

# Universal Enhancement in Place/Just in Time Training: Having a Presence

Tom Pomeranz



**T**his is the third article of a four-part series from *Universal Enhancement: Approaches to On-Site Training*, scheduled for publication by High Tide Press in 2002.

When an organization implements an In Place/Just In Time (IP/JIT) staff training model, the work schedule of supervisors/clinicians (coaches) must be carefully assessed. The schedule of supervisors/clinicians is dictated by the training needs of the support provider and the needs of those supported. If the supervisors/clinicians are to be effective coaches, they must have a physical presence during those times of greatest vulnerability: wake-up, bedtime, mealtime, weekends and during important activity transitions. These are frequently those periods when the support provider is most challenged in demonstrating best practice behavior. Having a phys-

ical presence at 5:00 am to coach on issues of privacy or morning routines is not a preferred activity for most supervisors/clinicians. Coaching in this respect requires discipline and dedication. It's not the *number* of hours worked that is the decisive factor influencing the effectiveness of the supervisor/clinician, it's *when* the hours are worked. It is not easy to fulfill the commitments of an IP/JIT training coach.

On occasion a supervisor/clinician can be heard to say that they spend a great deal of time on site. One must ask the question "where on site are they spending their time—in their office?" Many support providers view the offices of supervisors/clinicians as a place to hide. This perception, whether real or contrived, can and usually does affect the quality of the working relationship between management and staff. In developing a work schedule that assures ample time for coaching, as



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well as meeting the additional responsibilities of the job, it must be remembered that one's personal life must come first—there must be a balance.

An important component of coaching is to demonstrate to the support provider that we must all treat ourselves with respect. Supervisors/clinicians who behave as victims of their employment, i.e., forgoing a life, send a terrible message to all those around them. The coach must always be vigilant that if they are not seen treating themselves "kindly", how can others trust that the coach will treat them kindly. Verbalizations on behalf of supervisors/clinicians proclaiming that they are working 60 hours a week or have not had a day off for three weeks only serves to paint a picture of themselves as a victim. Certainly there are those occasions in which unusual circumstances arise necessitating an infringement upon one's personal time. Such circumstances must be the exception! Seeing themselves as victims, supervisors/clinicians working such schedules as a matter of course ultimately will attempt to identify others in the organization that they perceive are victimizing them. When supervisors/clinicians behave as victims, a climate of mistrust is created. In such an environment it is especially difficult for a supervisor/clinician to serve as an effective coach to the support provider.

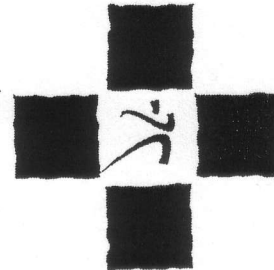
Just dropping in or by does not (cannot) replace a scheduled IP/JIT training session. Supervisors are continuously coaching, in that they are always being watched. Support providers observe the supervisors/clinicians on a vicarious, casual basis, learning informally. Certainly, informal coaching is important. It must be recognized that support providers emulate the behavior of those who they believe are knowledgeable and experienced. Unfortunately, there are those support providers (though this type of individual can be found throughout the ranks of the organization) who are watching supervisors/clinicians not so much because they wish to learn from their expertise, but rather out of a desire to put chinks in the armor of supervisors/managers. Support providers with this negative agenda are commonly referred to as "members of the underground". It is especially important that the IP/JIT coach spend time with this support provider, for it is only through coaching that a member of the "underground" is likely to be rescued from their passive aggressive orientation.

Additionally, it may be a practice for supervisors/clinicians to just drop in when they are in the area to see how things are going. If this practice is routine, or part of the organization's culture, it's probably acceptable, but cannot serve to replace scheduled IP/JIT coaching sessions. Formal coaching goes beyond informal modeling that occurs during scheduled hours of work or when an unannounced visit is made. (*Note: This coaching strategy will be expanded upon in an article to appear in a subsequent issue of LINKS entitled "The Four Coaching Strategies."*) Formal coaching is a commitment by supervisors/clinicians to dedicate a time to focus on the support provider's quality of interaction and implementation of supported routines.

A schedule should be developed by the supervisor/clinician each month. By developing a work schedule each month, the supervisor/clinician can assess the changing needs and challenges of the support recipient. Reviewing and revising their work schedule on a monthly basis allows the supervisor/clinician an opportunity to accommodate special events or demands in their personal life and identify priorities. Personal time

demands can and should be integrated into the supervisor's/clinician's work schedule for the month. A flexible schedule should not become a burden to the supervisor/clinician, but rather be seen as a perk or benefit.

High rates of support provider turnover, allegations of neglect and abuse, support recipients with pervasive support needs,  
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## Training—Universal Enhancement

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problematic survey results and the presence of protective oversight issues may all serve to increase the amount of time required by supervisors/clinicians in the formal coaching process. Unless contraindicated, the following provides some guidance with respect to developing a monthly coaching schedule:

- The number of individuals supported at the setting
- The extent of cognitive, physical, psychiatric and behavioral challenges
- The experience, receptivity and ability of support staff
- The number of support staff employed
- The accessibility of the environment
- The nature of the activities in which the individuals supported are engaged

Making and keeping scheduled commitments to provide IP/JIT training to support providers can easily take a back burner to the many pressing issues faced by supervisors, managers and clinicians. There are in fact many factors that may deter or prevent supervisors from fulfilling their obligation as IP/JIT coaches to support providers. Noted below are several examples of the more common excuses.

- “Staff say that I make them nervous when I stand over them.”
- “With all my other responsibilities, I don’t have time to coach.”
- “I feel like I’m intruding on the privacy of the consumers.”
- “The staff never does what I tell them anyway.”
- “I am concerned about offending the staff if I tell them this is how they should be doing this or that.”
- “I’m here all the time; I know what’s going on.”

The reality is that all the above issues, whether true or perceived, must be addressed in order to assure that the support provider receives ongoing IP/JIT training from a training coach. All support providers have a right and deserve this type of training. ■

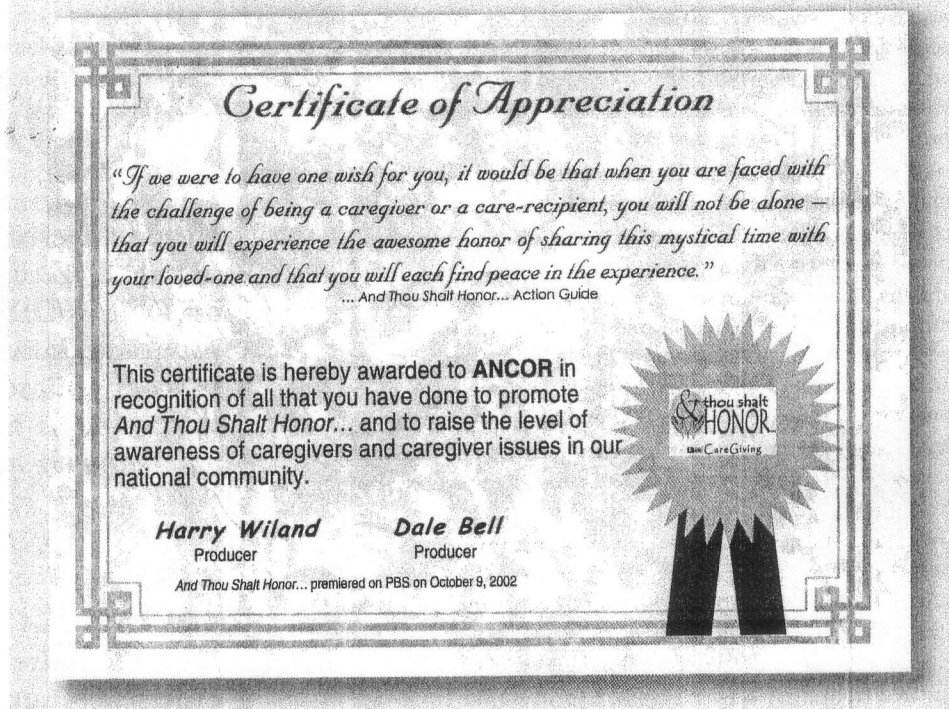
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## In The News

### ANCOR Recognized for Its Support of *And Thou Shalt Honor...*

ANCOR was recently recognized by PBS for its efforts and support surrounding the PBS special series, *And Thou Shalt Honor...* Megan Fitzgerald, outreach coordinator, stated in a letter that, “Thanks to the assistance we received from ANCOR, we were able to further advance the issues of caregiving. Through you, the needs of those

who give, get and need care were brought to the attention of millions of people. ... This program would not have been a success without your assistance.” ANCOR members who are interested in more information about the program should visit the web site at [www.thoushalthonor.org](http://www.thoushalthonor.org).



### New Twist on Client Employment

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were treating sheltered workers as employees and were withholding taxes and FICA. Some of those individuals apparently qualified for the Medicaid Buy-In based on their disability and income.

DMR said they would review all DMR clients in sheltered workshops and that Medicaid coverage may change for some individuals. DMR said they expected providers to follow the definitions cited in the 1994 memo and they directed DMR regional offices to review whether individuals receiving significant income are appropriately placed in a sheltered workshop or are more appropriate in an employment situation.

This memo only adds to the confusion over the issue of whether client/workers at CRPs are employees or not. A brochure for the Connecticut Buy-In programs states that [t]o be eligible under this coverage group the individual must be engaged in a reasonable work effort. A reasonable work effort is defined as an activity for which a person receives financial compensation and pays all applicable federal and state income and payroll taxes.

ANCOR will monitor this situation to see how it impacts both CRPs and individuals served by CRPs. ■

**AUTHOR LINK** Harles & Associates provides consulting services to ANCOR on employment and training-related issues.