Example of a Consultation and Coaching Outline

Teaching-Family Association Policy: Consultation for Family Specialists (1992)

PURPOSE
1. To define the role of the consultant in relation to the Family Specialist and the families served by an in-home program.
2. To outline the consultation service delivery plan.
3. To describe the training, supervision and evaluation of the consultant.
4. To operationalize the integrated role of the consultant in all program support systems, i.e., training, consultation, evaluation and administration.

POLICY
The Teaching-Family Association supports the development, implementation and evaluation of intensive, short-term, home-based treatment programs for children and families. To facilitate the humane and effective treatment of children and families in the context of their homes, schools, and communities, it is the Teaching-Family Association policy that:

1. Regular consultation shall be provided for Family Specialists as an integral part of the program.
2. Consultation activities shall facilitate the Family Specialists’ skill acquisition, specific training needs and general personal and professional development.
3. Consultation activities shall be implemented to promote the well-being of children and families at all times.

PROCEDURE

Title: Consultation for Family Specialists (1992)

PURPOSE:
To provide a description of the consultant’s role and consultation activities in order to facilitate and promote expertise and learning for each Family Specialist and positive treatment results for children and families.

I. Role and Responsibility of the Consultant
A. The primary role of the consultant is to train the Family Specialist to become an expert practitioner of the Teaching-Family Model in an intensive, home-based program. Following the Preservice Workshop, the consultant models how to work with a family in the family's home. For example, at first a Family Specialist observes and “shadows” the consultant, then gradually takes on more direct responsibility for the intervention while the consultant offers feedback and direction. In this direct training mode, the Family Specialist learns to apply his/her new skills effectively in the family context.

B. The consultant is responsible for facilitating the Family Specialist’s professional development. Skill acquisition, treatment planning and implementation, and clinical judgment are primary development areas. The consultant creates opportunities for the Family Specialists to practice their skills in families, with other professionals and in other systems to increase competency and maximize expertise. The consultant also orchestrates opportunities for the Family Specialists to acquire skill and competency in areas such as training, peer consultation, conference and seminar presentations, program evaluation procedures, program representation opportunities, professional networking, etc.
C. The consultant’s role as a personal and emotional support to each Family Specialist is a critical one. To that end, the consultant initiates and engages each Family Specialist in a positive relationship to provide effective and meaningful support for a Family Specialist in any family or personal crisis. The ability to nurture and promote the emotional well-being of a Family Specialist is a key component of program support and critical to the consultant’s role.

D. The consultant is responsible for collecting relevant information across Family Specialists and families to facilitate program development and evolution. The technology of home-based work in a short-term intensive service delivery system will evolve as a consultant purposefully helps Family Specialists implement innovative ideas and treatment strategies.

II. Consultation Service Delivery Plan

A. The consultation support offered to a Family Specialist is most effective when individualized to meet the learning needs of a Family Specialist while offering a predictable level of program support. To maximize training needs and professional development, the following schedule of consultation activities is considered to reflect minimum requirements.

1. In-Home Observations
   A consultant will accompany a new Family Specialist on most family-related activities in the first three weeks of intervention (i.e., approximately 60 hours over the first 90 days). After that, two in-home observations per month will be required for each Family Specialist prior to the initial evaluation (at about 6 months). One in-home co-visit per month is required for Family Specialists between their initial evaluation and annual evaluation. Certified Family Specialists will receive at least one in-home observation from their consultant per family.

2. Written Feedback
   Written feedback will be offered to beginning Family Specialists once a week throughout their first two family interventions. This schedule will decrease to twice monthly prior to the initial evaluation and once per month following the initial evaluation. Certified Family Specialists will receive written feedback once per family.

3. Treatment Planning Consultation
   It is recommended that the consultant be available to guide and participate in the development of the treatment service plan for each family according to the level of skill of the Family Specialist.
   It is recommended that the consultant will provide a minimum of one individual meeting per week per Family Specialist to plan, problem-solve, recognize achievements, offer personal support, etc. Telephone consultation is available as needed.

4. Team Meetings
   The consultant will participate in a weekly case review meeting (the team consists of both the consultant and the Family Specialist staff). This meeting facilitates group learning, peer recognition, builds morale and helps to contribute to a positive and enthusiastic approach to family work.
   Program technology meetings will be scheduled once a month to promote discussion and shared learning on family-related topics, treatment implementation, professional development and personal lifestyle issues.

III. Qualifications for the Consultant

The consultant must have previous experience in the Teaching-Family Model and preferably experience in the Family Specialist position. A minimum bachelor’s level degree in a human services-related field or equivalent professional experience are related requirements.
IV. Training for the Consultant

Consultants are selected for their demonstrated ability to exercise excellent clinical judgment and a high level of skill in working with families. Ideally, training consists of a Consultation Preservice Workshop but it also may be provided by a qualified mentor. Staff-related planned teaching, ongoing feedback and evaluation, co-observations and problem-solving would be the key dimensions in a training workshop or the mentoring relationship.

V. Supervision for the Consultant

The consultant shall have the opportunity to access his/her immediate supervisor for ongoing training, verbal and written feedback, problem-solving, treatment planning and personal support on a predictable and frequent schedule (no less than once per week).

VI. Evaluation of the Consultation

The consultant shall receive a yearly evaluation from his/her Family Specialists. The consultant’s supervisor also will have the opportunity to evaluate the consultant’s performance on a yearly basis.

VII. Consultant Ratio

In the interest of preserving the quality of consultation, one F.T.E. (full-time equivalent) consultant shall have no more than four Family Specialists on their team. All Family Specialists shall be within reasonable proximity (preferably the same office) to facilitate functional access to this program support. Exceptions may be granted based on reasonable rationales offered by the Site.

VIII. Additional Responsibilities

The consultant’s role in an in-home, family-based program is a multiple one. Although consultation for Family Specialists is a primary activity, the consultant also must be highly involved in the training, evaluation and administrative systems of the program. The integration of these program components facilitates the smooth operation of the program and promotes decision-making for the well-being of the children, families, and staff members. To that end, the consultant is active in the following roles:

1. Training

The consultant participates in the recruitment and selection of new staff, is able to teach any section of the Preservice Workshop, and trains Family Specialists in the implementation of their skills in the context of the family.

2. Consultation

The consultant is responsible for the consultation activities as described in the above policies and procedures. Family Specialists are offered the technical and personal support needed to do excellent work in families.

3. Evaluation

The consultant prepares the Family Specialists for their initial and annual evaluations by matching their consultation agendas to the preservice training and evaluation concepts. The consultant is a qualified staff evaluator and may evaluate staff from other program units as well. The consultant may not participate in the annual evaluation of their own staff, but may evaluate their staff at their initial evaluation.

4. Administration

The consultant provides much of the program flexibility by being available to Family Specialists (for example, by pager; by providing cover-off time in the case of illness, holidays or staff turnover; and by managing the follow-up issues from past families). The consultant acts as the troubleshooter and problem-solver for family and system issues as they arise. Other administrative tasks may include collecting program data, collecting consumer feedback from parents and children through interviews, and managing the daily information flow within the program.
The value of integrating the four main program components (training, consultation, evaluation and administration) is evidenced by the sensitive use of information by the consultant. New learning from the consultation experience can be directed back into preservice training and themes developing from evaluations can be used to direct consultation agendas. Administrative tasks and decisions must be functional and support program implementation. The result is a systematic flow of relevant information between all the program components that promotes the innovation and evolution of intensive, home-based services technology.