Facilitative Administration Outline

Integrated Program Components (Based on Teaching-Family Documents)

1. PROGRAM CLARITY (Guides for Decision-making)
   - Philosophy
   - Goals
   - Treatment processes
   - Ethical Standards
2. STAFF SELECTION (the General "Unteachables")
   - Caring and Commitment
   - Common Sense
   - Intelligence
   - Background Knowledge
   - Willingness to Learn
   - Philosophical Fit
3. STAFF TRAINING (Treatment Related Skills and Knowledge)
   - Program Goals and Philosophy
   - Treatment Processes and Skills
   - Clinical Judgements
   - Program Operations
4. STAFF SUPERVISION (Putting it into Practice)
   - Assure Treatment Implementation
   - Develop Staff Skills
   - Enhance Clinical Judgement
   - Solve Special Problems
   - Create New Technology
   - Support Personal Development
5. STAFF EVALUATION (Assessing Clinical Implementation)
   - Treatment-Related Skills
   - Clinical Judgements
   - Youth, Family and Stakeholder Surveys
   - Staff Certification and Recognition
6. PROGRAM EVALUATION (Assessing Program Implementation)
   - Client Benefits
   - Accountability to Consumers
   - Program Costs
   - Demographic Information
   - Feedback for Program Development
7. PROGRAM ADMINISTRATION (Putting / Keeping It All Together)
   - Facilitate Treatment Processes and Integration
   - Support Treatment Staff
   - Meet Operating Requirements
   - Interface with Other Systems
   - Encourage Innovation
   - Evolve Effective Programs

A Facilitative Administration

An Example of Facilitative Administration Content

When training mangers for treatment services we encourage them to take a patient and "curious" view of their duties and of the long list of problems that are presented to them each day. We especially stress "baselining," "musing," educating," and "choosing" as management strategies.

Baselining

Take a longer-term, rule-generated but contingency-shaped view of managing the details of things. The manager can set up an event or process so that it occurs then let it be for a while to see what happens. One must expect that in the normal course of events it will be rough at first then deteriorate a bit before a) someone else sees the issues as clearly as you do and brings about vast improvements and "runs" it from then on, or b) you intervene to teach someone to see the issue and do what is necessary to improve it and own it.

> The view is, "Things are following a normal course and are exactly as they should be at this point. I am curious to see what happens next. I wonder who will distinguish themselves as a problem solver with initiative."

Musing

Brainstorm and discuss ideas or issues but don't try to come to a conclusion. This is a way of bring- ing attention to / heightening awareness of / inviting others to discover the idea or issue for themselves and arrive at a solution over time. As people "have ideas" they will work harder to implement them and have a greater investment in the outcomes.

> The view is, "I think I know what I would do to solve this but I wonder what other people see as the problem and what ideas they have for a solution. I know I can't do everything so I wonder how / who will resolve this."

Educating

A longer-term view where a) we are directive regarding beliefs, philosophy, and headset issues, and b) proactively teach to get the skills going so that we have the opportunity to use Conceptual Praise to specifically describe the links between staff behavior and the beliefs ("rule-generated"). As the staff personally experience doing the skills, seeing the results, and "acting out" our more directive belief statements then a) they begin to feel it for themselves, see the implications, and own it ("contingency-shaped"), b) the personal experience reinforces and makes real the beliefs, philosophy, and headset issues and they become "generative" ("I understand the beliefs and make use of them in these new ways each day."), and c) the staff person feels confident and competent and in sync as the beliefs and behavior match closely.

> The view is, "Guided experience with positive feedback over time is the best teacher."

Choosing

Priorities come from personal expectations (What do I want? What are my tolerance levels?), program expectations (What do they want? What are their tolerance levels?), probable outcomes (How immediate and important are the good or bad things that may happen?), personal energy (Am I up for this?), and available time (Is this time-bound with a beginning and an end? Is this an ongoing activity?).

> The view is, "I am free to choose. I am in control."

Examples of Rule-Generated and Contingency-Shaped Management

Two Family Specialists in the home-based treatment program were interviewed. Donna was just completing her 5th month and Carol had already been Certified twice after 26 months on the job. We were discussing what it feels like to be a Specialist and learn the Teaching-Family treatment procedures.

Donna (after 5 months)

My first impression was that the Model seemed restrictive. All through the training workshop you basically hear that this is what we do and how we do it and it was clear to me that my job was to learn just that. At first, it felt very structured and even regimented as I started working with families and getting so much advice and feedback from my consultant. I wondered, where do I get the opportunity to express myself? After I got to know more about the kids and families referred to the program and saw the huge problems they faced, I also felt it was unreasonable to expect that every child would be able to stay at home. Yet, this was the only definition of success for the program!

In the past month I have come to see that the Teaching-Family Model is really a very useful set of guidelines for an intervention. I can see now that we all draw on our own experiences and interests and all those fit into how we use the Teaching-Family Model procedures. It seems to me that the Model is flexible and encourages us to individualize interventions to not only fit the family but ourselves as well.

Carol (after 26 months)

You know, my skills are so well practiced I rarely even think about them anymore. The skill labels are still useful because that is our shorthanded way of talking to each other about what we are doing, so I guess I do think about the skills conceptually. I am so confident and relaxed now compared to when I started. I am able to predict at the start of each situation about how it will end and what I need to do to get it there. The skills that I have learned are so well integrated that I now know when to use them to maximize impact and when not to use them as well.

It was interesting to go through my second Certification evaluation last month and get the feedback from the two evaluators. It heightened my awareness of what I was doing to achieve the desired results in that family and made me realize how fully I have adopted the treatment skills and how they have just become a part of who I am now. Pretty neat!