, and the infusion of hope that emerges from the sharing from another person who has traveled the journey and can offer the encouragement of a future. According to Adams, teaching peer to peer mentoring is what develops these three traits, that persistence pays off--stay the course, that expectations in large part deter-

mine outcomes and certainly improve the quality of services (expect it and get it), and that transparency (open parenting--developing the vocabulary and core strategies agencies expect) set a parent on the course to drive services and keep children with them in the community and the school and the home.

From 2008 through 2010, The Alaska Youth and Family Network[5] replicated the TPA using a group training and supervision model. The replication coupled parent outcomes with re-hospitalization and long-term residential placement of the children

In New York state, a number of Family Support providers, the majority from the western region of the Office of Mental Health, are using a form of the Child and Adolescent Needs and Strengths, called the Family Needs and Strengths (FANS). FANS is a parent and advocate collaborative assessment. The method uses a 15 question survey, scored on a 4 point scale to guide more effective advocacy/support for the parent in order to achieve a decrease in parental stress, more knowledge of resources and better outcomes for the child/youth.

The New York FANS aims to achieve the same results as the TPA by using the collaborative feedback from parents on improved skills and confidence with a four point scale. The FANS scale is re-assessed every quarter, the New York model uses a combination of on one-to-one supervision, supervision within each individual program, and brings all Parent Support Providers across the region together as often as possible to ensure the fidelity of the interventions.

COACHING BASED SUPERVISION

The State Family Network in Montana does group reviews of videotaped "sessions" weekly between Parent Support Providers and parents resulting in better advocacy plans and meeting the needs of parents and family members. Family members have the choice of participating in their family review process. This participation often changes how peer support staff respond to their own clients which creates a dual impact on outcomes. This model is primarily a peer-to-peer supervision model similar to the Kansas method. The focus is peers reaching a consensus about appropriate and effective interventions. The Montana model also includes a monthly review by a clinician as a vehicle for on-going training about specific issues, such as, trauma informed care, use of medication, etc**.** Additionally, all staff receive monthly peer-to-peer group supervision without a supervisor and three times per month one-on-one administrative/peer supervision.

PEER-TO-PEER SUPERVISION

Peer-to-peer supervision includes discussions that are a combination of the identification of parent's strengths and barriers, task analysis and prioritization with the Parent Support Provider, pre-teaching of the Parent Support Provider for future contact with parents and the coaching of skills and awareness with the Parent Support Provider. There are two recurring topics: boundaries and case management.

COMBINED OR SEQUENTIAL CLINICIAN-TO-PEER AND PEER-TO-PEER SUPERVISION

Often, this model has been used when the Parent Support Provider is out-stationed or imbedded in a community-based agency other than the family organization. The clinical supervision is provided by the community-based agency and the peer-to-peer supervision by the family organization. This provides the community agency with a method to ensure that the Parent Support Provider is following the treatment plan while the clinical supervisor is continuing to learn the benefits and challenges of parent-to-parent and peer-to-peer services. The clinical supervision must include the reciprocal sharing of knowledge and expertise or risk becoming administrative supervision.

Clinical supervision/consultation, while case-focused, does not necessarily consider what the practitioner brings to the intervention nor does it necessarily encourage the exploration of emotion as it relates to

[5] Frances Purdy, as Executive Director of Alaska Youth and Family Network, applied TPA as Targeted Peer Assistance and utilized it to guide Peer Navigators who worked with parents and youth.

work with an infant/toddler and family. Supervision or consultation that is primarily clinical will most likely include many or all of the administrative objectives that are listed above as well as the following objectives:

- Review casework
- Discuss the diagnostic impressions and diagnosis
- Discuss intervention strategies related to the intervention
- Review the intervention or treatment plan
- Review and evaluate clinical progress
- Give guidance/advice
- Teach
- Explore any emotional barriers the Parent Support Provider may have regarding this parent.

Ideally, the clinical supervisor would meet regularly with the family organization or other Parent Support Provider supervisor to share information, outcomes, and supervisory techniques.

Clinical supervision alone will not provide the Parent Support Provider with on-going feedback about how to use their own parenting experience for teaching and coaching other parents. This is the reason parent-to-parent or peer-to-peer supervision needs to be combined with any type of clinical supervision.

COACHING

Coaching Parent Support Providers is a style of supervision that is strength-based and recommended. It mirrors the work expected to be done with family members. Coaching creates an environment for learning based on the relationships and interactions experienced in the supervisory session. There becomes a collaborative process between the supervisor and the Parent Support Provider since the communication and problem-solving techniques used in the dialogue are part of what is learned. Generally, memorable or repeated behaviors modeled in relationships are incorporated in later circumstances. In coaching, there is a discussion about the issue or subject to be learned and the supervisor models behaviors that the Parent Support Provider will then use in working with parents. This reinforces the use of open-ended communication necessary within trusting relationships. The goal of supervision, just as peer support, is to have a free sharing of perspective on challenges and possible solutions.

Clear communication and targeted clarifying questions make it easier to assess problems, the level of assistance needed and the modeling of effective techniques for the Parent Support Provide to assist in solving the frustrating or emotional predicaments they raised as an issue in the first place. The focus of coaching and peer-to-peer supervision is to reinforce the Parent Support Provider's positive steps and thereby increase confidence in his/her ability to do the same work with parents.

The relationships modeled in the workplace set the tone and carry over into the Parent Support Provider interactions with parents and family members. Improving inter-staff relations and processes is crucial to the outcome of the services we provide, since the relationships within the agency often parallel those that staff members experience with families.

Peer-to-peer supervision/consultation is distinct due to the shared exploration of the parallel process. That is, attention to all of the relationships is important, including the ones between the Parent Support Provider and supervisor, between the Parent Support Provider and the parent, and between the parent and the other family members. It is critical to understand how each of these relationships affects the others. Of additional importance, peer-to-peer supervision relates to professional and personal development within the peer-to-peer discipline by attending to the emotional content of the work, and the reactions to the content affect the work. Finally, there is often greater emphasis on the supervisor ability to listen and share parallel experiences, allowing the Parent Support Provider to discover solutions, concepts and perceptions on his/her own without interruption or only with support from the supervisor.

The key components of peer-to-peer supervision include the following:

- Agree to form a trusting reciprocal relationship

- Agree on a regular time and place to meet
- Agree with the supervisor or consultant on a regular time and place to meet
- Arrive on time and remain open and emotionally available
- Come prepared to share the experiences of contacts with family
- Ask questions that allow thinking more deeply about your work with family members and how that relates to past experiences of the Parent Support Partner.
- Discuss the feelings associated with the parent's actions and hope, frustration, or sadness, etc.
- Explore the relationship between feelings and the choices made by the Parent Support Provider
- Practice articulating how the Parent Support Provider became empowered in similar situations and what assistance the parent needs to progress similarly
- Keep the focus on empowerment
- Provide mutual support
- Remain curious
- Suspend critical or harsh judgment
- Clarify the subsequent tasks of the Parent Support Provider in working with the parent
- Utilize the session to enhance professional practice, identify need for further training and attain personal growth.

The two recurring topics that are the subject of many difficulties for Parent Support Providers are: boundaries and case management.

The boundary issue is the difficulty in maintaining a balance with open reciprocal relationships and the need not to mistake the transparency for a close friendship. The case management issue is the temptation to "do the difficult task for" the parent because it appears more time-efficient than having to teach and coach the parents to do the task for themselves.

Transparency does render these issues acceptable, so long as they are clearly and openly discussed as part of supervision:

- Sharing a meal or attending a social occasion with the parent
- Giving or taking a gift
- Becoming friends once the peer relationship is over or transferred to another Parent Support Provider
- Discussion of religion or cultural values.

Some issues remain unacceptable:

- An intimate or dating relationship coexisting with peer-to-peer relationship,
- Bending agency or legal rules
- Loaning or borrowing personal items or money
- Gossiping.

Many other situations raise issues. When is it appropriate to provide transportation and when is it enabling dependency? How much personal detail about parenting issues should the Parent Support Provider reveal when being transparent about hope or despair? How much of the Peer Support Providers' own WRAP[6] can be shared?

The topic of case management or care coordination is one to visit regularly. Often the Parent Support Provider is the only person on the team that is involved with every aspect of the parent's needs. It is tempting for the Parent Support Provider to take shortcuts and "just do things" for the parent because it is more expedient than coaching the parent through the learning or doing process. Unfortunately, that approach eventually disempowers the parent, forces the teaching of the skill to a later time and changes the perception of the role of the Parent Support Provider to one that solves problems. Case managers often do the coordination between and with agencies behind the scenes rather than teaching, coaching and otherwise empowering the parent to do the tasks. The Parent Support Provider can do both roles only if he/she clearly identifies, to both the parent and the personnel of agencies involved with the family, that the two

[6] Wellness Recovery Action Plan developed by Mary Ellen Copeland. This is a primary tool for self-care even though other systems of self-care, relapse prevention or wellness have been developed by others.

roles will be merged. This will allow everyone to know that the expectations are different and not to rely on the Parent Support Provider acting in the role of a case manager to be a spokesperson in lieu of the family. The work needs continuous review of task prioritization whether with separate or clear role delineation and the temptation or pressure to "do for" the family instead of the difficult and time-consuming approach of empowerment.

Peer-to-peer supervision may mean different things depending on the program in which it occurs. A peer-to-peer supervisor or consultant may be hired or contracted from outside the agency. If the supervisor or consultant is contracted from outside the family organization, he or she will engage in peer-to-peer and clinical discussion, but administrative objectives only when it is clearly indicated in the contract.

If the peer-to-peer supervisor/consultant operates within the agency, then he/she will most likely need to address peer-to-peer and administrative objectives. These should be kept separate. When discussions related to disciplinary action need to occur, it is the direct supervisor who addresses them. When the direct supervisor is also the one who provides peer-to-peer supervision, some schedule a meeting separate from the peer-to-peer supervision time. Disciplinary action should never occur within a group supervisory/consultation session. In all instances, the peer-to-peer supervisor/consultant is expected to set limits that are clear, firm & fair, to work collaboratively and to interact and respond respectfully.

SUMMARY OF SUPERVISION

No matter which supervision model chosen, the task is to create a "win-win" situation for all involved. Individuals in the organization must work together to create an environment for shared learning. Obstacles are likely to be encountered when first trying to implement this type of supervision. It is sometimes difficult for staff to get past the traditional views of and attributes associated with supervisors, such as being authoritarian figures that are only there to judge competency and monitor work products. Parent Support Providers may believe their supervisor is too far "removed" from the day to day parenting and may not understand the difficulties in helping parents. Supervisors may feel pressured to "get results" and move on to another task without fully appreciating that people do not change their beliefs or habit "just because they have been shown an alternative or different solution." With time and practice of two-way conversations and collaborative decision-making, supervisor stereotypes can be altered.

In developing an environment for shared learning, it is important to stress common beliefs, such as the family-driven, youth-guided and consumer directed approach to services where the family's well-being and empowerment is put at the center. Although the supervisor and Parent Support Provider have different job roles, and at times different perspectives, both are working toward a common goal: improving the lives of children and families. The commitment that staff members feel toward their jobs can be a persuasive reason to put differences or discomfort aside in striving for the common goal of empowered family members, including staff.

This document was made possible with funding from the Magellan Health Services Inc.

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