Supportive Supervision:

Tools and Concepts for Integrating CHWs into Behavioral Health Care Teams

Winter, 2023

Welcome, CHW Supervisors!

- Stretch
- Icebreaker
- Create Group Agreements
- Review Agenda & Learning Goals

Purpose of this Project
Why Are we Here?

- MDPH Office of CHWs, CHW Training Needs Assessment
  - Mental Health and Substance Use Disorders
- Not in CHW Core Competency training
- MGH CCHI funding announcement- Determination of Need
  - BH and CHWs and Workforce Development
- SDoH - Role clarification/territory issues

Supervisor Learning Goals

1. To understand the primary goals of Supportive Supervision and approaches to achieve them, using a racial equity lens
2. To address the unique challenges, opportunities, and best practices of supervising CHWs
3. To gain awareness of and confidence in one's particular strengths and growth areas as a Supervisor, particularly around advocacy and integration
4. To develop skills and confidence around supporting CHWs to effectively work with clients with behavioral health issues in particular and with BH providers

Specific Learning Objectives

1. Explain 3 goals of supportive supervision
2. Identify 2 strategies for implementing supportive supervision structures into your work, using a racial equity lens
3. Articulate your challenges in supervising CHWs
4. Explain 2 CHW supervision best practices
5. Practice CHW and client advocacy skills with BH providers

Group Agreements

- Confidentiality
- Tech Etiquette
- Take Space/Share Space
- 1 Diva 1 Mic
- Respectful Listening/Agree to Disagree
- Assume all experience is in the room
- Positive Risk
- Raise Equity & Cultural Concerns
- Get Your Needs Met
- Own impact before intent
- Have Fun!

Module 1:

CHW Training Overview, Racial Equity in Supervision, Advocacy, & Leadership

CHW Integration into BH Systems

4 Central Components of this Training Series:

1. **Building CHW Baseline Behavioral Health Knowledge:** Understanding diagnoses, care models, treatment, provider roles for effective care coordinating & relationship-building with clients & their teams

1. **Understanding Systemic and Structural Racism:** Naming & skillfully navigating barriers, bias, root causes of BH issues, & power dynamics between providers from an equity lens

1. **Supporting Sustainable CHW Work:** Cultivating boundaries, wellness resources, self-reflection, navigating shared experiences & triggers, peer support & collaborative supervision

1. **Honing Communication & Advocacy Skills:** For developing strong collaborations & effective strategies to get client needs met & proactively addressing barriers & bias

CHW Training Learning Goals

- Center work with BH clients through a racial equity lens & continually develop culturally-informed practices
- Deepen working knowledge of client-centered mental health & substance use care
- Understand & apply a harm reduction & holistic health framework to care of high-risk clients
- Practice assessment & tailoring skills to meet individual client needs
- Develop skills for working through client fear & resistance to addressing their behavioral health issues
- Build familiarity & confidence using *Healthy Conversations* curriculum materials

CHW Training Overview: 4 Modules

Module 1:

- Welcome & Objectives
- Framing & Core Approaches
- Introducing *Healthy Conversations* Curriculum
- Racial Equity

Module 2:

- Mental Health Topics: Teaching & Practice

Module 3:

- Substance Use (SU) Topics: Teaching & Practice

Module 4:

- Advocacy Topics: Teaching & Practice
- Integrative Group Practice

BH Intersectional Framework

1. **Holistic view** of person, person is NOT their diagnosis or history
2. Looks at family, community, cultural, **systemic & structural factors** that shape a person's health, quality of life, & behaviors
3. **Recognizes oppression** & inequality are root causes of addiction, chronic disease, and many mental health symptoms
4. Emphasizes the common challenges & **less than perfect coping skills** we share with clients as human beings

Intersectional Framework cont.

- **Avoids trying to fix people,** blame people for their problems, or take responsibility for “saving people” from themselves
- Increases empathy, flexibility, & our ability to **see complexity & sit with discomfort**
- **Believes change is possible** with individualized support and effort over time, with respect & collaboration as core practices

Healthy Conversations Origins

- Blue Cross Foundation 2013 grant to PACT/Partners in Health to reduce health disparities
- Developed by a **multi-cultural team** of CHWs, social workers, MPHs, primary care doctors, psychiatrists, & holistic health practitioners in Boston
- Currently used by community health teams working with HIV+ people in Boston & NYC, folks with chronic diseases in Los Angeles, rural Arkansas, & Vermont

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Healthy Conversations: Nuts & Bolts

- 3 tracks:
  - 1) Mental Health
  - 2) Substance Use
  - 3) Dual Diagnosis

- 25 Topics broken into short conversations, each with teaching content & activities (about 15 min), cheat sheet at start, & wrap-up questions

- Resources for your learning & to share with clients: images/metaphors on key concepts, digestible psychoeducation, wellness activities, expressive arts, planning worksheets

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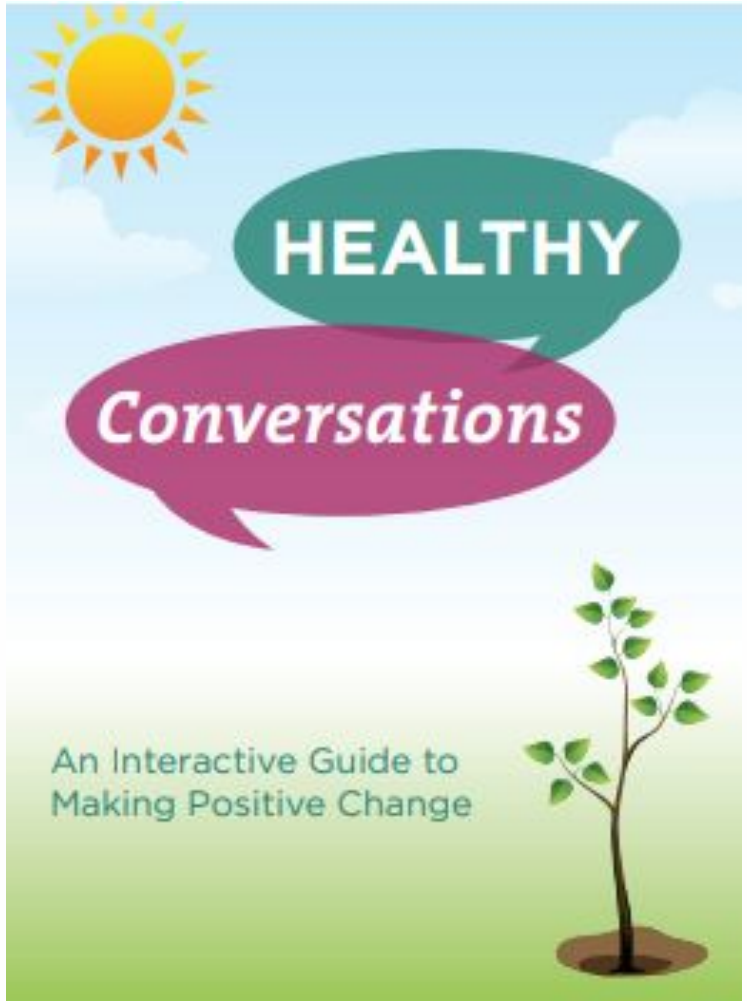
Healthy Conversations Curriculum Benefits

- Intended as a **guide, not a script!**
- A tool to identify patients' barriers & strategies to tackle them together
- Adds structure to what you'll already be doing
- Facilitates dialogue & **mutual** learning, not just "health education"
- Builds behavioral health knowledge & skills among care teams
- Educates & empowers participants around their BH issues
- Helps get worker out of ruts with tricky patients
- To be used as a *complement* to your site's tools/systems
- **Free, open source to download**

Link to *Healthy Conversations* Curriculum (pdf)



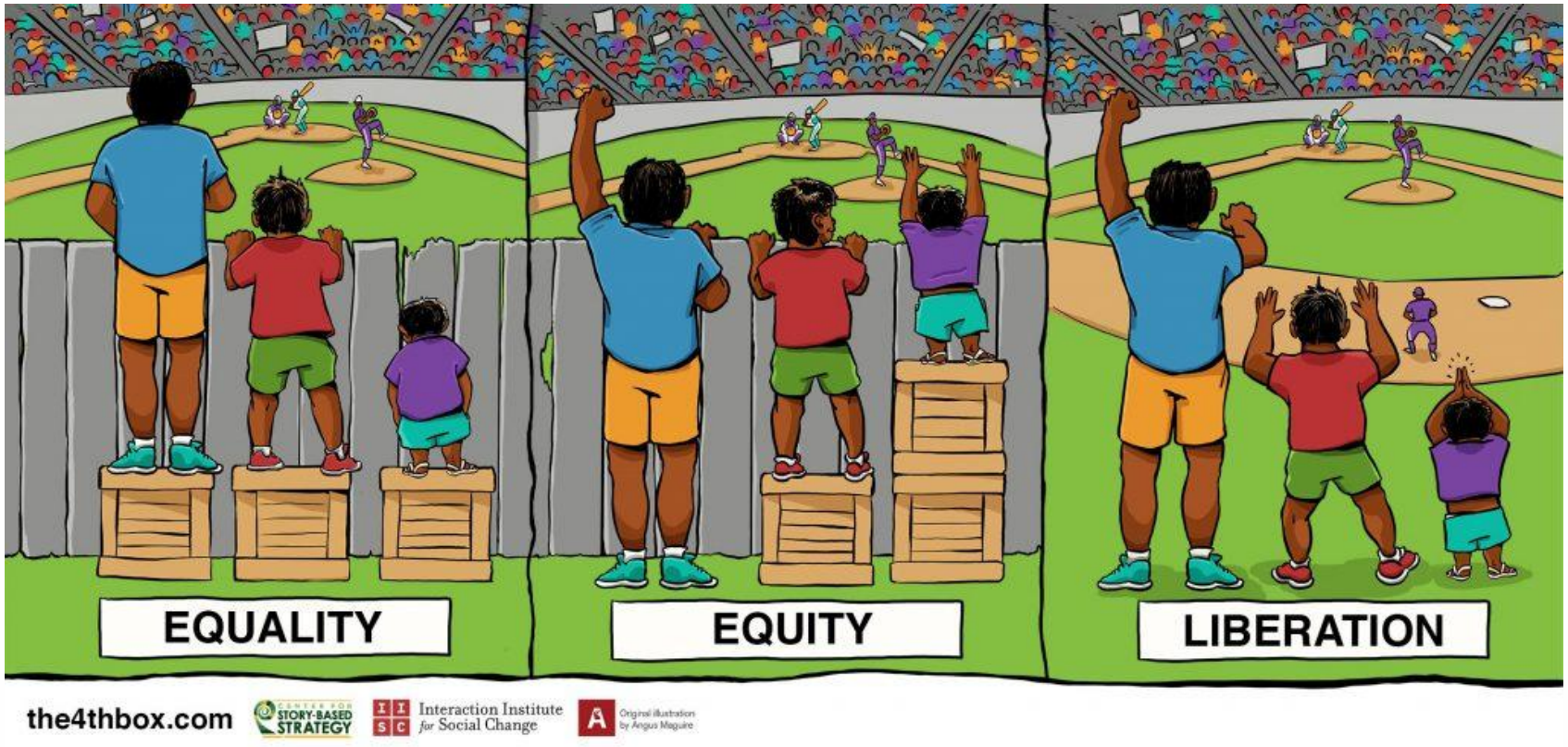
https://www.pcdc.org/wp-content/uploads/Resources/Healthy-Conversations-FINAL.pdf

Activity: Quick Read Through

1. On your own, look at the Table of Contents & detailed description of the tracks (pg. 11-15)
   - What do you notice about the curriculum?
   - What questions come up for you?
   - How might this be a useful resource for your CHWs?

1. Pick one chapter that looks relevant to your CHW supervisees.
   - Review it and summarize it for the group.

Racial Equity: Defining Our Terms



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The Hydra of Racism in BH Care (Many Heads)

The Hydra of Racism in BH Care (Many Heads)

- **Access issues:** income inequality/racial wealth gap, insurance issues, digital divide, limited providers, language barriers
- **Retention issues:** implicit bias, lack of provider training, lack of representation in BH leadership/knowledge creation, cultural barriers
- **Root causes:** intergenerational trauma, lived impact of racism (micro & macroaggressions), stigma, intersectional marginalization

Racial Equity & Behavioral Health Key Points

- BH models are **culturally bound** (in white European, capitalist, patriarchal western medical models of pathology) & MH research has historically been done on straight cisgender white men (focussed on meds and tx efficacy)
- BH providers are predominately **White** (Why? high schooling cost prevents access to education in the face of widening racial wealth gap) leading to historical and current lack of culturally-responsive, affordable, language-accessible care
- Providers as **agents of social control** in racially-biased systems (DCF, school counselors, ER, prisons) with **power** to harm

***What issues/barriers related to equity do you see often at your site & how do you tackle them?**

The Problem

"Persistent disparities in mental healthcare are a public health crisis that needs to be addressed to ensure positive health outcomes for all. The current system of mental health care is fragmented, underfunded, and does not meet the needs of racial/ethnic minorities. **Community health workers** and peer support could fill vital roles in racial/ethnic minority communities, yet are faced with obstacles to their continued success. Only through policy level change can barriers to equitable behavioral healthcare services be dismantled and fuel our hope to achieve mental health equity."

- Margarita Alegria

http://www.hhpronline.org/articles/2019/11/26/the-opportunity-for-systems-transformation-community-health-workers-and-peer-coaches-for-reducing-mental-health-inequities

Unmet Behavioral Health Needs

2017 Worcester Community Needs Assessment (participants = ⅔ immigrants and 88% racial/ethnic minorities) identified need for:

- Use of CHWs to engage immigrants and Black and Latinx populations
- Increased cultural responsiveness and cultural humility of providers
- Increased language capacity
- Increased health literacy and psychoeducational work with patients
- Integrated care/wraparound service/coordinated care

https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2018/04/Unhealthy-Unwealthy-Family_Impact_Seminar_2017-briefing-report.pdf, p. 24

What Helps Address Inequities?

- Harvard Policy Review 2019: **CHWs are essential:**
  - In reducing stigma/exclusion by empowering clients & amplifying their voices
  - In reaching historically excluded and marginalized populations
  - Because they are able to create trusting relationships with community members
  - CHW integration into mental health services promotes adherence to treatment, increasing likelihood of positive clinical outcomes.

Sources:

1. http://www.hhpronline.org/articles/2019/11/26/the-opportunity-for-systems-transformation-community-health-workers-and-peer-coaches-for-reducing-mental-health-inequities
2. https://pubmed.ncbi.nlm.nih.gov/23466259
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6856783/

What Helps Address Inequities?

- Pathways to educate and train a more culturally diverse behavioral health workforce to address interpersonal and structural barriers (e.g. racism) to care
- Evidence-based interventions provided in a culturally responsive manner with practitioners addressing their own implicit and explicit biases (Alegria)
- What else?

Sources:

1. http://www.hhpronline.org/articles/2019/11/26/the-opportunity-for-systems-transformation-community-health-workers-and-peer-coaches-for-reducing-mental-health-inequities
2. https://pubmed.ncbi.nlm.nih.gov/23466259
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6856783/

How Can Supervisors Center Equity?

1. The CHW role is **VITAL** in building relationships with communities that have historically been harmed and mistreated by medical settings, by providing:
   - cultural interpretation
   - advocacy
   - validation

   which are fundamental to client readiness, access, retention, & outcomes.

1. Remind all staff that BH issues are exacerbated for communities of color due to chronic stress responses/coping to intergenerational trauma, structural inequality, chronic racism.

How Can Supervisors Center Equity?

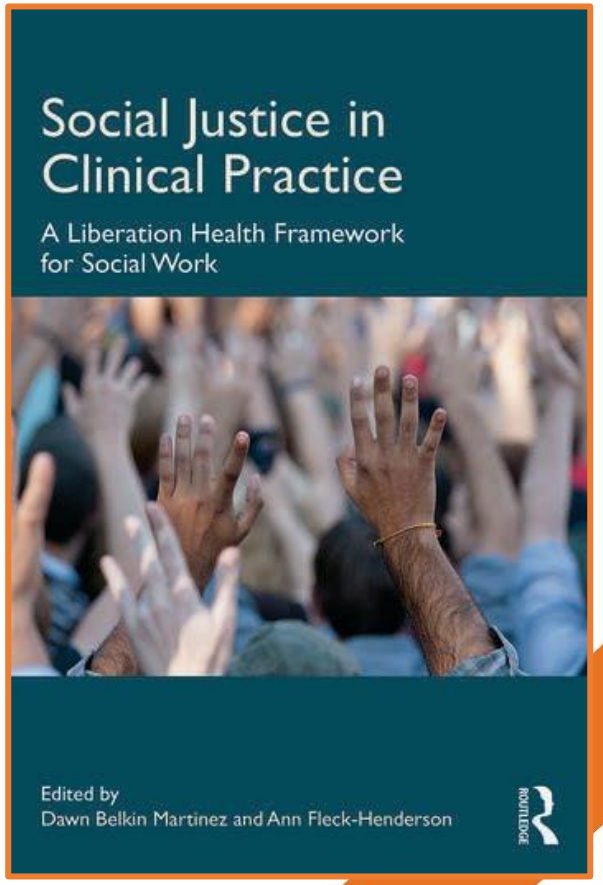
1. Remember that clients of color face culturally-specific stigmas regarding BH care that may prevent engagement in services. Support your CHWs to respond to them proactively. (Resources: *Healthy Conversations* stigma chapter, naming, Kleinman questions, Liberation Health lens)

1. Identify agency specific barriers that negatively harm the CHWs on your team, recognizing that CHWs are often from the communities we serve and face the same challenges described above

1. What are you doing?

Liberation Health Model

- A framework of human behavior that conceptualizes the problems of individuals and families that cannot be understood in isolation from the economic, political, cultural, and historical conditions which give rise to them.
- A **method of practice** that helps individuals, families, and communities understand the personal, cultural, and institutional factors that contribute to their problem and act to change these conditions*; to liberate themselves from both internal and external oppression*



More Liberation Health:

- "As health care workers and clients, we recognize the **need to ally** with our brothers and sisters who are experiencing oppression, here in Boston, and around the world. Our solidarity with the individual clients, families, and communities with whom we work means recognizing their right to **meaningful participation in the health decisions** that affect their lives."

- "We propose and fight for alternative forms of social organization that promote a more just distribution of natural and human resources and a **healthy society that prioritizes human needs over accumulation of capital and profit.** We identify with the oppressed, dominated, and marginalized of the world and their struggles to **achieve economic, political, and cultural freedom and self-determination.**"

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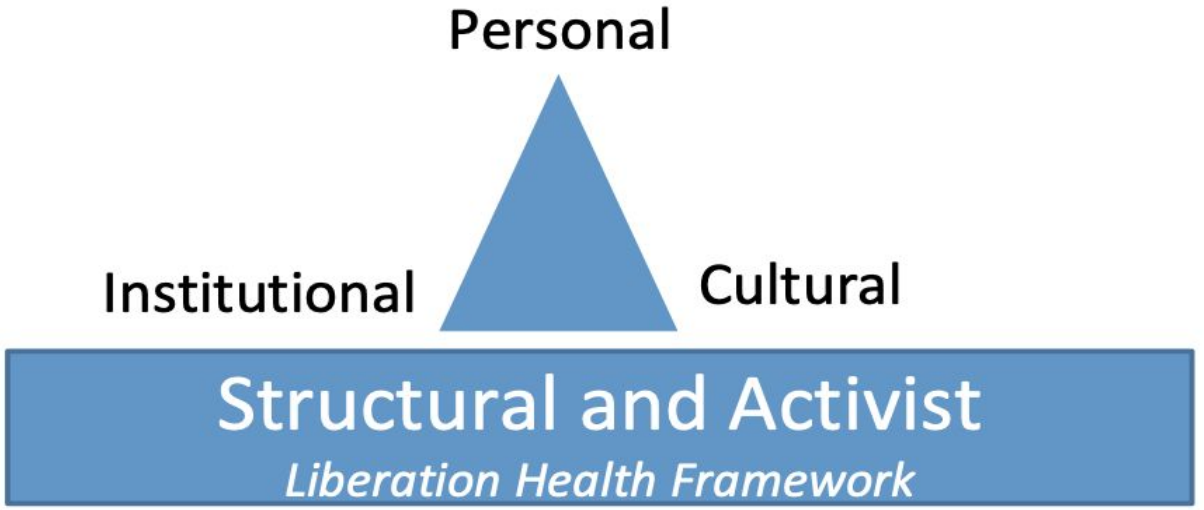


Personal
what is going on with the person/couple/family

Institutional
governmental policies, laws, capitalism, access to power

Cultural
all forms of oppression based on social identities
cultural norms and values

LIBERATION HEALTH TRIANGLE

Personal Factors:

Action Steps:

Problem Statement

Institutional Factors:

Cultural Factors:

Confronting Racism in Supervision

- Make an explicit commitment to anti-racist practice and adopt a posture of humility
- Create safer space for staff to share (respect, active listening, room to disagree)
- Normalize discomfort and imperfection in reflection process
- Manage White fragility & center consent for staff of color
- Practice transparency about social location, growing edges, missteps, and repair

Confronting Racism in Supervision

- Helpful frame: “intention vs. impact”
- Solidarity: explore, buffer, and heal around impact of internalized racism
- Organically include questions of race and power into all aspects of supervision: case review, exploring agency policy, advocacy conversations, reflecting on team dynamics, parsing countertransference
- Engage in active reflexivity and self work

“White Supremacy Culture” Qualities in an Organization (Jones & Okun, 2001)

- Defensiveness
- Quantity over Quality
- Perfectionism
- Sense of Urgency
- Paternalism
- Worship of the Written Word
- Either/Or Thinking
- Power Hoarding
- Fear of Open Conflict
- Individualism
- “Objectivity”
- The Right to Comfort
- Progress = Bigger/More

Partner Conversation

In a breakout room, reflect with a partner about your **strengths & growth areas** in practicing anti-racist, culturally and contextually-informed supervision

You may also want to share about:

- How you might address/shift the qualities of White supremacy culture in your agency
- Where you're at with your own racial/cultural identity
- Any past missteps re: anti-racist approaches & what you might do differently in the future

“There are no isolated health issues and systems. Systems of oppression are mutually reinforcing and related. A Racial equity lens and practice is fundamental to the CHW role, to health care transformation, to buffer the impacts of inequality, to create healing & change for individuals, families, & communities!” -Rupa Maya

Time for a Break!

Collaborative Leadership

Supervising CHWs: Getting Our Bearings

- What concerns/challenges do you have about supporting your CHWs?
- What are your current priorities for your team?
- What are your growing edges in advocacy?

Why Talk About Leadership?

- We need **empowered** CHW supervisors for client care, staff development, & successful integration
- We want to support you all with self awareness & clear vision for your leadership & your team!
- We know the challenges of being sandwiched in middle management trying to tackle the systemic barriers in primary care - often feels like “having our hands tied.”

Leadership Responsibilities

- Modeling best practices
- Inspiring/attending to morale
- Building team cohesion
- Transparency & consistency
- Ensuring service quality and productivity
- Setting clear expectations and accountability

Leadership Responsibilities

1. Setting clear expectations and accountability
2. Addressing gray areas/difficult questions
3. Support & encouragement/helping staff grow
4. Boundary-setting/maintaining safety for all
5. Keeping team connected to vision/bigger picture
6. **Supporting integration & collaboration with other providers**

Models of Leadership

- Self as instrument
- Servant leadership
- Values-based leadership

Unskilled Leadership

- Being rigidly “by the book”
- Unwilling to take a risk
- Chronic lateness/over-scheduling/distracted
- Gratifying one’s own need for power/control
- Absentee landlord (disappearing into your own work)
- People-pleasing (trouble with “no”/needing approval
- Ignoring power dynamics (race, class, gender, sexual orientation, religion)

What Makes Leading CHWs Hard

What Makes Leading CHWs Hard

- “Newer” role and turf issues across teams
- Limited training, supervision, and healthy models
- Competing demands in broken systems
- Limited resources and high expectations
- Personal vulnerabilities/weaknesses get magnified
- Everyone’s authority issues! (Parent projections, past trauma)
- Undervalued, under-supported work

Sharing What You Know

CHWs face complex patients, limited training, low pay, and are often impacted by the same barriers as patients.

In light of that what should we do as supervisors?

Sharing What You Know

- Give generously & respectfully
- Model, model, model
- Pounce on teachable moments (MI, SoC, patient-centered care, trigger management)
- Share your thought process & practice reflecting together
- Stance: curiosity, openness, collaboration, awareness of power, using differences as a resource
- Create safe opportunities to practice (eg: role play)

Advocacy Skills

Assessment Conversation: Advocacy Skills & Barriers

BREAKOUT GROUPS:

Groups 1 & 2:

How do you address racial disparity issues in your role?

Pros/cons to direct vs. indirect approach

Groups 3 & 4:

How do you handle power issues/imbalances that come up with medical providers?

Client Advocacy in BH Systems

- Proactively build relationships with all players involved and identify allies
- Frame concerns in terms of client needs and treatment goals; emphasize shared vision and values with the team
- Understand your role/limits and be able to explain them well to other stakeholders
- Strategic persistence
- Go up the authority/leadership ladder as needed
- Draw on peer and supervisor support, also clinical supervision
- Know your worth and the value of your work
- “Take no s*$t and don’t take s*$t personally!”
- Practice asking questions and giving feedback: clear, non-blaming

Integration Advocacy Tips in BH Systems

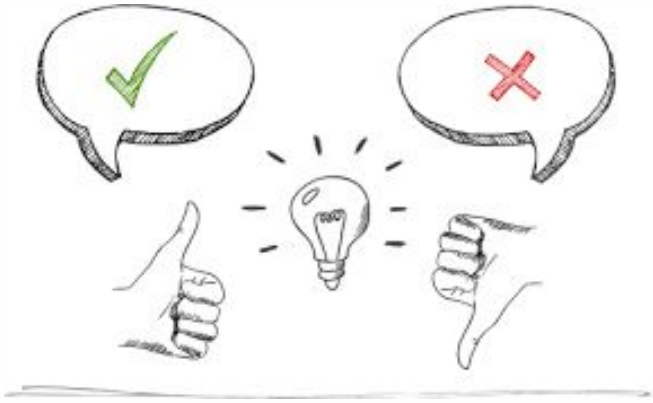
- Identify allies/early adopters re: CHWs and cultivate those relationships
- Educate colleagues on CHW role, limits, and special skills (eg: share stories, research findings on CHW efficacy etc)
- Invite BH colleagues to voice questions and concerns about working with CHWs to you and respectfully address them
- Assess and address barriers to CHW participation and integration into coordinating BH care (eg: EMR access, presence at case conferences, consent forms, etc)

More BH Integration Tips

- Support continuing education for CHWs around BH knowledge and skills. Set aside $ for conferences/outside training and/or do regular teaching for the team using HC curriculum
- Create opportunities for BH providers to witness and buy into the tremendous value-add CHWs bring, especially with clients who are hesitant to engage in care
- Bring a racial equity frame into team conversations and continue to center CHWs as central to promoting access and retention in BH care

Effective Advocacy/Feedback

- Be specific!
- Don’t wait too long after an issue comes up to address it
- Be proactive with positive & constructive feedback
- Limit critical feedback to priority issues
- Always be respectful
- Present it as your perspective, not the “truth”
- If you’re emotional/heated, wait until later to talk about it
- Assume positive intent and be able to name impact



Practice Activity:
Feedback and Advocacy Circle

Giving & Receiving Feedback

- For you personally, what is easy or hard about giving feedback? Receiving it?
- What about giving it to your peers/supervisors/supervisees?
- If it involves power dynamics or equity issues (i.e. racism and discrimination), how does that change your approach or your comfort/skill?

Module 2:
"Supportive Supervision" Tools & Concepts

Welcome back, CHW Supervisors!

Any burning questions from last session?

Ice Breaker:

- Name
- Pronouns
- Reminder of your role/agency
- Tell us about a support person in your life and their specific qualities that you appreciate

Group Agreements

- Confidentiality
- Tech Etiquette
- Take Space/Share Space
- 1 Diva 1 Mic
- Respectful Listening/Agree to Disagree
- Assume all experience is in the room
- Positive Risk
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- Own impact before intent
- Have Fun!

Core Strategies for CHW Supervision

Tools for Success with Diverse Teams

Supervising CHW Toolkit

What are some of the tools you already use to effectively supervise your team?

Supervising CHW Toolkit

What are some of the tools you already use to effectively supervise your team?

- Individual & Group Supervision
- Ongoing training & skill development
- Case reviews
- Supervision forms
- Shadowing
- Staff evaluations
- Quality assurance

Origins of “Supportive Supervision”

- Adapted version of Clinical Supervision provided to social work students and new clinicians to support self-reflection, skill development, ethical formation, and emerging professional identity
- Supportive supervision skills can be learned by any supervisor
- In CHW programs, due to resources, typically one supervisor provides a hybrid version of supervision that attends to both programmatic issues and deeper learning/self awareness for staff

What is “Supportive Supervision”

What is “Supportive Supervision”

- Reflection
- Self-awareness
- Identify systemic barriers
- Build skills
- Identify and process feelings
- Stress management
- Work/life balance
- Identify and explore triggers related to shared experience

Supportive Supervision vs. Programmatic Supervision

Key Commonalities:

- Supportive, collaborative, and respectful
- Linked to program goals & values
- Individualized
- Requires active listening and relationship-building
- Ensure high quality service to patients
- Support staff growth

Key Differences:

- **Programmatic Supervision Focuses on:**
  - Tasks
  - Practical, hands-on, concrete, goal-oriented re: program requirements, client progress, human resource issues, professional development
- **Supportive Supervision Focuses on:**
  - Reflection, self-awareness, skill building, identifying and processing feelings, stress management, work/life balance, exploring triggers related to shared experience

Supportive Supervision vs. Therapy

Key Commonalities:

- Rooted in a trusting, boundaried relationship
- Safe spaces for emotion, reflection, self-awareness, growth, receiving support, practicing new coping strategies, and becoming more skillful in communication, self-regulation, and collaboration with others.

Key Differences:

- Supervision is **about work!** How work is impacting well-being and personal life and vice versa with the goal of doing high-quality work in a healthy, conscious, sustainable way.
- It can be helpful to refer staff to outside therapy if issues raised fall outside the scope of work-related, or there's serious affect/vulnerability beyond what is safe at work. Trust your gut about what's too much for Supportive Supervision.

What do we actually do in supervision?

Elements:

- Icebreaker check-ins
- Flexible structure
- Teaching content or skills-building practice on a specific topic
- Open space for emerging needs

Strategies:

- Psychoeducation
- In-depth case review
- Skills practice (MI)
- Exploring context
- Sharing public health best practices
- Expressive art/wellness activities
- Modeling/role play

Supervision Brainstorm

Group 1: What are the benefits of **group supervision?** What are the challenges?

Group 2: What about the benefits and challenges of **individual supervision?**

Format Pros & Cons

Group Pros:

- Peer learning
- Saves time
- Team-building opportunity

Group Cons:

- Managing vulnerability/tricky to create safety
- Stuck groups can derail the learning/reflection
- Different learning needs across the staff
- "Professionalism" and defenses may inhibit sharing or lead to shame/comparisons
- Scheduling/space challenges

Individual Pros:

- Personalized
- Safer for many
- Private
- Space/time for individualized assessment opportunities
- Easier to address sensitive issues
- Flexible

Individual Cons:

- Time-consuming
- Can feel too intimate or like "therapy"
- Can be isolating for staff that already work alone

Focus Areas in Supervision

- Burnout prevention/wellness
- Boundary development
- Systems thinking
- How can I better help you?
- What are your professional goals?

Strategies to Prevent Burnout

What strategies do you use to help staff feel supported?

Strategies to Prevent Burnout

- Express empathy
- Acknowledge systemic and structural factors
- Give positive feedback (publicly and privately) and focus on successes
- Support ongoing staff professional development (invest agency money and time)
- Be as flexible and respectful as possible (scheduling, caseload, etc)
- Model healthy boundaries! (They will likely follow your lead)

Strategies to Prevent Burnout

- Encourage taking lunch/breaks, using vacation, and only working hours paid
- Proactively build team with strong collegial relationships
- Solicit and remain open and non-defensive to feedback about supervision and leadership
- Advocate reliably for staff and client needs/preferences with upper management/funders
- Access to Clinical Supervision and/or outside therapy as needed
- Set and encourage realistic goals for CHWs and clients
- Address the impact of moral injury

Wellness Activities

- May include meditation, yoga, guided relaxation, expressive arts activity, listening to music, journaling, and more
- Goal: help staff release stress, shift into different mindset, and tap their inner wisdom and creativity to support quality work!
- For ideas: *Healthy Conversations* CHW Behavioral Health Guide
  - Adapt activities for teams
  - Free to download: http://www.pcdc.org/resources/healthy-conversations-supporting-patients-mental-health-substance-abuse-issues/

Supporting healthy boundaries for CHWs with their clients

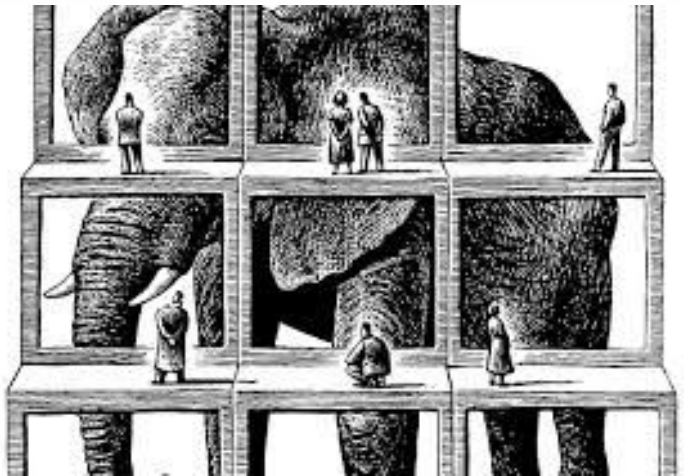
- **Anticipated challenges and barriers to boundary setting:**

Supporting healthy boundaries for CHWs with their clients

- **Anticipated challenges and barriers to boundary setting:**
  - Conflict of interests (i.e. knowing someone personally, understanding and/or experiencing same dilemmas)
  - Cultural differences in defining respectful boundaries
  - CHWs are passionate about supporting their communities (recognizing when we are doing "too" much)
  - Many gray areas
- **Helpful tools in supporting CHW's boundaries:**
  - Share scenarios the support CHW ability to say yes and no as fits the situation
  - Discuss the continuum from too losoe to too rigid
  - Know program policies and your ethical guidelines
  - Explore pros/cons of crossing boundaries
  - Non-punitive approach is key for honest conversation
  - Recognize that "healthy" boundaries vary by gender, culture, age, class, and situation
  - Make "safer space" to talk about how shared life experience impacts CHWs' ability to set boundaries with clients

Exploring Context

- Our team's work is fundamentally about reducing disparities in health outcomes and access related to systems of oppression in our larger culture
  - Institutional racism, internalized sexism, transphobia, ableism, xenophobia
- **Why does talking about this context/bigger picture matter when working with CHWs in the communities we serve??**



Why look at Systems?

Acknowledging and exploring impact of structural inequality helps us:

- Avoid blaming clients for their problems (focus on context, not just individual behavior)
- Avoid blaming ourselves for being unable to make bigger changes in broken systems
- Expand empathy for all involved
- Help clients process and let go of internalized stigma that may be holding them back and recognize systemic barriers at play in their quality of life
- Be part of a larger movement to change attitudes and the social systems that perpetuate inequality and disparities

Sharing Our Experiences

- Which of these strategies do you use regularly and why?
- Which ones are new, and how might you apply them to your team?
- Which of these strategies are you confident about using? Which ones seem more challenging?
- Set a goal: SMART goal to use 1 strategy in an upcoming session

Case Studies

- Break into small
- Each group gets a case reflecting common equity and power issues raised in supervising CHWs
- Together, analyze the case and brainstorm interventions for group and individual supervision.
- Each group shares their ideas with the larger group

Case Study Discussion

- What might be going on with the CHW?
- What are some different ways to intervene in individual or group supervision?
- What are potential pitfalls to avoid/risks to keep in mind in addressing the issue?

Taking It Home

Building Support, Reviewing Expectations, and Wrap-Up

Cultivating Peer Support

- What specific kinds of support would benefit your continued professional development as a supervisor?
- How can we support each other as colleagues in this work?

- **Options:**
  - Email list
  - Formal buddy system
  - Your ideas?

Wrap-Up

- Round robin check-out: What did you learn about yourself today?
- Evaluation link: https://bostonu.qualtrics.com/jfe/form/SV_2bJkmGzQ0ueuBdI
- Keep in touch with us:

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