The Keys to Unlocking Success

Becoming a “SUPER SUPERVISOR”
TRAINING OVERVIEW

- Supervisor’s Role and Responsibility
- Protecting Yourself from Liability
- Boundaries
ICE BREAKER

Describe Your “Ideal Supervisor”
SUPERVISOR’S ROLE AND RESPONSIBILITY

- Supervision of social service workers within the MACF and MAPP Programs.
- Work includes responsibility for:
  - the quality and quantity of preventive and protective services
  - Assigning and directing the work of subordinate staff;
  - Making recommendations in disciplinary matters;
  - Assisting in staff selection;
  - Conducting performance evaluations;
  - Participating in management planning and participating in program revision and grievance resolution.
THE MOST IMPORTANT PART OF THE JOB

- Getting others to become self-directed - “getting things done through others”
  - Challenge your employees
  - Help them accept and welcome responsibility
  - Understand them and find a way to gain their commitment and support
  - Remove barriers to their success
    - Organizational barriers
    - Technical barriers
    - Psychological road blocks
SUPERVISOR’S PRIMARY RESPONSIBILITIES

- Developing
- Teaching
- Planning
- Organizing
- Staffing
- Directing
- Evaluating
THE ONE THING “NOT” TO DO

The one role you cannot adopt as a Supervisor is the role you just vacated-

- The team’s best worker
- Top technician
- Most productive employee

“Remember, your job as the Supervisor is to get things accomplished through other people”
5 ATTITUDES FOR SUCCESSFUL SUPERVISION

♦ I am a member of Management
♦ I am responsible for the performance of my entire team
♦ I am a model for high standards
♦ I am flexible
♦ I am able to forgive myself for my mistakes
MANAGEMENT EXPECTS A SUPERVISOR TO:

- Ensuring job completion
- Delegate tasks and develop others
- Solve Problems
- Monitor and Evaluate Employees
- Pay attention to budget
- Set and follow priorities

- Understand Management goals
- Keep Management informed
- Communicate Management Philosophy
- Keep Morale up
- Enforce Discipline
- Enforce policy
EMPLOYEES EXPECT SUPERVISORS TO:

- Support them
- Respect them
- Provide monetary rewards/promotions
- Be consistent
- Be fair
- Provide goals and direction
- Provide feedback about performance
- Provide motivation
- Delegate tasks
- Represent their interests
- Fight for them when necessary
- Provide direction and goals
- Train/Model skills
PURPOSE OF HUMAN SERVICE MANAGEMENT

- To ensure effective and efficient use of Organizational Resources
- To attain Organizational Goals
  - Material Resources
  - Mechanical Resources
  - HUMAN RESOURCES
ORGANIZATIONAL CHANGE

- Environmental Change
- Structural Change
- Functional Change
- Personnel Change
CONTROL FUNCTIONS

- Quality - How Well?
- Quantity - How Many?
- Administrative Resource
AUTHORITY FUNCTIONS

♦ AUTHORITY
  – Regulatory Authority
  – Authority of Competence
TEACHING FUNCTIONS

- Assess performance and its antecedents
- Order and structure content
- Execute appropriate methodology
- Evaluate outcome of intervention
TEACHING ROLES

- Line Supervisor
- Case/Program Consultant
- Staff Development
Where does the notion of Boundary come from in clinical supervision?

What are examples of poor boundaries that you have come across in your own practice?
WHERE DOES THE NOTION OF “BOUNDARY” COME FROM IN CLINICAL PRACTICE?

1. Nature of the Clinical Relationship
   – Professional:
     • Conscious
     • Responsible
     • Disciplined
     • Use of self to produce behavioral change on another human being in partnership with him/her
WHERE DOES THE NOTION OF “BOUNDARY” COME FROM IN CLINICAL PRACTICE?

♦ Vehicle of Change:
  • Relationship is what drives the change process forward
  • It accounts for client motivation and client success more than any other single dimension of clinical practice
  • Contains within it:
    – Acceptance, non-judgmental attitude, individualization of the client, respect for the individual’s dignity and worth, promotion of client’s self-determination, consistent effort to balance to use of regulatory authority and professional authority
WHERE DOES THE NOTION OF “BOUNDARY” COME FROM IN CLINICAL PRACTICE?

2. Clinical Supervisory Relationship is a parallel process to the worker/client helping relationship.
   - Not equal and non-reciprocal hierarchy
   - Purposeful
   - Conscious use of self
   - To meet the needs of others (supervisee)
DUALITY OF THE RESPONSIBILITY OF THE SUPERVISOR

- To the agency mission and purpose
- To the individual whose performance and professional growth and development are rooted in the supervisory relationship
BOUNDARY TERMINOLOGY

- Boundary
- Boundary Permeability
- Boundary maintenance activities
- Boundary transparency
BOUNDARY SETTING IN CLINICAL SUPERVISION

♦ Responsibility of the Supervisor requires:
  • Knowledge of agency structure and culture
  • Knowledge of the nature of the work the supervisee must do and the performance demands of the specific job
  • Knowledge of the agency and the professional standards for supervision
  • Assessment of the supervisee
  • Attention to fairness and equity within the supervisory unit and across units within the same organization
BOUNDARY SETTING IN CLINICAL SUPERVISION

- Liability of the Supervisor for the Supervisee’s practice supports the notion that boundary setting is the right and responsibility of the Supervisor.
  - Supervisor has direct liability
  - Supervisor has vicarious liability
DILEMMAS IN BOUNDARY SETTING

- Breaking trust in the relationship
  - How does a Supervisor contribute to this?
  - How does a worker contribute to this?

- The Supervisory relationship is a hierarchical power relationship not one of equals.
DILEMMAS IN BOUNDARY SETTING

- Dual relationships cause issues in boundary maintenance:
  - Sexual Boundary may be violated
  - Financial, social, familiar, political connections may stress or dilute the supervisory boundary
  - Supervisor, or supervisee, who tries to become “therapist” to the other may further expose the vulnerability of one party and erode the supervisory authority necessary for the process of supervision.
  - Supervisor takes on current or former clients (adoptive parent; foster parent) or colleagues such as supervisees Unequal personal knowledge and supervisee vulnerability from the beginning
  - Supervisor takes on former co-workers as supervisees
COMPLICATIONS IN BOUNDARIES WITHIN COMMUNITIES

- High visibility of personal lifestyle of Supervisor and Supervisee within the community environment- “know” things never introduced in supervision
- Grapevine of gossip
- Clientele/foster parents know each other- freely discuss behaviors of workers and supervisors
- Work-related activities encourage social(equal) relationships among agency staff
- Co-worker become the major social companions of staff too busy to keep up outside friendships
GROUP ACTIVITY

Read the given scenarios and determine what the boundary issue(s) is and discuss what the appropriate resolution would be.
PRINCIPLES AND TACTICS OF BOUNDARY WORK

- Open communication from the beginning
- Exploration of the inherent authority in the supervisory role
- Open discussion of the history of the relationship between the two parties
- Agreement between the two parties on when and how they will socialize together
- Supervisor-as-middle-manager
- Joint responsibility for agenda-setting for supervisory conferences
- Quick attention by supervisor to any concerns in performance
RESOURCES

- Dr. Joanne Mermelstein, University of Missouri-Columbia, Boundary Concepts and Issues in Clinical Supervision.
- Missouri Department of Social Services Supervisor training (1990).
- Dr. Paul Sundat, University of Missouri-Columbia, Fundamentals of the Clinical Supervisory Process.