

# LPS CLINICAL ASSESSMENT GUIDELINES

for Improved Assessment and Delivery of Clinical Service to  
Involuntarily Detained Individuals



## Module 3 ADMINISTRATIVE IMPLEMENTATION

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## Introduction and Overview

### Overview

Module 3, addresses Administrative Implementation and is designed to support administrative facilitation and empowerment of staff in their efforts to implement the Guidelines in a manner consistent with the recovery-oriented Philosophies and Practices presented in Module 1. This module also supports staff seeking to learn and practice the Core Competencies presented in Module 2.

### Key Issues

- Principles of Adult Learning
- Recovery Principles Relevant to Staff Development
- Dissemination of Innovations Theory
- Organizational Domain Theory
- The Role of Supervision and Middle Management in Policy Implementation
- Interdepartmental Memoranda of Understanding with Law Enforcement and Other Community Organizations

### Learning Objectives

Behavioral health service stakeholders who become familiar with the content of Module 3 will be able to do the following.

- Effectively **implement** training and supervision in support of direct service staff who will be implementing the CAG Guidelines.
- **Identify** administrative and management practices that contribute to establishing a Recovery **Model** culture within an organization and throughout the various organizational domains.
- **Identify** key role responsibilities within an integrated implementation team consisting of administrators, middle managers, and direct service staff.
- **Identify** key issues to be addressed in Memoranda of Understanding with key community partners who have responsibilities in relation to involuntarily detained individuals.

### Target Audience

This Module is designed primarily for use by *administrators and middle managers* who will be empowering and supporting behavioral health practitioners in their implementation of the CAG Guidelines.

# Recovery Principles Relevant to Staff Development



## Recovery Principles Relevant to Staff Development

There are striking similarities between the principles of adult learning and the Recovery Model. Both the behavioral health services consumer and services staff member are engaged in a developmental learning process.

Staff development programs based on recovery principles enhance staff learning and growth in the subject matter being taught and demonstrate the validity of the Recovery Model itself. When staff development programs are presented in a manner that is contrary to recovery principles, staff learn to devalue those principles and get the message that supervisors and administrators who have touted those principles are not fully invested in their value.

The following review of staff development principles is a paraphrasing of SAMHSA's Guiding Principles of Recovery, as presented in the Philosophies and Practices Toolkit.

**Staff learning emerges from hope.** The belief that learning is real provides the essential and motivating message of a better future—practitioners can and do overcome the internal and external challenges, barriers, and obstacles that confront them on the job. Hope is internalized and **can be fostered by peers, supervisors, administrators, external auditors/reviewers, and others.** Hope is the catalyst of the learning process.

**Staff learning is person-driven.** Self-determination and self-direction are the foundations for adult learning as individuals define their own performance improvement goals and design their unique path(s) toward those goals. Individuals optimize their autonomy and independence to the greatest extent possible



by leading, controlling, and exercising **choice** over the training resources that assist their professional growth and enhance their job performance. In doing so, they are empowered to provide the resources to make informed decisions, initiate practice improvements, **build on their strengths**, and gain or regain control over their professional practices.

**Staff learning occurs via many pathways.** Individuals have distinct needs, preferences, goals, culture, and backgrounds, including traumatic job-related experiences that affect and determine their pathway(s) to learning. Learning is built on the multiple capacities, **strengths**, talents, coping abilities, resources, and values of each staff member. **Pathways to learning are**

**highly personalized.** They may include workshops, small group seminars, supervision based on a well-structured supervisory plan, participation in quality assurance reviews, consultations, case presentations, peer support, and other approaches. Learning is nonlinear and characterized by **continual growth and improved functioning that may involve setbacks.** Because setbacks are a natural, though not inevitable, part of the learning process, it is essential to foster resilience in all staff members and work groups. In some cases, pathways to learning can be enabled by creating a supportive work environment. This is especially true for new employees or younger staff who are new to professional practice and might not have the legal or developmental capacity to set their own course.

***Learning is holistic.*** “Use of self” is a hallmark of professional practice in behavioral health settings. Learning **encompasses an individual’s whole life, including mind, body, spirit, and community.** This includes addressing a person’s personal values, professional ethics, professional identity, sense of calling or mission, altruism, and status among peers.

**Learning is supported by peers and allies.** Mutual support, including the sharing of experiential knowledge and **skills as well as social learning,** play an invaluable role in adult learning. Professional peers encourage and engage other peers and provide one another with a vital sense of belonging, supportive relationships, valued roles, and community. By helping colleagues and giving back to the staff group or professional community, one helps one’s self. Peer-operated support and services provide important resources to assist staff along their journeys of learning and professional development. Trainers, supervisors, and administrators can also play an important role in the learning process by providing policies, procedures, and resources that support individuals in their chosen paths to professional growth within the parameters of their job description and program design.

**Learning is supported through relationship and social networks.** An important factor in the learning process is the presence and involvement of people who believe in the person’s ability to learn; who offer hope, support, and encouragement; and who suggest strategies and resources for change. Colleagues, supervisors, administrators, external auditors/reviewers, and other associates form vital support networks. Through these relationships, people leave ineffective professional roles behind and engage in newly effective roles that lead to a greater sense of belonging, empowerment, autonomy, social inclusion, and community participation and attuned, sensitive, congruent and competent as well as personalized to meet the individual’s needs.

**Learning is supported by addressing stress and trauma.** The experience of stressful or traumatic experiences (e.g., criticism of one’s work in front of peers, expectations of responsibility without commensurate authority, conflicting performance expectations, or repeated exposure to clients’ traumatic experiences) is often a precursor to or associated with on-the-job performance problems that can interfere with learning. Training and supervision should be trauma-informed to foster staff’s sense of safety and trust, as well as to promote choice, empowerment, and collaboration.

***Learning involves individual, work group, and organizational strengths and responsibility.*** Individuals, staff groups, and the organization have strengths and resources that serve as a foundation for learning. In addition, individuals have a **personal responsibility** for their own professional growth and

learning journeys. Individuals should be encouraged to speak for themselves. Significant others at work have the responsibility to support their colleagues and associates, especially new employees or neophyte members of the profession. Organizations have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and learning. **Individuals in a course of professional development also have a social responsibility** and should be able to join with colleagues and associates to speak collectively about their strengths, needs, wants, desires, and professional aspirations.

**Learning is based on respect.** Community and organizational acceptance and appreciation for people providing behavioral healthcare services are crucial in motivating and supporting learning. There is a need to acknowledge that taking steps toward learning may require great courage and commitment. **Self-acceptance, developing a positive and meaningful sense of professional identity, and regaining belief in one's self are particularly important.**



# Dissemination of Innovations



## Dissemination of Innovations

The diffusion of innovations theory, introduced by Everett Rogers (1962), explains how innovations are taken up in an organization or population. Innovations are ideas or behaviors that are perceived as new by its audience.

The theory explains the following:

- the qualities of an innovation that lead to the spread of an innovation
- the qualities of a receiving audience that lead to the spread of an innovation
- the importance of conversations and peer networks among members of the receiving audience
- the needs of different segments of the audience

The concepts and principles of the diffusion of innovations theory have been developed and tested in thousands of studies since their introduction to the social sciences in the 1960s.

### Innovation Qualities Conducive to Dissemination

Research on the dissemination of innovations theory shows that new behavior patterns, like new products, are adopted quickly to the extent that they meet the perceived and experienced needs of the individuals or groups that will be adopting the change. This is not accomplished when the change is developed by a distant authority that then looks for ways to persuade individuals to change. Instead, it is accomplished when those who are adopting the change participate in defining the nature of the change.

The Clinical Assessment Guidelines (CAG) involve both ideas and behaviors. Behavioral health providers of both inpatient psychiatric facilities and outpatient services—whose interventions have a bearing on how their clients are able to effectively engage in an involuntary detention—are the audience for adoption of the CAG.

There are many ways in which the CAG can benefit the staff who are being asked to adopt and implement them. Such benefits might be apparent to those who participated in the development of the Guidelines, but they may not be obvious to the thousands of inpatient service and other behavioral health staff statewide who are asked to implement them. By engaging those staff in a process like that used by the expert panels of the CAG project, they will have an opportunity to elaborate and clarify the Guidelines in a way that fits their needs as professionals and service providers.

Diffusion of innovation theorists have cited the following five qualities that determine the success of an innovation.

## 1. Relative advantage

The adoption rate of an innovation is directly related to the adopter's perception that the innovation is better than whatever preceded it. Effective dissemination of innovations elicits the potential adopters' perceptions of relative advantage and relative disadvantage, and then draws attention to the relative advantage when working with adopters to minimize the change's perceived negative impacts. For example, staff attention can be directed to evidence that the principles behind the Guidelines have been found to reduce the number of violent on-the-job encounters and improve relations with local law enforcement.

## 2. Compatibility with existing values and practices

The adoption rate of an innovation is directly related to the degree to which an innovation is perceived as being consistent with the potential adopter's values, past experiences, and needs. The Guidelines are consistent with the ethical standards and sense of mission commonly held by behavioral health staff. They can contribute to professional pride as staff see their values implemented and their clients effectively link the benefits of their inpatient experience with their lives in outpatient services and in the community. Inpatient staff could be reminded of the ethical standards of their various professions and problems arising in the past that would have been averted if the CAG had been in place.

## 3. Simplicity and ease of use

The adoption rate of an innovation is directly related to the degree to which an innovation is perceived as easy to understand and use. New ideas that are simpler to understand are adopted more rapidly than innovations that require the adopter to develop new skills and knowledge. Staff can be reminded of how the Guidelines are built upon values, concepts, and procedures that staff are already using, rather than presenting them as a revolutionary new approach to service delivery.

## 4. Trialability

The adoption rate of an innovation is directly related to the degree to which an innovation can be experimented with on a limited basis. The ability to subject an innovation to a trial reduces the potential adopter's sense of risk. The kinds of issues that might be of concern to a potential CAG adopter are the extent to which:

- supervisors and administrators recognize and reward implementation efforts;
- supervisors and administrators give "lip service" to the innovation while continuing to express a preference for the status quo;
- early adopters are provided with supportive training, consultation, and supervision focused on the requisite knowledge and skills;
- intended effects are actualized;
- unintended consequences result; and
- early adopters are admired and supported by peers.

## 5. Observable results

The adoption rate of an innovation is directly related to the ease with which the desired results of the innovation are achieved. Visible results lower uncertainty and stimulate peer discussion of a new idea, as colleagues of early adopter's request information about it. Results can be made visible using performance outcome measures that are routinely shared between management and service delivery staff.

Another key principle of diffusion of innovations theory is "reinvention." This refers to how well an innovation evolves from meeting the needs of early adopters to meeting the needs of more demanding and risk-averse individuals. Reinvention becomes possible when potential adopters are engaged in opportunities to elaborate and clarify the Guidelines to better fit their needs as professionals and service providers.

The concept of reinvention implies that no innovation should be a finished product. By engaging potential adopters in the future development of these Guidelines, staff are more likely to view them as their own rather than as something developed and handed down from "on high."

### Collegial Communications

Dissemination of innovations research has shown that training programs, like advertising, can introduce information about an innovation, but the innovation is spread through conversations among peers. Innovation involves risk and uncertainty. Potential adopters want to hear from those whom they know and trust who have adopted the innovation. Staff considering adopting the CAG want to determine from their peers' experience whether implementing the change will lead to embarrassment, humiliation, or wasted time, or recognition and reward. This is the same process experienced among many program directors who want to see what they can learn from demonstration projects before adopting an innovation.

Early adopters are those who seek the advantage of being on the leading edge of positive change. Their sense of personal security, confidence and relative familiarity with the knowledge and skills underlie a change process, which can lead to a willingness to take risks and present their work as a demonstration project.

Early adopters don't depend on peer-to-peer communications. They are out in front of the pack. Many diffusion of innovation campaigns actively use peer networks—for instance, using popular opinion leader techniques or various viral marketing methods. These methods recruit well-connected individuals to spread new ideas through their social networks. The success of opinion leader tactics has been empirically demonstrated in raising the standards of practice by medical doctors (Somrai et al., 1998) and encouraging safe sex in gay communities (Kelly et al., 1997).

### User Segments

Diffusion researchers distinguish between five different population segments, based on their propensity to adopt a specific innovation: innovators, early adopters, early majorities, late majorities, and laggards. Note

that these distinctions usually are made for marketing purposes in large populations, but the parallels to the staff of a large organization are easy to recognize. Also, note that individuals belong to one of these segments because of various factors, including their temperament, personality, and cultural influences. There is little to no evidence that a person can be shifted from one segment to another. An innovation campaign should be designed to meet the needs of each segment rather than attempt to turn everyone into an early adopter.

### Innovators

Innovators are usually few. They are the visionary, imaginative people. They are committed to investing time, energy, and creativity in developing new ideas and practices. They also take pride in talking about their ventures with others. Unfortunately, their focus on the leading edge can make them seem idealistic to the pragmatic majority.

In an effective innovation campaign, administrators should work with innovators in the following manner:

- Identify who the innovators are during the early stages of implementation. Participants on the CAG Expert Panels who have implemented many of the proposed Guidelines in their own practice are innovators.
- Provide endorsement and publicity for their ideas, especially among those who have been identified as early adopters (see below).
- Engage them as partners in designing broader scale projects that emerge from their ideas.

### Early adopters

Early adopters are those looking for new and better ways of doing things. They are likely to be the first to notice and consider adopting the ideas and practices of innovators, especially when they can see the potential of using the innovation to meet their personal needs.

They take pride in being on the leading edge of change and being viewed as leaders. Early adopters tend to be relatively secure, confident individuals who are well connected in their social circles. Their track record of success and leadership lends credibility to their ideas and practices. Like innovators, early adopters like to talk about their innovations. Whereas innovators need support in publicizing their ideas because of their reputations as idealists, early adopters are readily noticed and followed by their peers who want to see whether their innovative efforts succeed or fail.

It is what early adopters, not administrators, say about an innovation that determines its successful dissemination.

In an effective innovation campaign, administrators should work with early adopters in the following manner:

- Identify who they are during early stages of implementation. Look for those who, even before the introduction of the CAG, have already been early adopters of the Recovery Model, shared decision making, verbal de-escalation, and other principles prominent among the CAG.
- Make them aware of the innovators' exemplary ideas and practices.
- Offer strong support for a limited number of early adopters to test implementation of the new idea.
- Study the trial efforts carefully to discover how to make the idea more convenient, practical, and desirable to the larger staff.
- Reward their efforts with positive publicity within the organization and the broader community.
- Identify them as the leading edge, associating them with respected "celebrity professionals," such as widely respected therapists, theorists, and researchers, and esteemed associations and other organizations.
- Recruit and train some as peer educators who can systematically articulate their innovations to the broader audience of colleagues.
- Maintain relationships with regular feedback.

### Early majority

Early majorities consist of those who are pragmatic. They are comfortable with moderately progressive ideas but don't act until they see some credible proof of benefits. They are wary of passing fads. They want to hear that an idea or practice has become an industry standard and that it has been endorsed by others who are normal and respectable.

Compared to innovators and early adopters, those in the early majority are risk averse. They are looking for simple, proven, better ways of doing what they already do. They want simplicity with minimum disruption, time commitment, and learning. They feel as if they don't have time to think about an innovative project because they're too busy "resolving conflicts" and responding to their clients' immediate crises.

In an effective innovation campaign, administrators should work with early majority in the following manner:

- Present them with practical cases featuring endorsements from credible and respected professional colleagues.
- First introduce them to the Guidelines that are most familiar and closest to preexisting practices.
- Make it clear that the administration will back them if good faith implementation efforts lead to unanticipated problems.
- Simplify training programs and instructional aids.
- Provide strong supervisory and consultative support during initial implementation.

## Late majority

The late majority consists of conservative pragmatists. Although they are extremely risk averse, they are afraid of not fitting in with the mainstream community's standard of practice. They don't want to be seen as unwilling to adopt ideas and practices that have been formally established and widely recognized as standards. They are often influenced by the fears and opinions of laggards (see below).

In an effective innovation campaign, administrators should work with the late majority in the following manner:

- Focus on promoting social norms rather than just benefits of the innovation.
- Publicize the ways that other conservative colleagues think of the innovation as normal or indispensable.
- Keep refining the product to increase convenience and simplicity.
- Emphasize the risks of being left behind.
- Respond to criticisms of the innovation being voiced by laggards.

## Laggards

Laggards see a high risk in adopting new behaviors. They invest a great deal of time and energy thinking up arguments against new ideas and making their arguments known to others. In the early stages of an innovation campaign, laggards can probably be ignored. They become especially relevant when the attention comes to focus on late adopters, those who are most influenced by the laggards' criticisms.

In an effective innovation campaign, administrators should work with laggards in the following manner.

- Give them high levels of personal control over when, where, how, and whether they adopt the innovation.
- Maximize their familiarity with accurate information about the innovation.
- Draw their attention to how other conservative, risk-averse colleagues have successfully adopted the innovation.

Keep in mind that these five population segments are not based on anyone's conscious decision about any innovation. They are based on long-standing personality patterns.

Rogers (2003, 281) provides an estimate of these segments in the general population. Note that this is a rough estimate based on the general population, one that is not necessarily applicable to the staff of any behavioral health organization.

Innovators	2.5%
Early Adopters	13.5%
Early Majority	34%
Late Majority	34%
Laggards	16%

Because each segment becomes open to new information in a different way, it is difficult to address all segments at once. This is especially true when disseminating uniform standards of care such as the CAG.

Regardless of the size of each segment in an organization, the important thing is to identify those who already practice the innovation. Because the CAG are based on principles that have been endorsed and adopted in many segments of the professional practice community, it may not be necessary to look for innovators in a specific organization. If a significant number of staff are already engaging in a variety of Recovery Model practices, an innovation campaign might need to begin with a focus on the early majority rather than early adopters. If an early majority of staff are already engaging in such practices, an innovation campaign might begin by focusing on early adopters who are willing to use the systematic, codified, monitorable, and accountable approach to these practices provided by the CAG.



## REFERENCES DISSEMINATION OF INNOVATION



Kelly, J. A. et al. "Randomized, Controlled, Community-Level HIV-Prevention Intervention for Sexual Risk Behavior amongst Homosexual Men in US cities." *The Lancet* 350, 9090; Health Module p1500; 1997.

Rogers, E. M. *Diffusion of Innovations*. New York: Free Press; 1962.

Rogers, E. M. *Diffusion of Innovations* (5th ed.). New York: Free Press; 2003.

Rogers, E. M., and R. Agarwala-Rogers. *Communication in Organizations*. New York.

## The Role of Supervision and Middle Management in Policy Implementation

In view of the professional employee's level of knowledge and skill and his or her orientation to autonomy, supervision in a professional service delivery organization takes on a different focus than it might in, for example, a product manufacturing organization.

Although conceptions of supervision for clinical practice vary considerably, a sense of the issues involved is conveyed in the following definitions of supervision:

- “. . . an administrative process with an educational purpose” (Towle 1954)
- “. . . highest level employee and the lowest level manager . . . a sub-administrator and a supra-practitioner” (Towle 1954; quoted in Mizrachi 2010).
- “. . . the supervisor's responsibilities are both administrative and educative in nature. . . The ultimate objective of supervision is that through more effective effort on the part of its workers, an agency's services are improved in quality and its central purposes come nearer to fulfillment” (Wilson and Ryland 1949; quoted in Mizrachi 2010).
- “. . . an agency administrative staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate the on-the-job performance of the supervisees for whose work he or she is held accountable. In implementing this responsibility, the supervisor performs administrative, educational, and supportive functions in interaction with the supervisee in the context of a positive relationship. The supervisor's ultimate objective is to deliver to agency clients the best possible service, both quantitative and qualitatively, in accordance with agency policies and procedures . . . supervision is, thus, an indirect service” (Kadushin 2014).

Although the definitions vary, most presume a **supervisor**:

- has both an **administrative and educational purpose**;
- is **held responsible** for the work of supervisees; and
- **bridges the policy and service domains** of an organization.

A **consultant**, by contrast, has only the educational purpose.

(Consultation is) a process of interaction between two professional persons — the consultant who is the specialist, and the consultee, who invokes the consultant's help regarding a current work problem with which he is having some difficulty and which he has decided is within the other's area of specialized competence. The work problem involves the management or treatment of one or more clients of the consultee, or the planning or implementation of a program to cater to such clients.

Whereas the supervisor is responsible for a supervisee's overall development and performance, the consultant focuses on a specific work problem. And because the supervisor is **held responsible** for a

supervisee's work, the supervisor **has formal authority to direct that work and has a need to identify problems**.

The consultant, however, has only the authority of expertise and persuasion. A consultee can take the consultant's advice and suggestion or leave it. And it is up to the consultee to identify a problem and seek the consultant's help.

### Organization Domains: Where the Supervisor Fits into the Organization

A good way to understand an organization's structure and the relationship between direct service professionals with other levels of the organization is known as **Domain Theory**. Introduced by James Kouzes and Paul Mico, this theory views the organizational hierarchy as having three distinct, but interacting, domains:

- **The Policy Domain**—Those with the authority to define the organization's mission, goals, and policies.
- **The Management Domain**—Those delegated to see that the organization's policies are implemented.
- **The Service Domain**—Those who provide services to clients in compliance with organizational policies.

Each domain has its own structure, culture, and way of viewing the world.

- **The policy domain** interacts with the organization's **external environment**, the public, and the community organizations and government entities that represent the public. Its members are usually an organization's director and those who report to the director such as a deputy director, personnel director, finance director, or directors of the organization's major divisions.
- Its measure of success is **equity**. In other words, the policy domain is successful if it gains what it considers to be its fair share of the community's resources and if its own limited resources are equitably distributed among divisions, staff, and clients.
- In the policy domain, members are usually viewed as **representatives of constituencies**, and its gatherings (e.g., committee meetings, task forces) are viewed as an opportunity for **participation** among these representatives.
- The policy domain generally works through such modes as **voting, bargaining, and negotiating**. Note that these modes are ways of allocating power or resources and resolving disputes among people with power or resources.

- **The management domain** usually consists of middle managers and those who supervise direct service staff. Their culture tends to be concerned with **hierarchical control** and **coordination**. **Conformity to rules** is important to the management domain.
- The management domain's measures of success are **cost efficiency** and **program effectiveness**. It's not that the policy domain isn't also concerned about these things, but they spend less time thinking about them. Whereas the policy domain deals with representative and participative structures, the management domain deals with **bureaucratic** structures. It tends to use **linear techniques and tools** to set measurable staff and program objectives and to monitor performance.
- **The service domain** promotes a culture of **autonomy**, **self-regulation**, and **individual creativity**, especially when it is composed of professional staff. Its measures of success are **service quality** and maintaining **professional standards of practice**.

Members of the service domain tend to gather in **collegial** structures (e.g., case conferences, consultation groups), and its primary mode of work is **client-specific problem solving**.

### Problematic Consequences of Domain Culture Clashes

Several problems can arise because of these distinctions between domains.

1. **Separate identities**—Rather than develop a common cohesive sense of identity with the organization these domains often develop their own sense of identities, which leads to a fragmented vision for the organization. That's why so many individuals experience an identity crisis when promoted from one domain to another.
2. **The Rashomon effect**—Selective perceptions of organizational events are shaped by the three distinct domain cultures, and employees at each level see and interpret the same issues, problems, and potential solutions differently.
3. **Different norms**—Because each has its own set of (informal) rules, members of the three domains lose some ability to act in concert. It's easy to feel tricked or betrayed by someone in another domain because he was operating under a different set of rules, however well-meaning he might have been.
4. **Stress**—Stress results in the organization from the lack of harmony.
5. **Different change rhythms**—Each domain seeks a different pace of change because each is responding to different pressures.

## Managing Domain Stress

Kouzes and Mico offer advice for managing domain stress. It is primarily directed toward middle managers, but these principles can contribute to a better integrated organization when appreciated by all levels.

1. **Confront conflict.**
  - Because unresolved conflict can turn into rampant aggression, middle management, because of their liaison roles, plays an important role in managing conflicts.
2. **Explore new vistas.**
  - Organizational problems should be reinterpreted in terms of their natural causes and adaptive functions.
  - Domain theory clarifies that inter-domain conflict is natural and not a result of mismanagement.
3. **Recognize each domain's legitimacy.**
  - Each has a legitimate function in an organizational division of labor and in the organization's check and balance system.
  - Recognizing legitimacy conveys a sense of empathy and understanding and, in turn, builds trust.
4. **Generate shared identities.**
  - Identify superordinate goals and interpret them for their relevance to each domain.



5. **Develop stylistic flexibility.**
  - Management demands skills in prescribing goals, evaluating others, offering incentives, and exerting pressure on others.
  - The service domain prefers skills that contribute to collegial norms, active listening, reflecting understanding, and offering support. Supervisors and other middle managers should develop these skills.
6. **Empower others.**
  - A sense of powerlessness is the true origin of petty tyranny among managers and subversiveness among employees.
  - Middle managers need to learn to manage autonomy—for example, by giving service staff the information they need, setting clear expectations, and facilitating group development.
  - Promote joint problem-solving sessions between managers and service staff.
7. **Introduce change differentially.**
  - Propose changes in a way that is relevant to each domain audience. For example, service delivery staff would let middle management know how an idea will improve productivity. The policy domain should be informed about how an idea will strengthen the organization's image with the state legislature and the public.
8. **Think conjointly.**
  - Help each domain find ways to accomplish their objectives by working with the other domains.
  - One gains power by combining one's energy with the opponent's energy. One loses power by moving against another. This is known as the Aikido principle, referring to the martial art.
9. **Be humble and foolish.**
  - Recognize that much of what gets done in professional organizations is not under the control of managers or supervisors.
  - Encourage colleagues and associates to take risks and maintain a sense of humor.

## Supervisory Styles

The style of supervision is likely to influence a supervisor's effectiveness in reinforcing learning gains accomplished by staff in workshops and other in-service training contexts. Supervisory styles generally vary with the following:

- the organizational context
- the supervisee's level of skill
- the supervisor's personality

The following are commonly recognized styles:

- Laissez-faire
- Authoritative (or close supervision)
- Didactic (high use of advice, suggestions, interpretations)
- Insight oriented
- Feeling oriented

Any of these styles might be used in a way that is either **supervisee centered** (stressing professional growth, self-awareness, and professional relationships) or **task centered** (focusing on a specific practice skill or implementing a specific service). Supervisees generally want a mix of both, whereas supervisors, on average, tend to emphasize the task-centered focus.

### Problematic Supervisory Styles

Several problematic supervisory styles have been identified in the social work literature. Some of the more prominent styles are:

- **constrictive**, in which the supervisor restricts the clinician's autonomy, forbids the use of certain techniques, makes decisions for supervisees without consulting them, and leaves the supervisee with a feeling of being "smothered";
- **amorphous**, in which the supervisor's expectations are vague;
- **unsupportive**, in which the supervisor is cold, aloof, and hostile, and he or she exacerbates the supervisee's anxieties and fears; and
- **therapeutic**, in which the supervisor attempts to determine which of the supervisee's deficiencies are causing **inappropriate** behaviors without giving due consideration to the organizational or clinical context of the problem.

Often problematic supervisory styles stem from a supervisor's lack of comfort in assuming leadership and authority, often based in turn on a supervisor's lack of confidence in his or her ability to effectively implement the supervisory role. Such supervisors tend to fall into extreme positions regarding authority.

- In "**games of abdication**" a supervisor sets up conditions so that he or she is unable to exercise authority. The supervisor withdraws from making decisions, taking risks, and taking part in change. Examples include:
  - "They won't let me," in which a supervisee is told that the supervisor agrees with the supervisee's perspective, but that the policy level of administration prohibits acting on that support;
  - "Poor me," in which the supervisor becomes so preoccupied and overwhelmed with administrative detail to the point where there's no time to effectively exercise authority;

- "I'm really one of you," in which the supervisor actively seeks to blur the role distinctions between a practitioner and middle manager;
  - "I'm really a nice guy," in which the supervisor strives to socialize with supervisees, thereby blurring role relationships and potentially creating a dual relationship; and
  - "One good question deserves another," in which a supervisor avoids taking a position in response to staff requests for information and direction. For example, "Gee, I don't know. What do you think? Why don't you study the issue? Go see what others think."
- In **"games of power"** a supervisor treats her authority as omnipotent; for example, rigidly giving fixed assignments without negotiation. Examples include:
    - "Remember whose boss," in which the supervisor gives direction without providing a rationale or explaining the purpose of the directive;
    - "Father/mother knows best," in which the supervisor expects the supervisee to simply trust in the supervisor's expertise without further explanation;
    - "I'll tell on you," in which the supervisor threatens to engage the policy level of administration by punishing a supervisee for noncompliance with a supervisor's requests or directives; and
    - "I know you can't do it without me," in which the supervisor covers up or "fixes" the consequences of a supervisee's mistakes without helping the supervisee to improve his or her performance.

These problematic supervisory styles are stressful for supervisees. They attempt to cope with such objectionable styles by doing the following:

- distorting information reported to the supervisor
- avoiding sensitive issues during supervision sessions
- digressing
- raising "red herrings" to distract the supervisor



# Performance Criteria for Effective Supervision



## Performance Criteria for Effective Supervision

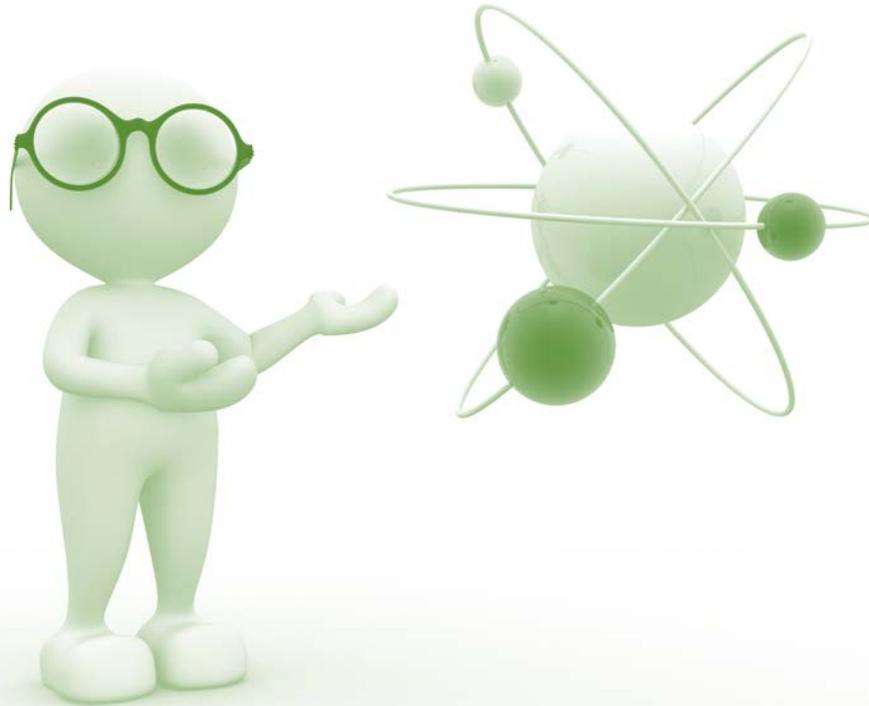
Effective supervision is characterized by clarity, equity, leadership, and balance. The following qualities are important indicators of supervisory performance, **useful as a frame of reference for a supervisor's own performance evaluation.**

### An effective supervisor does the following:

- develops clear definitions of goals, objectives, and tasks
- sets equitable expectations for quality and quantity among supervisees
- balances supervisee's backgrounds and needs with agency requirements
- balances use of praise with use of constructive critical feedback
- **integrates** the work of others
- **supports service delivery**
- **provides a linkage function** between the organization's internal divisions and external constituencies.
- helps workers feel valued and needed by the organization
- allows supervisees to discuss issues in their own terms
- builds trust by being consistent and following through on commitments
- conveys a sense that he or she will support supervisees in their efforts
- gives clear feedback—positive feedback publicly and critical feedback privately
- gives feedback in a timely manner
- accepts responsibilities for his or her own behavior, including mistakes
- when problems are identified, engages supervisees in exploring solutions
- openly encourages communication that includes diverse points of view
- focuses discussions on issues and feelings, not individuals
- acknowledges when quality and quantity need to be balanced
- maintains substantial support of the organization's policies while using judgment about where to draw the line in balancing compliance with responsiveness to clients and professional standards (i.e., is willing to take calculated risks)
- uses humor in tense situations
- fosters interdependence and teamwork
- uses both formal and informal approaches to teaching while engaging staff in teaching one another
- challenges agency policy that conflicts with professional imperatives
- engages supervisees in setting clear expectations
- engages supervisees in mutually determining the authority and responsibility they need for accomplishing tasks
- interprets the needs of supervisees and superiors to one another

## References

### Role of Supervision and Middle Management in Policy Implementation



Falender, C. A., and E. P. Shafranske. *Clinical Supervision: A Competency-Based Approach* (2004) by <http://psycnet.apa.org/psycinfo/2008-06295-000/>

Kadushin, A. *Supervision in Social Work*. New York: Columbia University Press; 2014.

Mizrahi, T., and L. E. Davis. *The Encyclopedia of Social Work*. 4 vols. Washington, DC: National Association of Social Workers Press; 2010.

Munson, C. E. *Handbook of Clinical Social Work Supervision* (3rd Ed.). New York: Haworth Press; 2002. Pages 182–183

Towle, C. *The Learner in Education for the Professions as Seen in Education for Social Work*. Chicago: University of Chicago Press; 1954.