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The Supervision Curriculum for Family and Person Centered Practice - *Supervision 101: The Fundamentals of Supervision*

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Learning Objectives

The Supervision Curriculum for Family and Person Centered Practice – *Supervision 101: The Fundamentals of Supervision*

❖ Introduction

Readers will be able to:

- Define at least 10 major responsibilities supervisors have
- Describe how to best use the Supervision Curriculum

❖ What is Family and Person Centered Practice?

Readers will be able to:

- State at least five values or principles central to Family and Person Centered Practice
- Describe at least five reasons why each value or principle is important

❖ The Supervision Commandments

Readers will be able to:

- Accurately state at least 10 important issues for supervisors to consider in their day-to-day relationships with and management of staff

❖ Employee Safety

Readers will be able to:

- Predict possible negative responses from consumers and families staff may encounter in the field
- Describe at least five things that could compromise employee safety
- State when employees should monitor their own and their consumers' and families' safety
- State at least three differences between coerced and voluntary services as they relate to employee safety
- Describe at least three elements of Family and Person Centered Practice that help employees stay safe

- Accurately state whether or not children and vulnerable adults can be removed from environments when imminent risk of serious harm or illegal behavior is the direct result of poverty
- State what supervisors should do to help staff engage with law enforcement personnel
- Describe three ways supervisors teach staff to be safe
- List at least ten things staff should consider as they assess their own safety
- Describe how staff should observe and enter environments to maximize their safety
- Describe the conditions under which staff should leave an environment immediately, how they should do so and what they should do next

❖ Employees and Disability

Readers will be able to:

- Describe at least five issues that should be addressed when employees are dealing with disabilities

❖ Supervisors, Staff and Professional Relationships

Readers will be able to:

- Describe at least three ways supervisors set boundaries with employees
- Describe how to use group and one-on-one meetings with staff to set and maintain boundaries
- Define at least five issues to consider in making boundaries clear and specific
- Name five concepts supervisors should be aware of in terms of conversation boundaries
- State three specific things supervisors can do to avoid boundary compromises
- Name three ways supervisors can focus on developing relationships with other leaders

❖ Responding to Staff Behavior

Readers will be able to:

- Respond effectively to staff behavior
- Help employees improve their behavior
- Effectively analyze and address employee problem behavior

- ❖ Employee Strengths and Needs Assessment
 - Readers will be able to:*
 - Assess employee strengths and needs
- ❖ Post Assessment Analysis Tool
 - Readers will be able to:*
 - Use the information from the above assessment effectively
- ❖ Employee Motivation Worksheet
 - Readers will be able to:*
 - Identify and define how to best motivate each employee
- ❖ Employee Skill Acquisition Worksheet
 - Readers will be able to:*
 - Identify how they will help each employee acquire new skills using direct instruction, modeling and motivational strategies
- ❖ Evaluating Treatment and Service Plans
 - Readers will be able to:*
 - Review and evaluate Treatment and Service Plans effectively to determine if they reflect key Family and Person Centered Practice values and principles:
 - Compassionate
 - Individualized
 - Community based
 - Culturally competent
 - Consumer/family driven
 - Outcome focused
 - Needs driven
 - Unconditional
 - Normalized
 - Team developed and supported
 - Strength-based
 - Safe
 - Flexible and flexibly funded
 - Continue the above referenced evaluation by determining if there is sufficient contact between employees and consumers/families and if required documentation is complete and where it is supposed to be

- Complete the Treatment/Service Plan review by evaluating the plan overall:
 - Is the plan individualized?
 - Does the plan make sense?
 - Is it fiscally responsible?
 - Does it minimize dependency?
 - Does it address follow through where needed?
 - Does it address significant improvement in important areas of the consumers/family's lives?

- ❖ Practical Staffing for Family and Person Centered Practice
Readers will be able to:
 - Review and learn organizational policies that relate to employee recruitment, screening and selection
 - Differentiate what employees do in Family and Person Centered Practice from what they do in traditional practice
 - Describe at least ten attitudes, attributes and personal characteristics of people who are good potential employees for Family and Person Centered Practice

- ❖ Recruiting Family and Person Centered Practice Staff
Readers will be able to:
 - Determine priority characteristics needed in applicants for positions in their organizations
 - Describe how to use primary and secondary audiences to maximize applicant pools
 - State at least five strategies to recruit staff

- ❖ The Selection Process: Interviewing Employees
Readers will be able to:
 - Describe at least ten questions that could be used in interviews with prospective employees
 - Use scenarios that contain safety issues to elicit written responses from prospective employees to evaluate their judgment, professionalism and writing ability

- ❖ How to Retain Staff and Keep Them On Track
Readers will be able to:

- State at least ten things they can do that will increase their ability to retain key employees
- ❖ **Boundaries: Where are the Boundaries?**
Readers will be able to:
 - Determine the best resolution for complicated boundary issues
- ❖ **Roles that Staff May Play in Family and Person Centered Practice**
Readers will be able to:
 - Describe a variety of roles employees may be called upon to fill in Family and Person Centered Practice and lead discussions with staff on this aspect of their work
- ❖ **“Remote” Supervision: Off-site Staff**
Readers will be able to:
 - Describe why supervision of off-site staff is challenging
 - Name at least five things supervisors need to know about off-site staff
 - Describe at least three ways supervisors can use schedules, file and record reviews, work products and spot checks to monitor off-site staff
 - State why supervisors check up on employees
- ❖ **Critical Incident System**
Readers will be able to:
 - State at least 5 reasons to define certain incidents as critical
 - Describe the Reporting Protocols for Priority 1, Priority 2, Priority 3 and Priority 4 incidents
 - Complete the Critical Incident Report Form and the Critical Incident Reporting Form for family members as needed
 - Adapt the above to better match a particular service or program
- ❖ **Employee Scenarios for Discussion: Policies, Procedures and Action Plans**
Readers will be able to:
 - Respond to a variety of work situations in terms of organizational policies, procedures and action plans that are likely to be effective

❖ Conflict and Mediation

Readers will be able to:

- State at least five things to consider when they are dealing with workplace conflicts
- Predict the likeliness of conflict in work environments
- State at least three ways for staff to reduce conflict with consumers and families
- Describe at least six conflict management and resolution strategies supervisors can use in employee-employee conflict
- Describe how to handle conflicts in meetings
- Describe how to be a leader in out-of-control meetings or discussions
- Describe how to be right when you are
- Describe how to avoid being intimidated by colleagues

❖ Workplace Culture

Readers will be able to:

- Understand and manage the culture of their work places effectively

❖ Time Management

Readers will be able to:

- State the role of supervisory modeling in setting standards for time management
- State six simple rules for time management
- Assess the amount of time required to complete simple work and personal tasks
- State at least seven guidelines for efficient time management
- Define and suggest solutions for organizational barriers (external and internal), barriers that are inherent in working with people and barriers that are inherent in being a person
- Identify what is and isn't getting done at work and at home and determine best responses to time busters, critical events and crises and help staff do the same
- Document the things you must document as effectively as possible and help staff do the same
- Keep track of what you're supposed to be doing weekly and monthly to help consumers and families achieve important outcomes and help staff do the same

Introduction

Supervisor! What a word! What a job! Here's some of what it means:

- You are now actually responsible for what other people do, how they do it and when, even though you're mostly not around when they do it. No excuse or rationale can change that now. That's why you make the "big bucks" (!?!)
- You have to accurately and frequently find ways to capture the results of staff activity and report them to many people who will want and need to know whether or not the services you provide are working.
- You'll get verbal reports from staff so you can gather the information you need to manage them. You will still need a second source of information that confirms (or doesn't) each staff member's reports. This isn't paranoid; it's responsible and practical.
- The information you get about what employees are doing is useful to the degree that it is unbiased. You'll have to develop as many information sources as you need to stay informed, even when it takes awhile to get the information you require.
- With the people you supervise, you'll have to get consensus on at least a few outcomes that are their current priorities for skill development and acquisition. You'll also need to identify key skills that will help staff succeed even when there's no consensus.
- You'll definitely have to make sure that you know what the people you supervise do well and what they need to best capitalize on their strengths.
- Whether or not anyone is doing the same thing for you, you'll be acknowledging, from the heart, what is impressive, inspiring and heroic in your staff. It's there; it may sometimes be hard to find. Look for it and never, never take it for granted.
- You'll also have to tell the truth. Don't even try to "work" staff covertly. It's insulting and most people can immediately tell the difference between truth and manipulation. If you say it, you'd better mean it. If you don't mean it, don't say it.
- On top of all that, you will (hopefully) allow yourself to really hear what staff and the people and families they serve are up against. Balance your conversations with staff by talking to consumers and families. If there's conflict between what each group says, you'll often find that the truth is right in the middle.

Do you still want the job? If you do, here comes some advanced multi-tasking. As you embrace or improve upon your role as supervisor, try to take one step at a time and learn as much as possible. Think about supervisors you've had or whom you've known

or observed. Get as specific as possible as you recall which of those examples you'd like to incorporate into your own supervision style and what you'd like to avoid. An ongoing list of Yes: Things I'll Do and No: Things I Won't Do is a helpful companion to both supervisory training and supervision.

This curriculum is a tool intended to help you get started in acquiring or increasing supervision skills. It can't – and won't – replace the function of human resource professionals who have expertise beyond what can be written here. Smart supervisors work closely with colleagues who can help them with any issue related to staff: recruiting, hiring, intervening and so on. Supervisors should consider having their human resource people look over this curriculum and get their advice and input on anything that doesn't conform to policy at your organization.

This supervision curriculum, despite our best efforts, isn't complete. You'll need different skills for a variety of situations, some that you've thought about in advance and others that are unanticipated. You'll need to become specific and ever more skillful in ways that relate to the service you and your staff are providing. The curriculum is also incomplete because of the wise observation of many who have come to this work before you: stuff happens (translate at will).

Welcome to supervision.

What is Family and Person Centered Practice?

Although many people, including consumers, families and professionals, talk about Family and Person Centered Practice, they rely on a variety of definitions and descriptions identifying exactly what this practice entails. Over the last decade, consensus has developed and become more specific on the core values and principles that determine whether or not services, systems of care and support strategies are truly family and person centered.

In this brief introduction, the emphasis is on those core values and principles. It's important to remember, though, that knowing about, defining or training people on values and principles alone does not necessarily change what workers actually do in the field with real people. Unfortunately, training that relies exclusively on values and principles does not seem to have an impact on practice¹.

Still, a brief explanation of these values and principles is presented here because it is important for supervisors to be familiar with them. Please see *Supervision 301 – The Clinical Track* to see what specific actions comprise Family and Person Centered Practice. When those actions are identified and understood, staff will be better able to see the values and principles in context and understand how and why they are significant.

In times of trouble, many of us can count on our people – our family, friends, and neighbors – to rally around us. It happens automatically, without a master plan. It's the best in us that compels us to reach out to each other in times of need.

Reflect on the moments in your life when you and those around you have faced major changes, tragedy, grief or sadness. Whatever your circumstances – death, divorce, a challenging situation, a disability – what happened? Did anybody try to help? Did a supportive circle of people who cared gather around you? Were you reminded that no matter what, you have a lot going for you? If so, you may have experienced the heart and soul of Family and Person Centered Practice without even thinking about it.

Have you seen stories about communities coming together heroically to address all sorts of crises? Have you heard of families with multiple births and the support they find in grandparents, friends and neighbors? How about the caring, brave people who donate an organ or bone marrow to someone who needs it? When there is horribly sad news – a plane crash, a tornado, a flood – people often react in heartwarming ways. The practical compassion that characterizes these inspiring efforts is the same force that drives Family and Person Centered Practice. If you have ever been involved in a situation like any of these, you may have been part of a family and person centered solution that grew naturally around people who needed help.

¹ Inside Wraparound's black box: Ecological systems theory and theory of team development, Roslyn Bertram, Ph.D. and Barry Bertram MSW, MBA, *Community Partners Inc. Wraparound Newsletter*, Volume 2, Issue 1

Unfortunately, this natural response isn't available to many individuals and families who need it most. They end up needing – and using – services from state and community agencies. For them, the concepts that guide Family and Person Centered Practice define how services provided by these agencies are supposed to operate. For others, the support – at least some if it – is there, but disorganized. Family and Person Centered Practice, for these folks, is the sensible organizing principle that ensures that help is there every day it's needed rather than the feast or famine experience that often arises from willing support that is not organized.

People who depend on help from organizations, schools, and agencies are sometimes frustrated because the programs available to them do not meet their needs adequately. Others are frustrated because the services they need are simply not available to them because there are gaps in their local system of care.² It's not surprising that these consumers and families are interested in Family and Person Centered Practice. It represents their best chance to get what they need.

Consumers and families are not alone in their interest in Family and Person Centered Practice. Professionals and decision makers who participate in human service efforts are often equally frustrated from confronting constant evidence that one size does **not** fit all. They hit one brick wall after another, trying to be as flexible as possible in work environments that are regulated and funded in ways that limit creativity. In many communities, people in need and their families and helping professionals are working together to make Family and Person Centered Practice available to individuals and families who have complex, unmet needs.

Family and Person Centered Practice is based on a set of values and principles that ensure it is:

- | | |
|--------------------------------|-------------------|
| ◆ Compassionate | ◆ Outcome Focused |
| ◆ Individualized | ◆ Needs Driven |
| ◆ Family/Person Driven | ◆ Flexible |
| ◆ Strength-Based | ◆ Flexibly Funded |
| ◆ Culturally Competent | ◆ Unconditional |
| ◆ Team Developed and Supported | ◆ Normalized |
| | ◆ Community Based |

These values have implications for...

- ◆ Direct Practice
- ◆ Program Design and Implementation
- ◆ Systems of Care

² Profiles of Local Systems of Care for Children and Adolescents with Severe Emotional Disturbances, Beth A. Stroul, M.Ed., Ira S. Lourie, M.D., Sybil K. Goldman, M.S.W., and Judith W. Katz-Leavy, M.Ed., 1992

Compassionate

When we say that Family and Person Centered Practice is compassionate, we mean that one of its bedrock principles is “There but for the grace of God, go all of us, if not now, then in time” (or substitute good luck or whatever language best reflects the beliefs of the consumers and families you serve).

Life hands out a variety of experiences to people, whether we like it or not. We never know what those experiences will be, when they will happen or who they will affect. We only know that every corner we turn in life will bring a surprise. The surprise may be joy beyond belief, pain we can’t imagine or anything in between. But we never know what to expect. We can’t predict it or prepare for it. The fact that people get up every day and face the mystery and uncertainty of life requires profound courage and that courage makes them heroes. Their heroism is one of the basic assumptions of Family and Person Centered Practice. We find solutions for heroes so we need to remember that in everything we design, everything we do and everything we fund.

Individualized

By now, most people agree that cookie cutter treatment and service plans never really did work well. In fact, one of the earliest definitions of insanity was for a person to do the same thing over and over and expect different results. If you can’t get that baseball cap or hospital gown to fit right, you are not alone.

One of the key assumptions in Family and Person Centered Practice is that people approach service providers because they want to make changes in their lives (called Outcomes in Family and Person Centered Practice). They come to human service professionals because they have unmet needs. Those needs are best met with strategies that are specific to the desired outcomes, the exact needs and the strengths, beliefs, cultures and values of the people involved.

That’s the long way of saying that people really are different; that they want what they value personally. No assembly line, generic thinking can address that truth. Each consumer or family represents a completely new situation and that must be understood. Generic solutions tend to fail.

Family/Person Driven

If practice is to be considered Family/Person Centered, it must clearly be family/person driven. Driven is a stronger word than centered. It means that the family and consumer have an appropriate level of authority in the process. It’s only through that authority that they are able to really be the center of their plans. As service providers, we must always be aware that it’s their lives we’re talking about. Families and consumers are usually the experts on what they need. They know themselves, their relatives and their children better than even the most experienced and educated professionals. When they “call the shots,” interventions are more likely to fit and to be culturally competent. That means they are also more likely to be effective and produce changes that are important to consumers and families.

Strength-Based

When we – i.e., people – face a challenge, we turn not to our deficits and mistakes but to our faith, our families and our friends to get us through whatever life throws in our direction. We have weaknesses – lots of them – but our strengths often hold the answer to both our challenges and our weaknesses.

Strength-based strategies “feel right” to people. They match their beliefs, skills and personal resources. The best path to address the challenges life presents to us is usually through the good things that reflect the very best of who we are.

Culturally Competent

We most often notice culture when it is violated or misunderstood. Still, cultural competence remains one of the key elements in intervention planning and design in Family and Person Centered Practice. It influences whether or not what is planned actually fits the people for whom the interventions are designed. Culture is also a prime determinant of how families care for fragile persons or how they raise children.

Sometimes people think that if they learn six or eight cultures as thoroughly as possible, they are, as the saying goes, “good to go.” There are millions of cultures in the world and human service practitioners must learn each new culture they address, as necessitated by every person and family they serve.

Team Developed and Supported

One of the characteristics of Family and Person Centered Practice is that plans are usually developed and implemented by teams. These teams may be large or small; they change over time and they are different for every family and person served. When services and supports are team developed and supported, at least one and hopefully more people are paying attention to a family’s or person’s plan and are trying to ensure that it is implemented.

Team members are selected and included because they bring needed insights, skills, information, relationships or other important things that trigger their inclusion. They participate when and as long as they are needed. Team members directly influence the development and implementation of each plan.

Treatment teams include both professional service providers and informal resource people like family members, friends and neighbors. The more informal resource people participate in the plan, the less likely it is that consumers and families will develop unduly dependent relationships with service providers and systems of care.

Outcome Focused

People don’t participate in Family or Person Centered Practice because they want their lives to remain exactly the same. They engage in systems of care because they want something to be different – better – than it normally is in their day-to-day lives.

Those differences, those changes, are outcomes; results that reflect what people want to achieve in their lives and in the lives of their families. The most basic assumption of Family and Person Centered Practice is that positive change is the governing principle guiding all activities.

Accountability is a central focus for Family and Person Centered Practice. The definition, statement of and measurement of the outcomes of each person's plan tracks directly from how well or poorly each strategy actually works or doesn't work to support outcome achievement.

Needs Driven

The ability of practitioners to create a truly individualized plan is directly related to whether or not the plan specifically spells out unmet needs. If plans instead detail service statements, planners arrive immediately at a basic yes or no decision: she needs therapy or she doesn't; he needs foster care or he doesn't.

When planners flesh out the needs of a family or person specifically, instead of focusing on programs and services, opportunities to directly address needs increase immediately. If the need is for someone with whom to converse and process complicated emotions, therapy is one of many options to meet that need. When the need is for someone to nurture, protect and supervise an individual, foster care is one of many options. With needs statements, planners are able to avoid forced yes or no choices.

Safe

The safety of consumers, families and communities is always a priority in Family and Person Centered practice. Many overall treatment and service plans include specific, individualized responses put in place to address safety compromises, possible crises or potentially problematic transitions. These plans are developed to reduce and eliminate exposure to risk for those involved and others near them.

Flexible

Family and Person Centered plans are flexible because each person, each family and each system of care is different. Every response to human need has to be "adjustable."

Family and Person Centered plans include regular categorical services when they fit and when an individual or family wants to use them. They include modified categorical services as well when the modifications allow the service to better fit the people for whom it is intended. When a family or individual has needs that can't be met by anything in the current local system of care, planners "punt" and create something that fits.

These three approaches comprise flexible thinking and planning in Family and Person Centered Practice.

Flexibly Funded

Innovative strategies sometimes aren't easy to pay for under current or traditional funding practices. Families and consumers don't always need or want what is paid for in budget lines or allotments that remain the same, year after year.

Flexible funding, when it is available, must be used carefully. Each flexible expense must be matched with corresponding outcome and need statements. Beyond that simple requirement, the only limitation to flexible funding is the amount of creativity each team brings to each situation and each plan.

Unconditional

Family and Person Centered plans are unconditional when local systems of care require that families and consumers are not terminated when and if they don't fit traditional definitions and assumptions about services and success.

When plans don't work, or when they don't work as well as expected, the value of unconditional care requires planners to keep trying until they create plans that actually work. This means that people are not kicked out of where they are when being there doesn't immediately produce the desired result. It means that services are not summarily terminated because the services aren't going well. Instead, the services are adjusted until they work.

Unconditional care does not mean that people who need or whose behavior warrants safer, more structured or more restrictive forms of care don't get them, sometimes immediately. Similarly, it doesn't mean that when you commit the crime, you won't do the time. It means that the Family and Person Centered team adapt the plan in response to changed circumstances that reflect current needs. Nobody gets "kicked out." Instead, plans are altered to reflect needs as they change and evolve.

Normalized

In Family and Person Centered Practice, outcomes (i.e., results) and needs reflect common norms in human development. This is important because in many traditional planning approaches, workers tend to raise the bar too high – or far above or removed from – what people can realistically be expected to do given their age, situation and development.

If parents really do raise their voices from time to time, normalized planning acknowledges that reality. If children do not magically achieve positive self esteem by certain landmarks – age, experience and so on – normalized planning reflects that reality.

Community Based

Community based services allow many families and consumers to get their needs met so that they may remain together, in their homes, while receiving the treatment they need. This allows their families and friends to participate in and support treatment. It also reduces the likelihood that people will have to choose between getting what they

need and remaining connected to homes, jobs, faith organizations and the people they care about.

Making services community based also addresses an important challenge that is directly related to whether or not the results achieved in treatment are durable over time. When consumers and families achieve desired changes and outcomes that are important to them and their communities in settings that are very different from their homes, job sites, schools and neighborhoods, the changes they make may not transfer readily to the setting in which they live their lives.

This transfer of outcomes (i.e., changes), is called generalization of therapeutic change. When the change survives the transfer from one environment to another, it is said to generalize. That means the impact of treatment is durable.

This generalization from one setting to another is more likely when the treatment environment resembles the environment in which the individual lives, works, is educated, etc. When services are available to those who need them where they live, the chance that the gains they achieve will generalize across settings increases.

The Supervision Commandments

1. The person (if you're lucky enough to have one) or the people (if you're even more fortunate) who are responsible for human resources in your organization are your best allies and sources of information about employee issues. Use them, keep them up to date and follow their advice. If you don't have experts available, use your chain of command for advice and do it before, rather than after, the fact.
2. Know – and utilize – the probationary hiring policies for your organization. Be as proactive as possible by identifying potentially problematic behavior quickly and intervening sooner rather than later.
3. Document, document, document: dates, times, what was said by you and by the employee. Intervention without documentation is organizationally invisible and doesn't count.
4. Employees don't engage in strength-based practices because of punitive or pathology-driven supervision. Keep that in mind as you interact with your staff.
5. People behave as they do because of their learning histories and factors in their environments. Remember, they're not doing "it" to you, they're just doing it. Don't jump into the middle of your employees' behavior by personalizing it. Don't insert your feelings, emotional reactions or self doubts. Step back, observe, listen and review work products. Accurate observation and analysis is crucial to both insight and intervention.
6. Systems and organizations run, at least in part, on perception. Respond quickly to rumors and gossip. Let staff know that this kind of communication will not be tolerated and stick to that standard. Be sure you model this standard in all of your communications with your staff.
7. No matter what has happened, is happening, or will be happening, let all of your interactions with employees be characterized by impeccable manners, civility and respect. How you behave reflects on you, not the situation, the employee or the employee's actions³.
8. Don't gloss over even minor problematic behavior from your staff. Being positive and nurturing your workplace culture doesn't mean you should minimize what employees are doing. Be straight with them and when you can, solve small problems before they get worse.
9. Praise – public and private, verbal or in writing – is a powerful tool, as long as it's true and sincere. Be generous in giving staff accurate praise. Ask yourself; Are

³ Vicki Warren, MSW, LMSW, Community Solutions, Fort Worth, Texas

any of my staff shouldering the burden of too much praise? Are they exhausted by being constantly acknowledged for the contributions they make each and every day? The answer is probably No.

10. When a supervisory relationship presents an unexpected challenge, decide quickly whether you should intervene immediately or walk away and think about your next actions. Give yourself a little time – even 30 seconds helps – to think about the likely repercussions of your potential responses. Being right after reflection is better than being wrong quickly.
11. If it turns out that you just don't like a particular employee, do your best to subtract your biases and evaluate that employee's actual work performance. If it is in line with your expectations for other staff and the employee isn't violating policy or interfering with your other employees, focus on treating the employee just like you treat the ones you like.
12. Be careful about your boundaries with your staff. If you share personal issues or information with them, that sharing may very well haunt you in the future, particularly if there is a performance problem or a falling out of some sort. (see Supervisors, Staff and Professional Relationships, page 28)
13. Ask your staff what they want from and expect from you as a supervisor. Note their expectations and craft your response to their requests, after considering relevant policy, your own comfort level, and performance issues.
14. Remember and follow up on important things that are, that have, or that will affect your staff personally: her mom is having heart surgery next Friday; his aunt just died; it's her birthday; he is in the middle of a painful break up. Remember the names of their children, parents, partners and pets. Don't pry into the personal lives of your staff, but do acknowledge and react to events employees have decided to share with you. (see #12)
15. Celebrate important achievements, even if they are baby steps, with your staff, and mourn with them when events and outcomes are disappointing or grim. Let them know that you're all in this work together.



Employee Safety

It's impossible to predict how your employees' safety may be compromised in field work. Workers enter neighborhoods, homes and other settings with which they are unfamiliar. People may or may not be altered by drugs, alcohol or untreated mental illness. They may or may not be angry, desperate and concealing criminal behavior. They may even be delighted and grateful to see your employees.

Supervisors have to teach workers to keep their eyes open and pay attention to everything around them. They can not afford to take anything for granted. They should make sure they aren't lost in thought, music or conversations on their cell phones as they enter communities. Make sure your employees are looking around and observing each environment they enter.

Supervisors in protective services and court operations must ensure that staff are extra vigilant. Even when it's clear that the safety of a child or vulnerable adult has without a doubt been compromised, those who have caused or allowed the risk to develop are often very quick to blame the investigating or removing worker for everything that happens. Similarly, people who violate probation or parole are likely hoping to get away with it and may be equally quick to blame the responding worker. In both instances, the drive to blame your employees is often shared by other, possibly many, members of their families. Emotions run high in these situations. That requires a cautious attitude and polite, respectful ways of addressing and being with people.

Employees need supervisory assistance to learn how to best minimize risks to their safety. The way your employees treat people and respond to them has a big influence on how they will, themselves, be treated. Another potentially important issue related to staff safety is how well consumers and families are served by each member of your staff: are their calls returned in a reasonable amount of time? Do they get good, responsive help from your employees? Every organization that provides services that are Family and Person Centered will have dissatisfied consumers. How people are treated and whether or not their lives improve are clearly related to the reception your employees will receive.

Supervisors will need to do a lot of monitoring, teaching and modeling around the issue of safety. This includes being up-to-date on where staff are and where risks are potentially present, sometimes serious. It also means that supervisors will need to examine organizational practice and policy to see how well or poorly they support safe practice. Employees need to know that they are expected to assess safety – their own and your consumers (see Supervision 301 – Safety Planning in Family and Person Centered Practice) – at all times.

It's important for supervisors to remember that there is an inherent difference between services that are voluntary and those that are coercive when it comes to the issue of employee safety. This is as true for Family and Person Centered Practice as it is for

other types of practice. Consumers and families are more likely to receive staff positively in voluntary services than they are in coerced services. Supervisors need to remind staff about this as frequently as needed so they will be sufficiently careful.

Families and consumers have the right, guaranteed to them by our country's laws, to be free of governmental interference in their lives, their families and their homes. This basic right applies as long as they abide by the law. When they don't, government is required to intervene. The agents of intervention include the police, officers of the court and representatives of protective services. Of people serving in these roles, typically only the police carry weapons.

In these environments, staff safety begins with this in mind: they have not been invited into these homes and situations. Family and Person Centered Practice principles don't apply to law enforcement or to police officers. The other coerced services, though, can be Family and Person Centered. Operating from the values and principles that define Family and Person Centered Practice is one part of keeping staff as safe as possible.

It's also important to use the word "voluntary" carefully. The basic definition of the word and what it connotes vary from locale to locale. An obvious example of a so-called voluntary service is therapy when a consumer or family member reaches out to a therapist, makes an appointment and shows up for the appointment. In some areas, a forced choice – like lose your children or attend therapeutic services aimed at making them safer – is referred to as voluntary because an element of choice remains part of the discussion. This, however, is a lesser degree of voluntary participation and that can have implications for employee safety. Similarly, the offender who is offered a forced choice of a boot camp type program or prison is clearly not reaching out for intervention and change. It is forced on them and that influences employee safety.

The most important protections for employees are impeccable manners and respectful behavior. Supervisors have to emphasize this with staff, as well as model it and teach it. They have to remind staff to act on the values and principles behind Family and Person Centered Practice no matter what happens.

This is a challenge. Normal humans typically adjust their behavior to "match" how they are being treated. Rudeness seems to call for rude replies; anger is usually met with anger. While each one of us has the right to respond to acting out people in our personal lives however we choose, we do not have that right at work. Supervisors have to make sure staff know that manners and respect are central to the value base of this practice. They must also teach them that treating people as decently as possible protects them. They have to respond to anger calmly and do their jobs in ways that allow them to complete their mission without insult or criticism. Even when a child is removed from a home or a family member arrested, lectures only make the immediate risk worse. There will be plenty of time to discuss the trigger for removal in safer settings and more constructive, therapeutic environments.

There are too many factors that influence the level of risk staff may encounter to be named here. Supervisors are advised to attend to these factors on an ongoing basis, if at all possible with the assistance of Human resources experts in their organizations. There are a couple of special circumstances in which to advise staff to be especially wary. When the presence of children or certain adults in the home is attached to income: SSI, child support, public assistance, etc. removing that individual for any reason may be a larger problem than employees anticipate. Teach employees to be sensitive to the potential for explosive behavior to be more serious when financial factors come into play. Housing eligibility may also cause more serious responses when it is jeopardized because a family member is removed. Supervisors should ensure that staff are aware of this and are paying sufficient attention to their safety.

Supervisors must also let staff know when, how and why to include them, law enforcement, and other workers in job activities. They will need backup so they should both know how to and feel completely free to access it. Probation officers and others who work for courts are more likely to have personal connections with police officers. Staff in other service modalities should cultivate connections with law enforcement personnel so they have mutually supportive relationships. Supervisors should support these connections while they discuss specific clients, children and adults. Protective safety workers should be taught to be equally aware of when and how to get backup from law enforcement.

The same applies to arranging for supervisory or collegial backup. While safety is not the primary reason supervisors go on home visits and to meetings with staff, it's certainly on the list. Modeling and direct instruction are important ways to ensure that staff are safe. Similarly, it's important to teach staff how to appropriately rely on each other to enhance both their skills and their safety.

If your organization has human resource experts, they should be consulted on the issue of employee safety, as well as how incidents that compromise it should be reported, documented and so on.

Make Sure Your Staff Don't Forget the Basics! ⁴

First and foremost, make sure they know how to be as safe as possible. Arrange for them to carry cell phones. Make sure they know where the nearest police station or police officer is and teach them to observe for indicators that they should decide not to enter a building.

Remind them to look for signs of drug-related or criminal activity and be careful not to charge into a situation beyond their abilities to navigate.

⁴ Melissa Clark, MSW, LCSW, Alexander Youth Network, Charlotte, North Carolina

When they are in peoples' homes, tell them to distance themselves from firearms and sharp objects. If they are not stored or otherwise handled safely, teach them to make a polite, respectful and immediate departure.

Make sure they are sensitive to how people may perceive their presence. Families and consumers may feel wary, suspicious, angry, attacked, intimidated, etc. Staff will have to watch for signs of altered consciousness (mental illness, drug or alcohol intoxication, etc.), escalation of mood and affect plus the potential for violence.

In all ways, let these two thoughts guide you in supervision of your staff:

Thought #1: They are (as far as we know) not superheroes.

Thought #2: They're supposed to go home alive at the end of the day.

The following graphic illustrates some of the things supervisors should look for and consider in reference to staff safety. It is not comprehensive. Supervisors should plan to consult multiple experts, use a variety of information sources and work with staff to think through the specific risks your work entails. (This graphic illustrates field safety risks. Office based workers tend to be in more controlled environments and therefore face less risk, but risk nonetheless).

As workers arrive at a potentially risky location:

WORKER ACTIONS	PROGRAM PROCEDURES	CLINICAL PERSPECTIVES	ISSUES FOR SUPERVISORS
Assess your own level of calm.	Implement calming strategies.	Calm elicits calm which is an advantage in potentially risky situations.	Supervisors should know how each of their staff are likely to react to potentially emergent situations and get them whatever training they need to remain as calm as possible.
Think about the circumstances of the family and/or consumer.	Recall names of those involved if you know them. Think about what the purpose of your activity is and possible strategies to maximize safety and minimize risk.	This could be done over the phone, with a supervisor or colleague.	Supervisors and experienced workers should be available by phone to strategize. They should also make sure staff have cell phones, now the minimum safety standard.
Consider possible circumstances that could/would trigger your immediate departure or 911 call.	Look around. Notice who is there. If it looks too risky, leave and phone for immediate law enforcement back up or supervisory advice.	If you have a planned response to your own crisis, you're less likely to accidentally fuel a family's or consumer's crisis.	Worker safety is paramount and staff will need both specific training and "permission" to exit dangerous circumstances.

As workers face potentially unacceptable levels of risk:

WORKER ACTIONS	PROGRAM PROCEDURES	CLINICAL PERSPECTIVES	ISSUES FOR SUPERVISORS
Analyze, as accurately as possible, whether or not the situation is too dangerous for you or your program's intervention.	Look for visible criminal activity, potentially hostile groups of people, people who might be lookouts or sentries, weapons, potential weapons, dogs, direct evidence that a consumer or family member/s is high, drunk or psychotic & decide if you need to exit, when & how.	If we wanted Superman or Superwoman, we wouldn't have hired you.	Make sure that your agency culture doesn't develop a value for dangerous heroics.

WORKER ACTIONS	PROGRAM PROCEDURES	CLINICAL PERSPECTIVES	ISSUES FOR SUPERVISORS
(Continued)	If you enter the building, avoid potentially dangerous areas of the house (areas with weapons, sharps, lethal or dangerous chemicals or other risky substances.)	See above, especially if you aren't wearing tights and a cape.	As previously mentioned, cell phones provide an important and affordable contribution to staff safety.
Prepare an immediate exit strategy.	Know the following: Where are the exits? How clear is your path to the exits? How near or far are backups? How quickly can you access emergency help?	Maintain the clearest possible path to at least one exit at all times & don't get backed into a corner.	Make sure staff have access to you and for some program types, access to the chain of command in your organization.
Leave as safely as you can.	Back out as politely & as quickly as you can. If necessary, run.	Allowing yourself to be a target is not the answer for any family, in any circumstance. It just makes you part of the problem.	Don't, & don't allow others, to blame & shame staff for sensibly protecting themselves.
Once you're safe, respond to the events that just occurred as quickly as possible.	Call the police & your supervisor; make sure that the necessary people know that the family is still possibly at risk & that your intervention did not ameliorate the danger.	Remember that if your intervention doesn't end the crisis, someone else's may.	Make sure staff document this type of incident as quickly as possible. Make sure also to document your own activity and submit all the information to your chain of command for review and evaluation.

Employees and Disability

- When you know (or suspect) that an employee's problematic, work behavior is related to medical or disability issues, document all of your interactions with the employee and if possible/available, check in with your human resource/employee assistance program people. They are your first line of support and information in these situations.
- Try to determine where and when the employee's strengths could mitigate problems. Is the employee who has trouble driving or getting around in the community good at listening to angry consumers on the phone and compiling data for program evaluation use? If possible, re-deploy the employee to reduce failure and maximize success.
- Consider pairing employees to capitalize on their strengths: can the employee who's good at interacting with the public but not at submitting required documentation on time pair with the interaction-challenged employee who writes great reports and submits them early? Can the employee who inspires everybody but lacks effective follow through be paired with the employee who nails his/her "To Do" list but fails to move others, emotionally or otherwise? Playing to strengths by encouraging employee partnership can reduce the impact of some disabilities.
- When an employee has been absent due to medical treatment, and/or disability issues, plan the employee's return carefully. Make sure that you, the employee and other staff understand the need for flexibility without revealing confidential information.
- Ask the employee what s/he needs to return successfully to the work force and respond accordingly, remembering that employees' rights have to balance consumer needs.
- Make sure other staff are respectful and as supportive as possible to the employee but remember that employees are not consumers; they're supposed to bring in, serve and satisfy consumers. Don't burn out your team to support an employee who simply can't do the job. Consult your chain of command or human resource people to help you find the line between support and enabling.
- Make sure, also, that the physical and emotional aspects of the working environment support rather than detract from the employee's potential for success.
- If needed, develop an individualized plan that identifies how you, the employee and the rest of the work force will deal with work related issues, in keeping with the status of the employee who is ill, has a disability or is otherwise challenged in reference to keeping up with job responsibilities.

- Work with the employee to differentiate needed supports from inappropriate “crutches” that detract from work performance.
- Be cautious when employees attribute responsibility for a “dip” in their job performance because they are filling in for the employee with the disability while simultaneously doing their own jobs. Find out if this is true and if it’s true for any other employees. The job is the job, the work load is a function of human need and the environment can only be adjusted to a certain extent, without cheating consumers and families.

Supervisors, Staff and Professional Relationships

Every relationship has boundaries even if no one ever discusses them. Issues about your employees' boundaries in their relationships with families and consumers are discussed later in this part of the Curriculum.

Supervisors have to carefully think through their relationships with their employees. This is especially true for supervisors who are promoted to a position higher than their former colleagues. The toughest issues of all are faced by supervisors who are promoted to directly supervise friends and teammates. For all, boundaries must be the result of deliberate decisions, possibly in consultation with your own leadership and/or the human resource experts in your organization.

If their organizations are large enough, new supervisors can request transfer to a position not directly supervising former colleagues. This is the best way to proceed. If it's not possible, the new supervisor should consult with management (mentioned above), prepare carefully and have a meeting about the change in the chain of command directly with everyone who is affected by it. This meeting should be short, positive and focused on what the new supervisor can be counted on to do, how to get or keep in touch and other details that will get people started off on the right track.

This type of meeting is also useful when the connections are less personal. Supervisors can not only lay out what they offer to and expect of staff as a group, they can explore what staff want and need as individuals. Whatever other content is included, the meeting should be an event that announces a new beginning. New supervisors should consider bringing something – fruit, cookies, popcorn – for staff as a gesture of thoughtfulness and support.

Supervisors, experienced or new, should then meet one-on-one with each member of their staff. This is the beginning, or for those who do this with current staff, the new beginning, of setting and maintaining appropriate boundaries with staff. Issues to consider:

- What each employee is expected to report to the supervisor, how it is to be reported and documented, on what timelines
- When to seek supervisory guidance, advice and consent
- What is expected of each employee in terms of punctuality, behavior with other employees, office behavior, calling off work, etc.
- How and when to contact the supervisor after normal hours

- What each employee considers and understands as supervisory support
- How the employee and supervisor will address each other, both privately and in public
- Absolute “no ways” for each: what behavior is unacceptable in the professional relationship (i.e., no gossiping, no profanity, etc.)

Supervisors should add to this incomplete list anything else they would like to review.

Conversation is an important area for setting and maintaining good boundaries. There are things supervisors simply do not discuss with employees. This list begins with no discussion of any other employee, ever. It includes listening to and sharing personal information. When supervisors listen to too much personal information from employees, they may inadvertently be creating a precedent with more personal sharing to follow. They may seem sympathetic and some employees may think they can relax on the job a bit since the supervisor knows their personal issues. Staff may even think they will be excused, “How could my supervisor expect me to do XYZ after everything I said?”

The long list of what supervisors don’t share with employees includes family problems beyond information that most people who work together already know. Often, the office will be aware that a supervisor’s parent is having surgery but not that the supervisor thinks that his/her spouse or partner may be having an affair. This type of information may come back to the supervisors in harmful and unexpected ways: “You’re just giving me negative feedback because you’re jealous that I have a spouse or partner who isn’t a cheater.”

Supervisors can only rarely be friends with staff. Overall, they should avoid it but pre-existing relationships that are positive may survive one of the friends being promoted. They can, however, have positive connections with employees that result in excellent work with families and consumers.

Few rules fit every situation, but the old rule of thumb for professional-consumer relationships applies: Whatever you’re doing, are you doing it for you or them? For them, you may be okay. For you, probably not.

A few additional suggestions for supervisor/employee boundaries:

- Don’t date them
- Don’t loan or borrow money from the staff
- Avoid all sexual talk except as necessitated by consumer or family issues
- Decline all discussions of money and personal financial issues

- Leave an environment when people are gossiping and if it's appropriate for your role and your work place, give brief negative feedback
- Don't discuss the people you report to with the people who report to you
- Show equal support of employees' faiths in discussion, celebration and décor
- Don't show favoritism
- Be very judicious about social activities and hanging out. It's sometimes important to show up but professional boundaries have to be maintained in these settings as well

Supervisors also have to look at how well or poorly their relationships with their supervisors, managers, administrators and executives are going. These relationships should be cultivated. Supervisors who work as part of the management team come into their own as real leaders and define themselves as responsible for staff, not everybody's pal. They should develop bonds with other leaders for support and mentoring.

Responding to Staff Behavior

Positive Behavior

- Observe each staff member to discover what each person's most valuable skills and personal assets are.
- Define, in writing and in detail, each person's skills or attributes.
- Make absolutely sure that the above mentioned strengths are real. Tie each skill or asset to three or more actual occurrences of behavior you have observed.
- Determine what might motivate the employee. (See Employee Motivation Worksheet, page 41)
- Begin praising the employee for the skills and attributes you have observed and documented. Be careful to document positive staff behavior and your praise as thoroughly as you document problem behavior and your response to it.
- Set a goal for how many praise statements (written or verbal, public or private) you'll make to each staff member each day or each week. Be as generous as you can be without giving phony, unearned praise. That's always a problem and it should be avoided.
- Observe and listen to each employee's response to your praise, and adjust to maximize your impact.
- Address and shape workplace culture by publicly recognizing each person's positive behavior and subtly minimizing your attention to problem behavior. Organizational culture is all about heroes. It's usually enough to get people clapping about the positive opposites of key problem behaviors. Most people will "get" what you want over time.

Improving Behavior

- Observe or derive (reports from others, document review, etc.) at least three areas in which each staff member could improve.
- Evaluate, for each employee, whether support for behavior change is currently in place: training, modeling, supervision, etc. How well or poorly do these strategies support the three areas identified for change?
- Prepare to discuss the above with each employee by reviewing relevant personnel policies, checking in with human resource staff (if available), and

thinking through how each staff member may best be approached. Check in with your own chain of command for advice and feedback. Schedule a time to meet privately with the employee. Try not to procrastinate.

- As you discuss the behaviors targeted for improvement, watch the employee's reactions, both verbal and non-verbal.
- Identify – specifically – the needed improvements and ascertain whether or not the employee agrees with you on the need to improve. Find out what the employee thinks s/he needs to achieve the identified improvement.
- Define – together- how and when the improvement will be achieved, including what you and others will do to help.
- Document the above and have the employee sign off on it, along with you. (See the Professional Development Plan format in Supervision 201) Include timelines, resources, and whatever else will be required to maximize the employee's chance to succeed.
- Review the plan, verbally and in writing, at predetermined intervals. Make sure you're modeling, teaching, and motivating the employee effectively.
- Follow through on whatever motivation strategy is likely to be most effective for each employee. Again, be generous but accurate. New behavior is most easily mastered when rewards are delivered frequently, especially at the very beginning of the change process.
- If you're not seeing evidence of change, or if the changes are too small or too slow in response to the need and the necessary timelines, arrange to meet with the employee and have her/him report on progress. Make sure the employee is connecting the progress report to actual data: observed performance, work products, reports from consumers, families and collateral contacts, etc. Then, present your review of her/his progress to the employee and get her/his reaction to your opinion about the change in progress.
- Restate the desired changes and tie them to the behavior you're asking the employee to improve.
- Invite the employee to give you suggestions on what kind of support s/he needs, but don't let her/him dwell on excuses. If employee excuses become problematic, ask the employee to focus instead on practical suggestions that increase the likelihood that your support for the new behavior is on target.
- Document this conversation and sign off on it, and have the employee do likewise.

If you're still not seeing evidence that the employee has achieved the required change, refer to Addressing Employee Problem Behavior. Turn, also, to your Human Resource people and your chain of command and get additional input from them.

Addressing Employee Problem Behavior

- Observe, define and document each problem behavior, being careful to leave out biases and stick to clear descriptions of specific actions. Remember, it's not personal even if it feels personal.
- Analyze and document the employee's problem behavior in terms of what events seem to trigger it.
- Analyze and document possible consequences, deliberate or inadvertent (i.e., rewards, punishers or other responses that may increase or decrease the chances that the problem behavior will occur).
- Ask yourself: *Are there any disability or medical conditions here that relate to the employee's problem behavior?* If there are, discuss the situation with your leaders and/or human resource and employee assistance staff to get ideas for specific interventions and available resources. If there are no medical or disability issues, ask yourself: *Is the issue behavioral – a bad habit, a motivation problem, or a lack of key skills?* Meet with the employee, and include relevant resource people in the conversation as needed. Draft a plan that addresses the medical/disability issue or the problem behavior proactively and, if possible, with the employee's support.
- If the employee refuses to acknowledge or respond to the identified disability, medical condition or behavior problem, end the meeting politely, respectfully, and without threats.
- Schedule and complete a follow up meeting during which you offer whatever support you are willing and able to provide to the employee as relates to the problem behavior or disability/medical issue. Document everything that occurs and, hopefully, have the employee sign off on a Corrective Individual Professional Development Plan or Corrective Action Plan that complies with organizational policies and procedures.
- Implement the plan and review the employee's progress frequently, planfully, and in writing. Celebrate the successes and calmly and accurately describe the failures. Implement the consequences associated with failure as policy dictates and as specified in the written plan.
- Remember to set deadlines for when key improvements are to be achieved and enforce them. Use "mini-deadlines" to better address forward progress on

prerequisite skills and other behaviors that, when combined, increase the likelihood that the improvements will be achieved on time.

Analyzing Employee Problem Behavior: *Getting Specific*

- If you have determined that the employee's problem behavior is not related to a medical condition or disability, consider the following:
 - What – exactly – is the employee's problem behavior? Spell it out.
 - When does it usually occur?
 - Where does it usually occur?
 - Around whom does it usually occur?
 - What does the employee get from this problem behavior? Avoid?
 - How and why might the employee have learned to act this way?
 - Is the employee's problem behavior typically rewarded, punished or ignored, deliberately or inadvertently? With what effects?
- When you have (at least tentatively) answered the above questions, develop and document hypotheses that might explain what influences the occurrence of the problem behavior. Include the employee's learning history, possible antecedents and consequences, and inadvertent modeling. The complaining employee may be rewarded by sympathy from other employees. The employee who speaks disrespectfully about consumers may have picked up the habit at a previous job. The employee who has a little too much attitude may be acting – consciously or not – like another person on your team.
- Verbally define the behavior you'd like the employee to engage in rather than the identified problem behavior. If it helps, act it out yourself with a colleague or on your own.
- Detail – in writing for both you and the employee – an individualized plan to teach, model and motivate the positive behavior intended to replace the problem behavior.
- Assess the degree to which the employee will use other employees to derail the change process or to get other staff to participate in the problem behavior. If you lose control of the workplace, it's difficult to re-establish it.
- Set a schedule to review behavior change activities and evaluate – in writing – employee efforts, achievements and failures.
- Conduct reviews respectfully, politely and truthfully. Don't pretend that there is improvement when there is none.

- When timelines for change have not been met, and that's been communicated to the employee, both verbally and in writing, describe the probable next step in firm, clear terms. Let the employee know exactly where s/he stands relative to termination.
- Continue to document and keep your supervisors and human resource people informed.
- Before firing the employee, assess the degree to which s/he will cooperate with the termination and address potential problems like "case" transfers, handling of confidential information and materials, theft, vandalism, rumors, false allegations, possible legal action, etc.
- Decide when to tell the employee that s/he is fired and assess the degree to which you'll need physical, emotional, managerial or other supports. Get them in place before you proceed.
- Fire the employee respectfully but briefly. The time for long talks and negotiation is over. Use whatever escort or security procedures are appropriate for everyone's safety and that allows you to get the ex-employee out of the workplace as quietly and calmly as possible.
- Casually – verbally, never in writing – identify improvements in what remaining staff will not have to do for or instead of the fired employee. Gradually allude to how they will benefit from the termination (e.g., "It must be a relief to only return your own calls" or "Thank goodness you're only stuck in court with your own cases" or "It sure is nice to relax and not worry about who's taking things from your desk/briefcase/purse.")
- Discourage gossip by confronting it squarely: Should we really be talking about people who aren't here?
- Publicly recognize staff leaders who represent successful implementation of your program and the values that the fired employee betrayed or failed to achieve.
- Figure out what you learned from all of this and incorporate it into improved interview protocols, supervision and other policy and administrative responses.

Employee Strengths and Needs Assessment

1. What were you like as a child?

2. As a teenager?

3. When did you first realize you wanted to be a _____? Why?

4. Who did you look up to as a college student?

5. What were your favorite parts of school?

6. Have you ever had a mentor? If so, who? Why?

Have you ever been a mentor? If so, to whom? Why?

7. On a scale of 1 to 10, 1 being a complete mess and 10 being obsessive/compulsive, how organized are you? RATING: _____
8. What was your most organized period? How did you get there? How did you meet organizational expectations?
9. What was your least organized period? How did you get there? How did you fail to meet organizational expectations?
10. Describe your proudest professional moment.
11. Describe your saddest professional moment.
12. What kind of supervision has worked for you in the past?
13. What kind of supervision has not worked for you?

14. How and when might you need supervisory back-up, reminding, or support?
Documentation? Relationships? Conflicts? Time management? Assessment?
Communication? What else?
15. How do you best manage anger, frustration and irritation in the workplace? In the community? How can supervision be helpful to you in these circumstances?
16. What sorts of situations (referrals, presenting problems, colleague problems, system issues) get to you emotionally?
17. On a scale of 1 to 10, 1 being always late and 10 being always early, rate your promptness in regards to:
- | | |
|----------------------------|-------------------------------|
| ___ Meetings at the office | ___ Meetings in the community |
| ___ Home visits | ___ Documentation |
18. What best helps you take care of yourself when the job gets difficult? How can supervision help?

Post Assessment Analysis Tool

Name: _____

1. Enter 5 real, accurate, detailed and significant strengths of the employee with whom you completed the staff Strengths and Needs Assessment.

-
-
-
-
-

2. Enter 5 key skills the employee will need/will want to either increase or acquire.

-
-
-
-
-

3. Enter at least 3 red flags/possible areas of concern for this employee from a preventative perspective.

-
-
-

4. Describe the employee's likely learning style.

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Employee Motivation Worksheet

Instructions:

For each employee you have assessed, begin to consider what might or might not be effective motivational strategies to improve each employee's job performance. Look at both rewards and punishments. Sixty plus years of research indicate overwhelmingly that the two, used together, are the most effective ways to respond to both positive and negative behaviors.

As you think this through, remember that rewards are only rewards if they tend to increase the behavior they follow. If there is no increase, regardless of what the reward is or how many other employees responded to it, it's not a reward for that employee. The same is true for punishers: if they don't decrease the behavior after which they are contingently applied, they are not punishers.

Consider the potential impact of certificates, extra time off, access to preferred parking, a personal note, casual days, verbal praise, a special lunch out, a public (other employees present) thank you for a job well done, donuts and whatever else seems to suit your staff, your organization and your workplace. Consider also the impact of negative feedback, delivered verbally or in writing, official warnings, suspension, reduced pay, extended probation and whatever other tools are available in your organization to respond to poor performance. If you have human resource staff, consult them as you consider how to motivate your staff. Whether you have access to this resource or not, document everything you say and do, and whenever appropriate, make copies of what you document available for the employee's review, her/his personnel file, and her/his signature, acknowledging receipt of the feedback.



Know the personnel policies of your organization and within the structure they provide, individualize your motivational strategies as much as possible. One employee may be thrilled with a certificate suitable for framing; another may not respond at all to the very same certificate, but may respond to extra time off, or a trip to an exciting conference or training. Similarly, some employees, contingent on negative behavior, will respond to your version of "the look," while others will ignore any punisher short of a formal letter inserted in their personnel files.

Employee Motivation Worksheet

STAFF	Effective Short-Term Rewards	Effective Long-Term Rewards	Methods-Verbal/ Written; Public/Private	Frequency	Punishers

Employee Skill Acquisition Worksheet

STAFF	New Skill #1	Teaching Plan	Modeling Plan	<i>(see Employee Motivation Worksheet)</i> Motivation Plan

(see Employee Motivation Worksheet)

STAFF	New Skill #2	Teaching Plan	Modeling Plan	Motivation Plan

(see Employee Motivation Worksheet)

STAFF	New Skill #3	Teaching Plan	Modeling Plan	Motivation Plan

Keeping Your Eyes and Ears Open

Issues for Supervisors

The following issues have frequently confronted supervisors. Using a combination of asking around and looking around, find out what local, state and federal regulations, traditions and practices have to say about these issues for your employees and your organization.

- Wage and hour issues:
What are your responsibilities to full-time employees? Part time? Can a part-time person be hired to do the same things a salaried person does? What is your obligation for overtime? To which employees? How is compensatory time handled?
- Subcontractors versus employees:
When does a subcontractor legally become an employee, according to the IRS? What is the difference in how they are compensated? What are your obligations to one over the other?
- Liability - limits and exclusions:
What coverage do you have? For which activities and/or events? What are you required to check on or investigate, in reference to staff? Document in all personnel files?

- Probationary hiring:
Exactly how long is the probation period at your organization? Can it be extended if there is cause? What does it entail? How are new hires notified that their status is probationary? How will you monitor performance during and as the probation period ends?

- Terminating staff:
Under what conditions are employees automatically fired? What triggers corrective action planning? What sorts of issues are addressed by corrective action plans? What must be documented? Who should be consulted? Informed?

- Documentation – clinical and program:
What must be reported in writing? To whom? How? When? How is the quality of documentation monitored? What happens if documentation does not meet quality standards?

- Licensure:
What types of license(s) do you need to do what you do? How do you get needed licenses? How is your compliance audited? How do you keep needed licenses? What triggers the issuing of a provisional license? What are programs required to do if they receive a provisional license?

- Program and service definitions:
For every service provided by your employees, what are the standard definitions for funders? How clearly does each service you offer match the standard definition? Are your services stated in ways that enhance how easily they can be funded? Are the definitions accurate (i.e., do they describe exactly what is provided to families and individuals who receive them)?

- Unions:
Which employees are union members? Which aren't? Who is the union representative/steward? Do union members have a contract? When does it expire? What are the contractual repercussions on what union members can or can't do? Repercussions on schedules? What are the likely impacts on the individuals and families your organization serves? How can you best collaborate with union members and their leaders?

- Handling grievances and complaints:
Does your organization have a grievance policy for employees? Unionized employees? Family members and consumers? Collaborating system staff? How, and to whom, are grievances and complaints submitted? Documented? Who has the authority to act on a grievance?

- Laws and regulations:
What laws and regulations - federal, state or local – support or hinder the efforts of your staff and your organization? Is there legislation pending that could have a positive or negative effect on what your employees can or can't do for the consumers you serve?

- Opportunities for collaboration:
Are there state or local committees, work groups or other structures in which you could participate to support the mission of your team and/or organization? How might you approach them?

Evaluating Treatment and Service Plans

The most important thing you do when you review records is to review the record fully. Typical records contain addresses, lists of people who attend planning sessions and who they are, assessments, safety and crisis plans, strategies for intervention and more.

This information reveals whether or not people are in or near their homes, a simple measure of how community based a plan is. All you need to know is the home address and where each service or intervention is delivered. A record can tell you whether or not the plan is likely to be culturally competent and family or consumer centered.

Look for whether or not the record specifies culture or faith. Check the list of friends and family members (when available) against the list of who was involved in designing and implementing services and supports. Read the outcomes to make sure they're clear and measurable. See how well or poorly the needs are defined and look for real need statements, not lists of services. Think about whether or not the strategies seem to fit the people at the center of the plan and if they meet the needs that were stated. Ask yourself: if these needs are met, are the specified outcomes likely to be achieved?

In other words, use the information presented throughout the record to see if the plan makes sense. Use it to see if it reflects the values, principles and processes that characterize Family and Person Centered Practice.

Most especially, pay attention to whether or not the plan is producing the intended results. Because treatment and service planning is individualized and needs driven, results will be achieved in different amounts of time and in very different ways. The plan is, however, supposed to produce results.

Hopefully, this review tool will help you troubleshoot employee service delivery. Pay attention to which elements of the review, when in place, produce positive outcomes for consumers and families. Similarly, notice what elements, when not present, seem to trigger failure. Address the specifics with each employee as you review the employee's records and work products.

Please note that this review tool does not include minimum standards for any element of the review. Service and support providers have to set their own standards for what they do and then measure how well they live up to them in daily practice (See Supervision 401). If the outcomes for consumers and families are achieved most of the time, the standards are accurate. If not, providers should consider raising their standards.

Evaluating Treatment and Service Plans and Record Review

Directions: This Treatment Plan and Record review tool can be used several ways. Supervisors can use it to prepare for discussions with or evaluations of employees, or as an analytic or problem solving tool. It can be used collaboratively with supervisors and employees completing it together as they review key documents and files together. The review tool can also be adapted and adjusted to better fit your program, your priorities and your staff.

Part #1 – Community Based

- ♦ Where is the consumer/family living?
Home/Neighborhood
Nearby: _____ minutes/miles
At a distance: _____ minutes/miles
- ♦ Does the consumer/family participate in community activities?
Daily
Weekly, _____ times per week
Monthly, _____ times per month

Part #2 – Culturally Competent

- ♦ Is the consumer's/family's culture mentioned?
YES NO
- ♦ Is the consumer's/family's preferred language mentioned?
YES NO
- ♦ Is the consumer's/family's faith mentioned?
YES NO

- ♦ How many strategies are based on one of the above elements?

None

1-3

4 or more

Part #3 – Person/Family Driven

- ♦ Has the consumer/family defined to whom s/he/they are related?

YES

NO

Policy/Procedure defines it

- ♦ Have confidentiality procedures and releases of information been proactively managed?

YES

NO

- ♦ Were family members and friends included if desired and not included if desired?

YES

NO

- ♦ Are their names, addresses and phone numbers available (so they can be included)?

YES

NO

- ♦ How many strategies include friends and family members?

- ♦ Are the outcomes consistent with the individual's and family's desire to remain united? Be reunited? To work on satisfying contacts and improved rapport? To lead separate lives without undue rancor or stress?

YES

NO

Part #4 – Outcomes: Intended Results of Participation

- ♦ Are outcomes (i.e., specific results) identified in the plan?

YES

NO

- ♦ Are they stated in measurable terms? Are measurement methods specified for each outcome listed in the plan?
YES NO
- ♦ Does the plan address two or more Life Domain Areas?
YES NO
- ♦ How many strategies are clearly related to outcome achievement? _____
- ♦ How many strategies are there? _____
- ♦ What is the ratio of outcome related strategies to strategies over all? ____/____

Part #5 – Needs: What Stands in the Way of Achieving the Outcomes?

- ♦ Are needs defined for each identified outcome?
YES NO
- ♦ How many needs are defined? _____
- ♦ How many services are included without defined needs?

- ♦ What is the ratio of needs statements to services statements?
____/____

Part #6 – The Team: Who is Helping

- ♦ How many people are doing at least one thing to further the design or implementation of the plan? _____
- ♦ What is the ratio of paid professional service providers to those who are not paid professional service providers?
____/____

Part #7 – The Strategies: Meeting the Needs

- ♦ Are strengths, choices and preferences documented?

Lots	Some	A few	None
4	3	2	1

- ♦ Are the documented strengths, etc, significant, i.e., important supports for important changes?

Lots	Some	A few	None
4	3	2	1

- ♦ Are they detailed and specific enough to be useful?

Lots	Some	A few	None
4	3	2	1

- ♦ Are strategies based on strengths?

Lots	Some	A few	None
4	3	2	1

- ♦ Count the strengths documented in the plan.

≤ 20	≤ 15	≤ 10	≤ 5	> 5
4	3	2	1	0

- ♦ Count and enter the number of strength-based strategies in the plan. _____
 Count and enter the number of strategies in the plan. _____
 What percentage of the total number of strategies are strength-based?
 $\leq 80\%$ --- $\leq 60\%$ --- $\leq 40\%$ --- $\leq 20\%$ --- $> 10\%$

Part #8 – Crisis and Safety Plans

- ♦ Is there a crisis and/or safety plan in place?

YES	NO
-----	----

- ♦ How well or poorly does it reflect crisis and safety issues identified in the referral, in completed assessments, by the family or by others who know them well?
Well Pretty well Not really Not at all
- ♦ How many crisis/safety strategies rely on family members, extended family, friends and other informal resource people?

- ♦ How many rely on paid professionals like police officers, social workers, teachers, etc.? _____
- ♦ What is the ratio of strategies that rely on family and informal resource people to strategies that rely on paid professionals?
_____/_____

Part #9 – Contacts

- ♦ How many phone calls to consumers and family members are documented for the current month? _____
- ♦ How many in-person contacts are documented? _____
- ♦ How many collateral contacts are documented? _____
- ♦ How well or poorly do contact patterns reflect organizational policy?
Well Pretty well Not really Not at all
- ♦ How well or poorly are contacts written?
Well Pretty well Not really Not at all

Part #10 – How Complete is the File?

- ♦ Does it contain/does your organization require:
 - ☐ Birth Certificates ☐ Social Security Numbers

- | | |
|---|---|
| <input type="checkbox"/> Referral Information | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Family Information |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> IEPs |
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Assessment Information |
| <input type="checkbox"/> Contact Notes | <input type="checkbox"/> Court Documents |
| <input type="checkbox"/> Treatment/Services Plans | <input type="checkbox"/> Other |

Overall:

- ◆ How different/similar are the employee's Treatment/Service Plans from each other?

Very Different	Some Different/ Some Similar	Very Similar
----------------	---------------------------------	--------------

- ◆ Does the plan make sense? Is it compassionate and organized sensibly?

YES	NO
-----	----

- ◆ Is the plan fiscally responsible?

YES	Somewhat	NO
-----	----------	----

- ◆ Does the plan minimize undue dependency?

YES	NO
-----	----

- ◆ Does the plan provide follow-through where there is ongoing need for support?

YES	NO
-----	----

- ◆ Does the plan address significant improvement in:

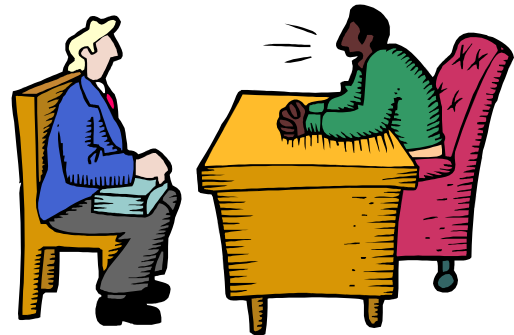
- Safety?	YES	SOMEWHAT	NO
- Success?	YES	SOMEWHAT	NO
- Achievement?	YES	SOMEWHAT	NO
- Independence?	YES	SOMEWHAT	NO

- | | | | |
|----------------------------|-----|----------|----|
| - Permanent relationships? | YES | SOMEWHAT | NO |
| - Happiness? | YES | SOMEWHAT | NO |
| - Financial viability? | YES | SOMEWHAT | NO |

Practical Staffing for Family and Person Centered Practice

If your organization is like most, you have access to and may be required to use staff recruitment strategies that are already in place. You may also have interview and selection protocols that are designed to help you get through the hiring process successfully. If you're a new supervisor, review the strategies and protocols that are in place and become as familiar with them as possible. More experienced supervisors who have already used what's available for recruitment, screening and selection may have formed opinions about what works well and what could work better.

Review the following materials that address a variety of elements in the hiring process. If they are useful for your organization, adopt or adapt them to fit your selection and hiring priorities as needed.



A New Kind of Job Description

In Traditional Practice, Employees:

- have cases
- manage “cases” = command, direct, supervise, take the helm⁵
- are accountable for the conduct and service of providers and others involved in the plan⁶
- know who to contact for help
- make phone calls
- meet with colleagues, collateral contacts, and families
- set the agenda
- read up on what everybody else thinks about the family
- set priorities to ensure that system mandates are appropriately addressed
- defer to people who have more advanced degrees than they have
- are professional, yet kind.
- maintain traditional boundaries
- at least *appear* to have a way better life than the consumer or the family
- monitor all planning processes

In Family/Person Centered Practice, Employees:

- serve consumers and families
- facilitate = expedite, further, promote, run interference for⁷
- are accountable to program policy, procedures and custom⁸
- help consumers and families identify needed contacts
- deploy informal and formal supporters to make phone calls
- participate in no meetings about them without the consumer and/or family present (i.e., “Not about us, without us”)⁹
- find and learn the agenda from consumers, families and concerned others
- hear the story from the consumer and/or the family
- ensure the inclusion of system mandates as individual and family priorities become clear
- defer to consumers and families and ensure that everybody else does too
- are kind, impeccably polite and very respectful
- figure out what boundaries make sense in each relationship with the other people involved
- seem imperfect, human – just like everybody else
- monitor all activities as they relate to priority outcomes

⁵ Roget's 21st Century Thesaurus, 1993.

⁶ Treva Havgaard, MSW, MPA

⁷ Roget's 21st Century Thesaurus, 1993.

Selecting Staff

Important Staff Skills, Talents and Attributes

- Impeccable manners
- Compassion; the sympathetic awareness of other's distress together with a desire to alleviate it¹⁰
- Good sense of humor
- The ability to communicate clearly, without jargon, initials, and buzz words
- A rich set of life experiences and skills
- The ability to understand what people are really and truly up against
- Integrity, in both principle and action
- A genuine belief that all people deserve respect
- The ability to see people's strengths and help them find ways to build on them to make positive changes in their lives
- Clear and mostly constant hope
- Genuine optimism grounded in a realistic world view
- The ability to solve problems in creative ways
- Courage to take a stand that may promote criticism
- Fascination in other people and other cultures, values, traditions, and ways of doing things
- A slightly tilted view of the world
- A real affection for and interest in people coupled with the belief that all people are valuable
- Willingness to lead, sometimes deliberately but often as the simple by-product of excellent practice

⁸ Treva Havgaard, MSW, MPA

⁹ Common saying of the New Zealand Social Justice Family Conferencing model

¹⁰ Webster's Ninth New Collegiate Dictionary. Merriman Webster Inc. Springfield, MA. 1990

- A flexible attitude about what a day will bring and what will happen next
- The ability to think quickly, responsibly and insightfully when needed
- A thorough understanding of basic needs and what people likely can and can not achieve when those needs are not met
- The ability to find common ground between people when others cannot
- The qualities of mercy and empathy combined with truth and passion
- Willingness to be part of a team
- The belief that results are important and that what we do is help people achieve them
- A commitment to ensuring that people have choices and the right to define how they want to live their lives
- An in-depth understanding of the importance of system mandates like personal, child and community safety
- Willingness to find and maintain useful relationships with lots of different resource people

Recruiting Family and Person Centered Practice Staff

Note: If you have a Human resources expert at your organization, consult him/her about employee recruitment and selection. If not, try these simple, general ideas.

- **Determine who you need.**

Identify the following:

- Specific attributes, beliefs and skills
 - Cultures
 - Languages
 - Experiences
 - Types of expertise
 - Values
 - Degrees and licenses
- Draft a brief description of each priority person or group needed.
- Determine who is part of your primary and secondary audiences for each person or group needed. Primary audiences are the actual people you wish to recruit and hire. Secondary audiences are people who know lots of other people who may be part of your primary audiences.
- Develop strategies to effectively and cheaply connect with each primary and each secondary audience.
- Draft specific descriptions of the positions available that are designed to appeal to priority audience members.
- Explore licensing and other regulatory requirements that could impede or promote your organization's access to potential staff who reflect your hiring and service priorities. Find out if there are exceptions to any rules that impede your employee recruitment priorities and under what specific circumstances the exceptions apply.
- Evaluate to what degree, if at all, your organization's current procedures alienate qualified candidates and design specific remedies to address any barriers you find.
- Develop strategies to utilize current staff and the consumers or families your organization serves as recruiters and co-interviewers. Ask staff what they think of each applicant and listen judiciously to their replies.

- Arrange for “hands on” interview experiences that include home visits, court, meetings and other consumer-oriented contacts that are typically part of the service/s your organization delivers.
- Ensure that new staff have responsive mentors and lots of support for learning.

The Selection Process: Interviewing Employees

Most organizations have employee selection and interview protocols in place for use by interviewers at all levels of the organization. Many have human resource staff available to lend their expertise to the selection and hiring process. If you have these resource people in place, we advise you to consult them and rely on their advice. Despite our advice here, you are probably required to consult them and take direction from them on all matters that pertain to hiring employees. If not, or if you wish to add to your current selection protocols, we include several tools to help you discover at least some of the information you need as you make hiring recommendations or decisions.

Interview Questions

We suggest you use these – and other questions – in a face-to-face interview

Family and Person Centered Practice Interview Questions

Directions: Use these questions in a one-on-one interview to see what potential employees think and believe. Use them also to evaluate how quickly applicants think, how organized their thoughts are and how they interact verbally.

Family Centered Practice (FCP) is a family driven, family focused, team approach to problem solving. Families ultimately decide (except when safety is at risk) what outcomes to pursue and how to pursue them. Person Centered Practice (PCP) is a person driven, individually focused, needs driven approach to problem solving. The consumer ultimately decides (except when safety is at risk) what outcomes to pursue and how to pursue them.

- As an uninvited stranger coming into a consumer's/family's home, how would you approach the consumer/family to initiate a relationship?
- How might learning about a consumer's/family's culture, traditions, interests, and strengths be useful to you as a (add job title here) ?

- What can you learn about a consumer/family simply by entering their home?
(Looking for interests, strengths etc., vs. weaknesses, problems, etc.)
- When should you, as a (add job title here), make sure that you implement a service consistently across consumers and families?
When shouldn't you?
- What should (add job title here) do when the consumer or family think that they need something you don't normally do?
- How should a (add job title here) handle potentially difficult elements of a home (bugs, smells, animals, dirt, etc.)?
- In what ways do you see FCP/PCP as similar to or different from traditional service delivery models?

- In what ways is PCP/FCP most consistent with your experiences and style in working with consumers/families? Most different?
- When should people be served in their homes? When should they be served elsewhere?
- Which is the most important: meeting needs or achieving results? Why?
- If people have made poor decisions and/or unsafe choices in the past, as evidenced by the current condition of their lives, what should the role of the (add job title here) be in reference to making decisions?
- In what areas is the consumer or family the expert on what personal or family issues should be addressed? In what areas is the (add job title here) the expert?

- What should the (add job title here) do when s/he likes the person or family? Dislikes them?
- In your opinion, what are the top five characteristics of good manners?

Scenarios: Capturing Potential Employee Reactions

We suggest you use one or more of these scenarios to increase your awareness of what potential employees value and believe. Use them also to obtain a sample of each potential employee's ability to write. If the scenarios don't reflect the work you are hiring employees to do, watch the news and substitute a story or two that does reflect it.

Directions: Read the scenarios provided that describe actual events that occurred recently. Answer the questions that follow each scenario to the best of your ability, using complete sentences and writing as professionally as possible. Your answers will be evaluated for insight, instinct, understanding and compassion. They will also serve as samples of your ability to write cogently and correctly.

Scenario # 1: _____

Diaper rash tied to infant's death Cambria County woman, mother face charges

Thursday, March 10, 2005
By Jan Ackerman and Joe Fahy, Pittsburgh Post-Gazette

At 4:28 p.m. on Dec. 12, little Harley Livingston was admitted to Conemaugh Memorial Hospital in Johnstown with diaper rash so severe that dead tissue in his genital area was turning black.

At 4:49 p.m., the 15-month-old went into cardiac arrest and at 5:06 p.m., he died.

Now, in one of the more bizarre and sad cases he said he has ever seen, Cambria County Coroner Dennis Kwiatkowski has ruled that the toddler died from dehydration and bacterial infection induced by a severe diaper rash. As a result, both the toddler's mother and grandmother are facing criminal charges.

The mother, Amy Livingston, 27, of Johnstown, was jailed after she was arraigned Tuesday on one count of involuntary manslaughter and two counts of endangering the welfare of children.

She not only was charged with causing the death of Harley by allowing him to develop diaper rash that became septic, but with endangering the welfare of her son Hunter, who will be 4 next month. He also was suffering from severe diaper rash when authorities checked on his condition after his brother died.

The children's grandmother, Evelyn Ann Mrsnik, 60, of Richland, Cambria County, was charged with one count of endangering the welfare of children for failing to report suspected child neglect of her grandson to authorities.

Mrsnik was a supervisor at a day-care center where the children stayed. Under Pennsylvania law, she was required to notify authorities of any suspected child abuse or neglect.

Livingston was placed in the Cambria County Jail after failing to post \$200,000 bail. Mrsnik was released after posting 10 percent of a \$150,000 bond.

District Judge Michael Musulin of Johnstown set a preliminary hearing date for both women for next Thursday.

When Livingston took her son to the emergency room on Dec. 12, he was wearing a clean diaper but was dehydrated, his eyes were dry and sunken, and he was turning blue, according to a criminal affidavit filed by detectives Thomas Owens and Donald Robertson.

Harley's mother said she took him into the hospital because he appeared to be lethargic. She said he would not eat that morning but had been teething and had diarrhea.

When questioned about a bruise on his forehead and right side of the head, his mother offered several explanations: He had fallen into a wall, he had been bitten at day care and he was learning how to walk.

A friend of Livingston's told police that Harley had fallen and struck his head on the previous day. But the coroner's office did not link that fall to the toddler's death.

On Dec. 12, detectives searched Amy Livingston's home and found it in shambles. Trash and food covered the floor and the smell was almost unbearable. A plastic bag in the hallway was filled with trash and used diapers and the sheet from the crib was heavily stained and on the floor, according to the affidavit.

Her husband, David Livingston, who was deployed with the U.S. Army, was not present. According to the affidavit, other persons had stayed at the house on and off.

Cambria County Children and Youth Services had been trying to work with Livingston, who had been noncompliant with court orders since September, according to the affidavit.

Shortly after performing an autopsy, the coroner's office ruled that the cause of Harley's death was sepsis, a bacterial infection that entered his bloodstream.

Kwiatkowski said that the bacterial infection was fast-moving. Only once previously in his 25 years in the coroner's office, he said, had he seen a similar death.

He said the coroner's office redid the blood work and re-examined the evidence. "Any time you are handling a baby death, it is harder," Kwiatkowski said. "You want to make sure you dot your i's and cross your t's."

On Feb. 25, after a meeting with its officials, the coroner's office ruled that the death was a homicide.

District Attorney David Tulowitzki decided to file charges against both mother and grandmother.

Tulowitzki's decision to charge Mrsnik with failing to report possible abuse was based on an investigation at the day-care center where she worked and the children stayed.

"On numerous occasions, staff members would report the seriousness of the diaper rash to her," Tulowitzki said yesterday. He said she did not report the allegations to the state, even though she was a mandatory reporter.

Dr. Marian Michaels, an infectious disease specialist at Children's Hospital, said she has never witnessed a death from complications from diaper rash. But she said she has seen deaths in children from overwhelming bacterial infections that entered through minor breaks in the skin.

While deaths from those causes are unusual in otherwise healthy children, serious infections can move rapidly "despite every appropriate treatment," she said. The presence of feces or urine in a diaper could cause skin breakdown and create the opportunity for infection to enter the body, she said.

Sometimes, children may have underlying immune deficiencies that go unnoticed until overwhelming infection occurs, she said.

The coroner said Harley did not have underlying health problems.

Dr. Joseph Carcillo, a critical care specialist at Children's, said some conditions known to cause similar symptoms include necrotizing fasciitis, a fast-moving infection of the tissue beneath the skin, or Fournier's disease, a rapid infection involving the genital area. Both are types of flesh-eating disease that can quickly result in death.

The coroner could not be reached later yesterday to discuss whether those diseases were a factor in the child's death.

Scenario #1 questions:

1. Who should be investigated? Why?
2. Who should be interviewed? Why?
3. Do you see any possible contributing factors in this family and this situation?
4. Should the investigator look at the home? Why or why not?
5. How well or poorly did the Protection and Safety agency respond to this family?
6. What do you think should happen next?

Scenario #2: ---

Woman accused in diaper rash death charged in sex case

Saturday, April 2, 2005

By Paula Reed Ward, Pittsburgh Post-Gazette

The woman accused of letting her 15-month-old son die from a diaper rash infection now faces new, unrelated charges -- having sex with a minor.

According to paperwork filed Thursday in Johnstown, Amy Livingston, 27, had a month-long relationship with a 15-year-old boy, beginning in October.

Johnstown Police Chief Craig Foust said Livingston and the teen had known of each other in the past and had a chance encounter in early October. The two began seeing each other, and Livingston often picked the boy up from school and drove around with him.

On Oct. 24, according to the criminal complaint, the teen told Livingston he was interested in having a relationship with her. She knew the boy was only 15, Foust said.

"It's pretty obvious," he said.

Livingston was charged last month with one count of involuntary manslaughter and two counts of endangering the welfare of children in her son's death, and a related case of severe diaper rash in an older child.

Livingston took her son, Harley, to a Johnstown hospital on Dec. 12 complaining that he was lethargic. When doctors saw him, they said he was wearing a clean diaper but was dehydrated, turning blue and had dry and sunken eyes.

The diaper rash was so severe on the toddler that dead tissue in his genital area was turning black. He died 40 minutes after being admitted.

It was during their investigation of Harley's death that Johnstown police discovered Livingston's alleged relationship with the boy.

Their first sexual encounter was overnight on Oct. 29, police said. They began seeing each other every day after that, the complaint says, and had relations again on Nov. 3.

According to the police, Livingston, who had four children at the time, ranging in age from 13 months to 7 years old, would pick the boy up from basketball practice and then take him to her residence to have sex. Afterward, she drove him home.

They even had what could be considered dates, when they went to the mall together and played pool together, according to the complaint.

On Nov. 12, police said, Livingston picked the teen up from school, and they drove to Lancaster together, where they stayed overnight at a hotel.

The relationship didn't end until Nov. 18, when the boy's mother found Livingston inside her home with her son, while three of Livingston's children sat outside in her van.

The children were left in the van for two to three hours, Foust said.

The teen's mother confronted her son about the relationship, and at that point, the boy told Livingston he could no longer see her.

It makes no difference that the boy consented to the relationship because he was underage, Foust said. The boy turned 16 on Nov. 30. Any relations between the two of them after that would not have been illegal, Foust said.

Foust added that it did not appear Livingston had had any other relationships with minors in the past.

Foust believes the parents knew their son had some relationship with Livingston, but he does not think they knew it was sexual.

Livingston is charged with five counts each of statutory sexual assault; aggravated indecent assault; indecent assault; and corruption of minors. She is currently being held at the Cambria County Prison on \$200,000 bond on the manslaughter charge. She is scheduled to have a preliminary hearing in that case on Wednesday.

Her mother, Evelyn Ann Mrsnik, 60, of Richland, Cambria County, also will face a district judge Wednesday. She is charged with one count of endangering the welfare of children for failing to report suspected child neglect of her grandson to authorities.

Mrsnik was a supervisor at a day-care center where the children stayed.

Scenario #2 questions:

1. Why might this have happened, in your opinion? What factors might have contributed to the outcomes?
2. How might average citizens react to a sexual relationship between a young adult female and a teenage male?
3. How would they likely react if the young adult was male and the teenager was female?
4. Are any children being hurt or neglected here? Which one/s?

Scenario #3: ---

Father, Shuman guards charged

Friday, April 1, 2005

By Barbara White Stack, Pittsburgh Post-Gazette

Five Shuman Juvenile Detention Center guards and the father of a Penn Hills boy were criminally charged yesterday as a result of a "scared straight" incident at the lockup Sunday in which the 13-year-old boy was beaten.

Police said the boy's father, Anthony Donald Sr., of Penn Hills, placed the youngster, who has never been charged with a crime, in the hands of two friends who are Shuman guards. Donald was charged with misdemeanor counts of conspiracy and child endangerment.

Donald Jr. said the guards ordered him to strip in a public place and put on a uniform. When he refused, he said, four guards forced him to the ground, beat him and stripped off his pants.

Four of the guards, called "child care workers," are charged with unlawful restraint and false imprisonment, which are felonies.

They are Charles Smith, 57, of Point Breeze; Duayne Nesmith, 36, of Midland; Saaid McFadden, 30, of Homewood, and Richard Bratcher, 35, of the Hill District. A fifth guard, Donald's friend Michael Ginyard, 38, of Point Breeze, is charged with misdemeanor counts of official repression and conspiracy.

In addition to those two misdemeanor charges, Smith, Nesmith and McFadden face misdemeanor charges of simple assault, recklessly endangering another person, terroristic threats and child endangerment. Bratcher faces all of those as well, except reckless endangerment.

County Police Superintendent Charles Moffatt explained the charges: "The boy was kept against his will. They assaulted him to keep him there. They conspired with one another." He said the guards face different charges based on their culpability.

All of the guards were suspended yesterday without pay.

Nesmith, McFadden, Ginyard and Smith were arraigned last night and released on their own recognizance.

The boy's mother, Nicole Finney, of Penn Hills, who is separated from the youngster's father, said yesterday that she was glad to hear of the arrests. "I just want them to be held accountable for what they did to my son," she said.

She was upset that the boy's father was charged, saying she is sure he did not intend for his friends, guards Ginyard and McFadden, to harm the boy.

She said when her own father told Donald Sr. the extent of the youngster's injuries, including bruises to the chest, spasms in his back and swelling to his neck, the father expressed regret.

Still, Finney said, she is relieved that county police detectives Edward Fisher and Gregory Matthews filed charges against the guards. She said she believes that if they brutalized a boy like her son who has never committed a crime, they could do the same to other youngsters at Shuman.

"I fear that they may be doing it to other boys," she said.

Finney said Ginyard, who has been a family friend for 15 years, called her earlier this week to tell her nothing bad happened.

"He said, 'All we were doing is trying to scare him straight.' He said he used the tactic on his own son."

Shuman Advisory Board member Mary K. McDonald, a Downtown attorney, said this week she was concerned the incident wasn't isolated. "I would have to wonder if it happened to that young man if there are rogue guards who instituted that sort of thing, and this is the only one that came to light."

Shuman Director Alex Wilson said there is no "scared straight" program at the detention center, though tours for school children are sometimes conducted with official notice and permission.

"More than two years ago, a policy went out outlining the parameters for tours, indicating there were to be no in-your-face confrontations," Wilson said, "Scared-straight yelling or putting on Shuman clothing, that is absolutely prohibited."

Moffatt said yesterday no other incidents have been reported to county police. "I would classify it as very unusual," he said.

Still, McDonald said the incident Sunday, as described by the victim, would require the knowledge and cooperation of numerous Shuman workers. In addition to those the boy said beat and choked him, threw him against a wall, spit and cursed at him, other workers would have had to buzz the boy through security gates and would have witnessed his presence on cameras throughout the building.

McDonald said in 2001 the state Legislature took the board's power away and gave it to the county chief executive. Now the group is without authority to remedy such a situation, she said, and it has not met since September and does not have enough members left to make a quorum.

"Before we could have demanded firings in a case like this," she said, "but not now."

The State Department of Public Welfare controls conditions at Shuman to the extent that it can deny the facility a license to operate. It is investigating, but Shuman did not alert the department to the incident, as it is required to do if a child who is a resident of the facility is injured.

Welfare Department spokeswoman Stacey Ward said Shuman does not have to file an incident report on the Donald case because Donald was not a Shuman resident.

Ward, whose agency licenses every juvenile detention center in Pennsylvania said, "We have never experienced a situation like this before."

Wilson said the center is equipped with video cameras, but they do not record. They simply allow a guard to monitor hallways and rooms in the center.

Because videotapes of an incident like the one Sunday could provide important evidence, he said he is researching the cost of outfitting the system to record.

"It would improve both staff and kids' safety," he said.

Both Moffatt and Common Pleas Judge Robert E. Colville, who worked in juvenile court just after he was elected to the bench, said they had friends who asked them to put the fear of the law into wayward children.

Both said they had serious reservations and would talk with youngsters but nothing more.

Scenario #3 questions:

1. Who should be investigated? Why?
2. Name at least 5 problematic issues that contribute to the seriousness of this situation.
3. Do you agree or disagree with the mother's opinion that injuring children does not cause them to behave better? Why?
4. Who is most responsible for these events? Why?

Scenario #4:

Jonathon and his family

The fact that Jonathon made it safely to his 6th birthday was truly a tribute to the patience of his parents, Becca and Mike. Their son had been difficult to manage almost since he was born. Franklin, his 10 year-old brother, was sick of trying to be patient. The truth was, he was sick and tired of Jonathon. Sometimes it seemed like all Franklin heard was “Jonathon this” and “Jonathon that”, “Jonathon, Jonathon, Jonathon”. Could we at least talk about something else once in a while? Franklin wondered.

Even when he was a baby, Jonathon never really napped. He was colicky every evening for months, way longer than the baby books said colic might last. Becca and Mike talked it over, thinking back to when Franklin was little. It had been nothing like this, though. Becca scheduled an appointment with their pediatrician. She and Mike also talked to Mike’s parents and Becca’s dad, who all tried to reassure the young couple. Every baby is different, they said. He’ll come along in time. The pediatrician said basically the same thing. They listened and they kept doing the best they could with Jonathon, but Mike and Becca took to looking at each other and mouthing their main question: when will this improve?

As soon as Jonathon could walk he was into everything. He was quite active and very quick. He grabbed whatever he saw unless Mike or Becca stopped him. Even though he had originally been excited to be a big brother, Jonathon was the bane of Franklin’s existence. He took his older brother’s toys and screamed bloody murder when Franklin tried to get his stuff back. To top it all off, Jonathon still didn’t nap and he only slept for five or six hours each night. None of them slept well with the amount of noise the little guy made and Becca and Mike practiced what they called “relay sleeping”; taking turns so that each of them could sleep a little.

As Jonathon grew, his behavior just got worse. He threw temper tantrums, banging his head and screaming when he didn’t get his way. Becca and Mike knew they shouldn’t cave in to his angry demands, but they were embarrassed, especially out in public. Franklin was mortified. Still, he was angry that they went out less. He loved going to McDonalds and Chuckie Cheese with his parents. There again, the problem was the same as it always had been... Jonathon.

The bigger he got, the more successful Jonathon was at destroying toys, books, cereal bowls – anything he could break. He seemed especially prone to breaking Franklin’s things. Becca explained to her eldest that they just couldn’t afford to replace the destroyed items. The day Jonathon tried to flush Franklin’s Playstation 2 down the toilet, Franklin lost it. He punched his brother as hard as he could and pushed him over. Jonathon cracked his forehead on the edge of the tub and bled like crazy. Mike sent Franklin to his room to cool his heels while his parents fussed over Jonathon. When they were done, Mike came to his room and sat down on the bed. Franklin could tell that his father was angry. He launched right into “the big speech” and made Franklin

feel even guiltier than he already did. Mike grounded him with no TV for a week. Nobody seemed to remember that the Playstation 2, his very favorite possession, was completely ruined.

Right after Jonathon turned four, Becca and Mike again asked their pediatrician about him. She asked if his activity level had decreased. His parents reported that it had increased instead. They described how they tried to keep him occupied with his Matchbox truck and car collection or with his favorite TV shows: Teletubbies¹¹, the Road Runner¹² and just about everything on the Disney Channel and Nickelodeon. These activities worked somewhat at keeping him positively occupied, but only up to a point. They decided to try medication.

Mike and Becca started what proved to be over a year of trial and error with different medicines. Unfortunately, Jonathon's activity level continued to be a problem. The doctor, Becca and Mike kept trying to get it right, taking their best shot and making their best informed choices. Every time a medical solution seemed promising, it ended up disappointing all three of them. They continued to try various drugs and combinations of them, making sure to carefully observe the impact on Jonathon's behavior. Finally, Dr. Szewczuk advised them to see if having Jonathon spend part of the day in a more structured, group setting would help.

Becca and her dad, Jonathon's very favorite person apart from his parents, took the boy to a day care center and signed him up, hoping for the best. It proved to be the first of four day care centers that kicked him out because of his rambunctious behavior. Jonathon's longest record for being in a day care center was a brief eight weeks. In between day care situations, Becca's dad helped as much as he could. He entertained his grandson with magic tricks. Grandpa could separate his thumb and pull quarters out of Jonathon's ear. They had lunch together sometimes. Grandpa fixed his favorites: macaroni and cheese, Spaghettios and Oreos.

Mike and Becca continued to do the best they could to find things that engaged Jonathon, even if it was only briefly. He liked dinosaurs and fire trucks. He wanted to be a fire fighter when he got big, unless he could drive a big truck or be a cowboy. Sooner, his goal was to be a school crossing guard, like the 6th grader who crossed the kids at Franklin's school. No one could say that he didn't have an imagination, and that helped keep him occupied for a while. Jonathon planned to invent a machine that could turn cows into pterodactyls, clothing that makes you fly, and giant plants that grow candy all year round.

By the time Jonathon turned six, he was repeating kindergarten because he hadn't mastered the skills and information he needed to enter first grade. His parents were exhausted, his teachers were stressed out to the max and his grandparents were concerned and bewildered. No one would baby-sit Jonathon, so Becca and Mike had

¹¹ Teletubbies, by Andrew Davenport, Produced by Ragdoll, Producers Anne Wood and Andrew Davenport, PBS Television Network, Series aired from March 1997 to the present.

¹² Road Runner, dir, Chuck Jones, Warner Borthers, 1967.

no time together and very little time left for Franklin. Franklin was moody most of the time and to make matters worse, he was starting to act up too. Every night, Becca said Jonathon's prayers with him and tucked him in with Raggedy Andy and Pooh. She knew, in her heart, that she and Mike were running out of hope. They had no idea what to do.

Scenario #4 questions:

1. Who is at risk here? What are the risks?
2. Are the parents doing something wrong?
3. What is likely to happen to Mike and Becca's marriage if this keeps up?
4. What is likely to happen to Jonathon if they split up? To Franklin?
5. Who are the support people for this family?
6. Where might they find additional support?
7. What assessments would you recommend for this family? Why?
8. What services might be helpful to the family? Why?
9. Do you think Becca and Mike are in danger of abusing Jonathon? Franklin?
10. Does Jonathon have any strengths that might prove helpful to resolving his and his family's situation?

How to Retain Staff and Keep Them On Track

Heartfelt praise

Rule #1 for supervisors and managers is simple: Never underestimate the power of accurate, sincere praise. Identify the strengths of each of your employees everywhere, across settings, relationships and critical work tasks. The best way to do this is to really work at it, consciously and deliberately. Don't leave it to chance. If you can find real and significant opportunities to praise employees daily, even multiple times during a single day, do it. Remember though, this will only be effective if you are completely sincere and your praise matches each employee's actual performance.

This author has asked countless workers across North America and elsewhere whether or not they're burdened with the heavy weight of all of the sincere praise and gratitude they get for their hard work with consumers and families. I've asked them if they get tired of hearing what they do right all the time. Few, if any, have responded with anything except laughter. If you doubt the importance of praise and recognition, ask yourself: Are you sick of all of the positive acknowledgement **you** receive for a tough job, well done?

Generous personal and technical support

Our jobs and our missions focus largely on supporting our customers but often staff are better able to provide comfort to consumers and families when they get at least some support from their workplaces. Although we can't confuse the roles of workers and consumers, it remains appropriate to inquire after your staff's state of mind and emotional condition.

Don't go too far, since our work requires that consumers and families occupy, at all times, the center of our concern. Still, inquiring about a sick child or a major personal change is both polite and appropriate.

When employees need technical support, the main responsibility of supervisors is to ensure that they get it as quickly and as thoroughly as possible. Try not to make your employees wait for your advice and feedback. When other types of technical assistance, beyond what you can supply, are needed, move efficiently to get it for the employees who need it. Let employees know what you are doing to get them the assistance they need and when they can expect it to be available.

Respect

The best way to ensure that you treat your employees respectfully is to hire only people you can actually respect. Hiring is a less than perfect process, unfortunately. Just like praise, the solution here is to find and connect with real reasons to respect each member of your workforce. Even when employees make mistakes, address them in keeping with the highest possible standard of good manners while you clearly and honestly give them feedback about the situation and the mistake.

If you can't find something in an employee to respect, take a long look at yourself and your own issues: do you have a tendency to judge others more stringently than you judge yourself? Are your pre-existing preferences and dislikes tripping you up? The trick is to account carefully for anything you may be inadvertently adding to your relationships with your employees and delete it as much as possible.

After you have removed yourself from your observation of and interaction with an employee, if you still can't find anything to respect, pay closer attention. See how others react to the employee, document your observations and work with your chain of command and human resource people to identify any needed actions.

Honesty

Recognize staff for their honesty, publicly, if appropriate, privately, if not. Don't hesitate to acknowledge accurate information. If you're grateful for their honesty, tell them and in every way possible, return it. Don't say one thing to them and another thing about them. Don't hint at raises or privileges that may not come true.

It (hopefully!) goes without saying that dishonest supervision will not produce honest employees. Make sure that you model the highest level of honesty in every way. Tell your employees the truth and follow through on what you promise. These are the fundamentals of honest relationships.

While optimism may seem to require that you always just believe your employees, supervision requires you to assess the veracity of what you hear, read or otherwise review. As a supervisor, you can't abdicate your responsibility to produce accurate records including employee work time, actual activity, location, expenses, reports on progress and so on.

It doesn't make much sense to sneak around to check on employee records and it feels a bit false. Use the need to check on your employees' honesty to model your own. Consider having the staff you supervise bring their written work products – from schedules to contact notes – and examine them as you meet with each employee. As you review, watch how the employee behaves and how s/he reports the information. To back up these one-on-one sessions, conduct random reviews of all written records for

all staff, making it clear that everyone should expect their records to be reviewed, on an ongoing basis.

Develop other checks and balances to make sure your employees are doing what they're supposed to be doing, with whom, when, for how long and how. Make sure that you present these accuracy checks as a key part of your professional responsibility, nothing personal, just what everybody should expect.

Fairness

Even very young children are aware of what is and is not fair. Why wouldn't staff be even more clear on whether they and their colleagues are treated equally? You simply can't play favorites. Even if you have to use prompts as personal reminders to treat people equally, make sure you do it.

Fairness relates to equal access: opportunities, supervision, technical assistance and support. It relates also to who works which holidays, which shifts and with which consumers. Professional social activities also are evaluated by staff for fairness. You shouldn't always have lunch, coffee, smoke with, etc. only certain employees. Even issues like proximity to windows, sizes of desks and types of chairs play into whether or not employees believe they are being treated fairly.

Integrity¹³

Honesty and fairness are part of integrity but there is more to it than that. Integrity means that you keep your promises and do what you say you will do. It means that you can be counted on for truth in all aspects of your actions. Without integrity, you can't lead, teach and motivate the people you supervise.

The people you report to also require you to behave with integrity. You have to represent their leadership accurately and tell them the facts from the front line as clearly as you can. You are an important source of both information and feedback and people are relying on you for the truth.

Supervisors have an enormous amount of influence on whether or not services are being delivered with integrity. That means you'll have to focus on what consumers and families get and how they are treated every single day. You'll also have to keep track of what you, your staff and your managers promise to deliver. Programmatic integrity means that promises match practice.

¹³ Kurt Lyles, LCSW, Idaho Department of Health and Welfare.

Access to needed skills and knowledge

The employees who are most likely to quit are the ones who feel ill prepared for the requirements of their jobs. Incompetence is a difficult thing to feel. Most people flee it immediately. If you want staff to remain on the job, give them the tools and encouragement they need to succeed.

If you've used the assessments in this curriculum, you'll know the areas in which your employees have confidence and the areas in which they lack it. Follow through with the priorities for skill acquisition you and your employee established in the performance evaluation process and proceed with a definite plan to address the weak areas in each staffer's performance.

Opportunities to grow

Smart supervisors make new opportunities available to staff. They know, among other things, that the better each employee performs, the more likely they are to look good to their own managers. Find out what your employees want from their jobs. Encourage them to think as big as they can. Do any of them see themselves as potential leaders? Do they aspire to different roles? Different ways of working?

When you become aware of your staffs' hopes and dreams, find ways in which you can help them achieve their goals. Pass along information on potentially helpful conferences and training opportunities. Encourage staff to join and participate in civic and professional organizations. Promote their reputations whenever you can. Remember, new employees all start out at about the same place. How much they grow is typically determined by careful nurturance and that doesn't happen by accident.

Adequate, reasonable compensation and benefits that show a real understanding of basic human needs

In many organizations, supervisors have no control over salaries and benefits. If that's true for you, work with your chain of command to maximize what employees receive and advocate for decent compensation and benefits. Our society, accurately or not, uses money and privileges to determine what people are worth and staff are well aware of that.

If you have a degree of control over compensation, do what you can to get employees what they and their families need and deserve. If productivity is an issue, deal with it honestly and efficiently with your employees. If you can't improve their compensation, tell them and if you're administratively permitted, tell them why.

Administrative, policy or whatever support is needed to keep the job “do-able”

People can't simultaneously serve as transportation aides, secretaries, maintenance staff, IT experts, etc., and as whatever their full time jobs are supposed to be. When staff are expected to fill both a full time professional job and several other para-professional and professional positions, they will have less time to attend to the responsibilities on their job descriptions.

Use time studies to gather employee activity data and use it strategically to get your staff the support they need. Don't give your managers and funders your perception that staff are overworked and/or over extended. Tell them, instead, that your professional staff spends 28% of their time driving consumers and families to needed appointments. Let them know that office staff are cleaning their area because no one else is. Make sure they're aware of long waits at court every week which they can't skip and don't control. Give your managers accurate, specific information. It's your best hope to get staff the help they need.

Responsive, positive individualized supervision

To supervise people, you have to be there for them regularly, on an ongoing and predictable basis. For many family and person centered services, you also have to be there for them on holidays, at night and at other times when your employees really need your support.

This is not to suggest that you become a martyr to your staff. Define, with them, what is and what isn't an emergency and try to stick to the standards you develop together. Still, you can't supervise a community based staff exclusively from an office. You can't supervise a 24-hour service between 9am and 5pm. You sometimes have to do the work where and when your staff do.

Use the phone, email and other methods of communication proactively and efficiently. If you suspect an employee may need to handle an emergent situation, address the issues preemptively, agree on what the plan is and how and when subsequent communications will be managed.

Remember, supervision is never a canned product. It's live, up close and at least to an extent, personal. Everybody doesn't need or want the same things from supervision. Again, the assessments in this curriculum will help you individualize your approach to each person you supervise. One size doesn't ever really fit all. It never will.

A chance to be part of a team of people who come from different backgrounds, cultures, and types of experience, expertise, and opportunities to learn from each other

Participating in a diverse, effective team is extremely rewarding for most employees. It makes the work interesting and allows for cross fertilization of education and experience from which everybody benefits. It also makes everybody an expert, at least some of the time, which can be very reinforcing.

Good teams allow staff to learn and grow. Excellent teams sustain employees and make their success very likely. On the best teams, with the best leadership, success triggers higher expectations of greater success, to the benefit of consumers, families and communities.

Fun¹⁴

We go to work for all sorts of reasons: income, a chance to help, something important to do, something to be proud of and more. Despite all these good reasons, this work can be deadly serious and sometimes heartbreaking. Supervisors have to find ways to balance the work environment for employee morale.

If there's a chance to turn something mundane into an opportunity to have a little fun with your staff, consider doing it. People need to laugh just to get through the day and your staff are no exception.

To lighten things up, try a special snack or a new activity at a staff meeting. Try using a film to teach something important or plan a retreat in a place your staff will like. Think of activities you and your staff can enjoy together and milestones you can celebrate. Encourage humor as long as it is respectful and appropriate. A funny cartoon that relates to some aspect of your work may make people smile. A human story about somebody's day can be fun, especially if it's about what your staff manage everyday and recognize in common. Remember, though, a story that makes somebody look dumb or silly may be funny but it should be discouraged anyway.

In some organizations, supervisors and staff do things together like going out to eat, going for an after work happy hour, attending parties and celebrations in each others' homes and elsewhere, even traveling together for conferences and trainings. These activities can be a lot of fun for everybody but to participate intelligently, supervisors have to maintain reasonable boundaries. Don't let your attempts to build employee morale backfire into gossip that you were loud, loaded or out of control.

¹⁴ Ruth M. Vonk, LCSW, Idaho Department of Health and Welfare

Help with figuring out complicated boundary, role and other issues, as they arise

Not too long ago, everybody knew exactly what to do about boundaries: guard them with vigilance and never violate them, period. Individualized approaches to families and consumers have blurred some of the traditional thinking about boundaries.

Not all of it, though. Please continue to encourage your staff not to date consumers or loan them money. Otherwise, teach them how to figure out each situation by asking themselves a simple question: who are you doing this for? If they are doing whatever they're doing for themselves, they're on the edge. It's especially critical that they feel free to come to you and their colleagues to discuss these potential gray areas and shaky situations.

If you support your employees in figuring out how to manage themselves in sensible, polite ways, they'll feel more sure of themselves and more confident about their interactions and relationships. If you handle this aspect of supervision well, you will reduce the potential for conflicts, disappointments and poor results on your team.

Boundaries: Where are the Boundaries?

Issues for Supervisors and Staff to Resolve

As you read the following boundary issues, note how you think you might best resolve them and think about how you can use each one to facilitate discussion and help staff make good decisions. Remember the sometimes competing needs to be polite and to stay licensed, employed, etc. There are no concrete, correct answers in any of these situations. You and your staff will sometimes find that you are covering new ground and participating in a variety of new relationships. Encourage employees providing Family and Person Centered Practice to consult colleagues, other managers, consumers and families for input. The only firm question that helps resolve these new types of relationships is “For whom are you doing this?” Is it for consumers and families, or is it for you? If it’s for you, you’re on shaky ground.

Boundary Issue	Best Resolution?
In front of four of your most traditional colleagues, the consumer, described as having <i>limited intellectual capacity</i> , hugs you after a meeting and says, “I love you”.	
You watch a new staffer blatantly humiliate and insult a family member or consumer at a treatment planning meeting without apparent awareness of the impact of her behavior.	
The consumer simply cannot access needed services until she learns to drive, but cannot practice or take the test without a car.	

Boundary Issue	Best Resolution?
The consumer or family member proudly offers and serves a meal or snack of unknown origin.	
The consumer family with 5 children that moves two blocks from your home.	
The consumer who invites you to be a bridesmaid or usher at her upcoming wedding.	
The desperate, abused woman who says she can't leave her battering boyfriend in an emergency without money, and asks for a \$10 loan, to escape by cab if she has to, the only chance she has.	
The father, whose son's death is being investigated by protective services, wants you to help plan and come to the funeral.	
A colleague asks for a few minutes of private talk before a meeting, and then does everything s/he can to slam the consumer or family.	

Boundary Issue	Best Resolution?
The consumer asks you to listen while she testifies about her faith.	
The lonely consumer who wants to meet somebody, and could, if only you would teach her/him to dance.	
The child who asks to tell you a secret and wants you to promise not to tell anybody	
The consumer who wants a bite of your sandwich or a sip of your water.	
The consumer who, without your knowing in advance, joins your health club so that s/he can work out with you.	

Roles that Staff May Play in Family and Person Centered Practice

At a staff or unit meeting, ask your team to look at these roles they may be required to fill from time to time as they serve consumers and families. Encourage your employees to answer the questions posed on this document and ask them to describe times they have stepped into or been forced into these roles. If they can think of more roles they have filled, add to the document and continue the analysis/discussion to further staff learning and insight.

Role	Should Staff Ever Take the Role?	Why or Why Not?	When?
The peacemaker who helps people find common ground and resolve conflicts			
The enforcer who makes sure that Family and Person Centered Practice is really person centered or family centered			
The child advocate			

Role	Should Staff Ever Take the Role?	Why or Why Not?	When?
The consumer advocate			
The “teacher” who tactfully instructs participants how to implement Family and Person Centered Practice while it’s being implemented			
The good manners police			
The “therapist” who comforts participants and helps them be okay as the process unfolds			
The system mandate activist – safety, community safety, legal, etc.			
The “officer of the court,” real or otherwise			

Role	Should Staff Ever Take the Role?	Why or Why Not?	When?
The pessimist			
The optimist			
The cautious one			

“Remote” Supervision: Off-site Staff ¹⁵

Remote? Is that really the type of supervision you want to provide to your staff? Probably not, if you think of remote as far away. Definitely not if you think of remote as something you use to channel surf.

According to Merriam and Webster, the very first definition of remote is “separated by an interval or space greater than usual.” That’s an apt description of the issues involved in supervising employees who work outside the formal office setting in community locations like homes, job sites and schools.

This is an enormous issue for supervision in Family and Person Centered Practice. Traditional human services were normally delivered at program sites. In these work environments, supervisors saw a lot of staff and had the opportunity to interact with them and observe their performance. Supervisors saw them come and go. They saw how they treated other people and could usually form an informed opinion on how organized they were or were not. In Family and Person Centered Practice, services are not typically delivered at program sites. This means that none of the above mentioned supervisory opportunities are present. Staff interact with consumers, families, colleagues and service providers in community settings. It’s not easy to monitor their activities and it’s difficult to evaluate how they are doing.

What doesn’t change is what supervisors need to know. Supervisors need to know:

- Where staff are
- What staff are doing
- Whether or not what they’re doing is related to meeting the needs of consumers and families and working on the outcomes in their Treatment or Service Plans
- How well or poorly staff are exemplifying program values and standards
- How many hours they’re working
- Whether or not employees are managing their time efficiently and arriving at their destinations promptly and as promised
- How frequently and for how long are staff in contact with consumers and families
- Whether or not they treat people respectfully and with impeccable manners

There are several things supervisors can consider as they figure out how to best monitor, guide and evaluate staff performance.

¹⁵ Susan Davis, M.Ed., Pittsburgh, Pennsylvania.

Schedules

Supervisors should arrange to acquire calendar software or electronic tools that allow employees to keep their schedules on their computers, PDAs and cell phones as long as they are accessible to the supervisor and to each other. This allows supervisors to know where everyone plans to be and allows staff to locate each other easily for advice, support or any other purpose.

One way to make this sort of arrangement an effective monitoring tool is to have staff add the phone number with the date and time of each contact for each consumer or family they plan to meet with or visit. Alternatively, supervisors can instruct support staff to supply and update frequently a phone list of the consumers and families each employee serves so that just the schedule will be sufficient to monitor employee activities.

If staff are “techno-phobic” or low on technological resources, supervisors can require them to submit simple paper calendars. Their schedules are then submitted to a central place (binder, desk of support staff, bulletin board) by a specific time and date (for example, by noon, Friday) prior to the beginning of the next week.

Either way, the schedules are only useful if they are accurate and up-to-date. When employees are expected to be responsive to consumers’ and families’ needs, their schedules can (and should, at least sometimes) change at the last minute. As these changes occur, staff should be required to update their schedules within a particular time frame defined by the supervisor. If they have good online access, they can update electronically. If not, they can phone into a designated person in the office to update their calendars electronically or otherwise.

Supervisors should expect staff who have not been held accountable for their activities to balk at this level of accountability.¹⁶ They may feel angry and conclude that supervisors don’t trust them. It’s important to remember that human service professionals document activity because it’s central to best practice, not because of trust issues. If this value is not part of the fabric of what staff expect and do, it should be.

File and Record Reviews

Supervisors should make sure that employees leave their files and other records in the designated place in their offices. This is not only an important part of protecting confidential information, it is a review and accountability opportunity for supervisors.

Supervisors should routinely and deliberately review files and other records as part of formal, ongoing supervision. They should also review them on a random schedule but

¹⁶ Kathy Jo Zeigler, MSW, LMSW, Team Leader, Lena Pope Home, Fort Worth, TX

obviously and overtly so staff come (hopefully) to consider this review a normal part of workplace culture. Discussing file reviews at staff meetings also helps set the expectation that files will be among the tools used to hold people accountable and ensure high quality service delivery.

Work Products

Policy has an important role in supervision. One of the most potentially important aspects of policy is a careful emphasis on the need for accurate, timely and high quality work products that are associated with activities that are central to each employee's job.

Work products include notes from meetings and visits to consumers and families. They include reports of employee activities, expense and mileage records, Treatment and Service Plans, progress notes and more.

Even if it's only a few words, requiring documentation of all activities is a sensible requirement for community based services. When information is documented, there are multiple by-product benefits beyond the need to monitor staff. There are backup records for billing, reporting to funders, justifying budgets and protecting a program's liability exposure, just to name a few.

Supervisors should review as many work products as are available to keep track of things and what staff are doing. When there aren't clear work products for off site activity, develop them and with support from your chain of command and your human resource people, implement them.

Spot Checks

Nobody wants to come off like the "supervision police" but it's important to avoid a complacent attitude and a laissez-faire approach to managing employees. It's fair to say that most people are mostly honest, but that leaves a lot of uncharted territory. Whether or not and how well people do their jobs is important. It's not the result of random chance. Good supervision supports good people to do great work. Good supervision is deliberate and supervisors are supposed to make sure that consumers and families get the very best their staff can offer.

Keep track of your employees, even if it means calling a consumer or family once in a while. Compare mileage and expense records to home visit and meeting notes. Ask your staff what is happening to the people they serve or what they've done so far today. If at all possible, make it casual and part of the basic environment of the workplace. While you're at it, model being accessible to your supervisor and let your employees know that you routinely do so.

Developing a Critical Incident Report System

Why Certain Events are Identified and Defined

For any program, certain events, both anticipated and unanticipated, are considered critical for a wide variety of reasons:

- Dangerous or illegal actions are involved
- Injury, self inflicted or otherwise, is present, especially when the injury leaves a mark or requires medical attention
- There is evidence of deteriorating mental health or active addiction
- The events involve absence from planned activities, such as suspended, expelled or otherwise missing from school, absence from work, etc.
- The incident will result in the people or person involved in the incident being less able, or unable, to participate in treatment and/or therapeutic activities
- The events are of immediate concern to family members, referring entities, courts or funders
- The actions involve areas the program is measuring and/or evaluating
- The activities relate to improved relationships and participation in community activities

There are, no doubt, many more reasons to define and monitor critical incidents. The concept of defining critical incidents is the important thing, along with when and how people will be informed of them, when they will be documented and when that documentation will be submitted up the chain of command.

Critical Incident Reporting

In the Critical Incident Report System in this curriculum, there are four priority levels, each of which have a reporting protocol.

Priority 1 Reporting Protocol

Priority 1 represents the most serious level of risk and threat. Priority 1 events are to be reported as quickly as possible to the entire chain of command, in real time. That means wake up the big boss and everybody in between the Executive Director and

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reporting front line staff, regardless of day or time. Everyone in the chain of command is required to document what they heard and when they heard it as well as who they notified and when and what they did (if anything) to respond to the incident. Line staff who initiate a Priority 1 report must fill out the Critical Incident Report Form immediately and be prepared to submit it or describe it immediately if necessary. Supervisors should make sure that staff have Critical Incident Report Forms in their offices, cars, homes and wherever else they may be needed. Documentation can also be electronic, provided the needed tools are in place along with the skill to utilize them effectively.

Priority 2 Reporting Protocol

Priority 2 events are serious and represent potentially compromised safety and moderate risk. When a Priority 2 event occurs, staff are expected to report immediately to their supervisors. They must document the event and submit it by 9:00 am the day following the incident. Supervisors report Priority 2 events to their managers, verbally, by 9:00 am the day following the incident, or immediately, if more haste seems appropriate.

Priority 3 Reporting Protocol

Priority 3 events are less serious but still important. Staff are required to report them to supervisors by noon the day following the incident. They must document them and submit the documents within 48 hours of the occurrence of the incident. Supervisors are expected to report them to managers via normal channels as time permits unless there are compelling reasons to do otherwise.

Priority 4 Reporting Protocol

Priority 4 events are therapeutic activities in which consumers and families participate. Staff are expected to document them by the end of the week in which they occur (Saturday, 11:59 pm) and deliver them as instructed by the end of the following week.

Critical Incident Reporting: Family Members

Certain critical incidents are also reported and documented when they occur in consumers' families. These reports allow whoever is involved with consumers to be aware of potentially significant events in the lives of people who are important to them.

The reporting protocols are the same as those presented above but there are only two reporting levels: Priority 1 and Priority 2.

The Critical Incident Report Forms are on the pages that follow.

This Critical Incident Report System is presented so that it can be adapted by programs to best reflect their priorities, needs and customs. No generic system will magically fit every program. Supervisors are advised to adjust it to fit their services to keep the right people informed when and how they need to be informed.

COMMUNITY PARTNERS, INC



Critical Incident Report Form¹⁷

Consumer/Identified Client: _____ ID#: _____
Last First Middle I

Assigned Staff _____ Date of Report: _____

Identify the incident(s), which precipitated this report: (check all that apply and provide the date of each separate incident)

Priority 1		Date			Date
<input type="checkbox"/>	Victim of a criminal act	_____	<input type="checkbox"/>	Fire	_____
<input type="checkbox"/>	Perpetrator of a criminal act	_____	<input type="checkbox"/>	Suicide threat or attempt	_____
<input type="checkbox"/>	Arrest for perpetrating a criminal act	_____	<input type="checkbox"/>	Felony-level behavior	_____
<input type="checkbox"/>	Property destruction +\$500.00	_____	<input type="checkbox"/>	Death	_____
<input type="checkbox"/>	Delusional/psychotic public behavior	_____			
Priority 2					
<input type="checkbox"/>	Misdemeanor-level behavior	_____	<input type="checkbox"/>	Possession of stolen goods	_____
<input type="checkbox"/>	Terroristic threats	_____	<input type="checkbox"/>	Self-injurious behavior	_____
<input type="checkbox"/>	Violation of court order, probation	_____	<input type="checkbox"/>	Fire-related behavior	_____
<input type="checkbox"/>	Allegation of abuse	_____	<input type="checkbox"/>	Runaway	_____
<input type="checkbox"/>	Expelled from school	_____	<input type="checkbox"/>	Delusional or psychotic behavior	_____
<input type="checkbox"/>	Fired from work	_____	<input type="checkbox"/>	Hospitalization	_____
<input type="checkbox"/>	Unsafe sex	_____	<input type="checkbox"/>	Report to CPS for abuse or neglect	_____
<input type="checkbox"/>	Property destruction +\$50.00	_____			
<input type="checkbox"/>	Possession of illegal substances or materials	_____			
Priority 3					
<input type="checkbox"/>	Injury that leaves a mark	_____	<input type="checkbox"/>	Curfew violation	_____
<input type="checkbox"/>	School problem	_____	<input type="checkbox"/>	Suspected sexual contact	_____
<input type="checkbox"/>	Work problem	_____	<input type="checkbox"/>	Out of control or risky behavior	_____
<input type="checkbox"/>	Suicide ideation or gesture	_____	<input type="checkbox"/>	Utilization of physical punishment	_____
<input type="checkbox"/>	Property destruction -\$50.00	_____	<input type="checkbox"/>	Tantrum	_____
<input type="checkbox"/>	Verbally assaultive behavior	_____			

¹⁷ Vicki Warren, MSW, LMSW, Community Solutions, Fort Worth, Texas

Priority 4

- ☐ Overnight visit with family member
- ☐ Visit with family member
- ☐ School meeting
- ☐ Therapeutic activity
- ☐ Community activity

Date/Time

Where?

With Whom?

What/Why?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Brief description of incident(s): (be clear and concise—how are multiple incidents related?)

Assigned Staff Signature

Date

Supervisor Signature

Date



Critical Incident Reporting Form Family Members¹⁸

Only one family member per form

Consumer/Identified Client: _____ ID#: _____

Last

First

Middle I

Assigned Staff _____ Date of Report: _____

Name of Family Member: _____ Relationship: _____

Identify the incident(s), which precipitated this report: (check all that apply and provide the date of each separate incident)

Priority 1

Date

Date

- | | |
|---|---|
| <input type="checkbox"/> Victim of a criminal act _____
<input type="checkbox"/> Perpetrator of a criminal act _____
<input type="checkbox"/> Arrest for perpetrating a criminal act _____
<input type="checkbox"/> Property destruction +\$500.00 _____
<input type="checkbox"/> Delusional/ psychotic public behavior _____ | <input type="checkbox"/> Fire _____
<input type="checkbox"/> Suicide threat or attempt _____
<input type="checkbox"/> Felony-level behavior _____
<input type="checkbox"/> Death _____ |
|---|---|

Priority 2

- | | |
|---|---|
| <input type="checkbox"/> Misdemeanor-level behavior _____
<input type="checkbox"/> Terroristic threats _____
<input type="checkbox"/> Violation of court order, probation _____
<input type="checkbox"/> Allegation of abuse _____
<input type="checkbox"/> Expelled from school _____
<input type="checkbox"/> Fired from work _____
<input type="checkbox"/> Unsafe sex _____
<input type="checkbox"/> Property destruction +\$50.00 _____
<input type="checkbox"/> Possession of illegal substances or materials _____ | <input type="checkbox"/> Possession of stolen goods _____
<input type="checkbox"/> Self-injurious behavior _____
<input type="checkbox"/> Fire-related behavior _____
<input type="checkbox"/> Runaway _____
<input type="checkbox"/> Delusional or psychotic behavior _____
<input type="checkbox"/> Hospitalization _____
<input type="checkbox"/> Report to CPS for abuse or neglect _____ |
|---|---|

¹⁸ Vicki Warren, MSW, LMSW, Community Solutions, Fort Worth, Texas

Brief description of incident(s): (be clear and concise—how are multiple incidents related?)

Assigned Staff Signature

Date

Supervisor Signature

Date

Employee Scenarios for Discussion: Policies, Procedures and Action Plans

Review the scenarios presented below. Apply your agency's policies and procedures and suggest one or more action plans that make sense for intervention in each situation. Make sure your suggested plans are based on sound human resource and behavioral practice.

Most people find that discussing these scenarios and the responses to them with other supervisors, managers and human resource people is very helpful. It may trigger specific problem solving, if the scenarios remind you of current staff and situations.

Situation: Cliques

It's never good news when your staff reminds you of middle school! Stephan's staff is clearly divided into three groups: His best descriptions are the "we know everything so we're cynical" group; the "we know what's good for these poor people" group and the "when's our next break?" group. On top of that, Stephan has two undergrad interns who walk around looking stunned and a secretary who just had surgery on both feet and is suing the doctor who did the surgery.

What should Stephan do?

► Policy/Procedural Concerns:

► Action Plan/s:

Situation: Whining

A member of Marta's staff has an unfortunate habit of whining. It's an especially tough situation for Marta because the one thing that is absolutely guaranteed to get on her very last nerve is whining. She'd rather hear somebody scratch a chalkboard. This employee is competent at the average level and whines mainly about the consumers and families who participate in Marta's program. Presently, it happens at least twice a day, almost every day.

What should Marta do?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: Gossip and rumors

Henry is very worried about his staff. One of his employees is attractive and single and this employee is the subject of one rumor after another. He's heard a few juicy ones himself and Henry is sure he's hearing the tip of the iceberg. So far, the targeted staff member is ignoring all the chatting, but that's not likely to last.

What should Henry do?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: Illness

One of Cheryl's staff was diagnosed four months ago with a serious progressive illness. At first, the employee was out a lot but the rest of the team filled in, willingly. They are less willing now. The ill employee is at the office most of the time, but little ends up being accomplished. The employee looks terrible and morale is getting worse.

What should Cheryl do?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: The missing employee

Pablo filled in on an emergency call for one of his employees, who was out of the office visiting a consumer. The record wasn't helpful enough and the situation was complex so Pablo paged his staffer, but there was no return call. He then called the consumer directly and found him at home and talkative. Problematically, the staffer wasn't there and hadn't been there in several months. Just to check, Pablo pulled the time records and chatted informally with two other consumers who also hadn't seen his employee for awhile, even though Pablo's records indicated in person contact monthly.

What should Pablo do next?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: Cultural incompetence

Heather brought in a consultant to do a one-day workshop on diversity and cultural competence in the workplace. She was aware that there was some grumbling among her staff, but there usually was about inservice training, no matter what it was. She ignored it and most of her employees really liked the workshop, as per the written evaluations and the general buzz around the place. Then one of Heather's staffers told her to check out the bulletin board. An anonymous flyer was on display announcing: I am a _____ American. Because of that, I will not _____. Please don't expect me to _____. Etc.

What should Heather do next?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: No sense of humor

Anwar is pretty happy with his team overall, but there's still a potentially problematic situation. It isn't a big deal yet, but it's growing. Humor is a key ingredient in how Anwar helps his employees manage the stress of their jobs. They are somewhat rambunctious but competent and everybody loves a good laugh, except one team member. This staff member just sits and looks around at everybody else when somebody says something amusing and everybody starts to laugh. It's obvious enough that people are getting more and more uncomfortable and are starting to give each other looks and make little comments.

What should Anwar do?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: Are you okay?

Nobody could tell anymore what one of Clara's employees might do next: spiraling moods, intense bursts of activity and sudden crashes into exhaustion and sadness. In Clara's opinion, this staffer's performance is erratic, ineffective and potentially dangerous. In fact, almost everybody at the office has noticed that something is seriously wrong. Clara has pressed – *very lightly* – with “How are you doing?” questions but the employee says everything is fine and seems unaware of anything amiss.

What should Clara do?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: Unmet Expectations

Marcus is pretty pleased with his newest hire which is a good thing since it's almost the end of the probationary period. The employee is good with consumers, just a little slow on required paperwork, notably, contact notes, progress reports and expenses. The employee is a sensitive person who reacts somewhat emotionally (at least) to correction or anything but completely positive feedback.

What should Marcus do?

- ▶ Policy/Procedural concerns:

- ▶ Action Plan/s:

Situation: False credentials

Everything was pretty peaceful for Kayla at work, a welcome respite in a complicated service environment; at least it was until she went to the county interdisciplinary team meeting. She chatted with a colleague from an entirely different part of the system of care. Supervision had been on the agenda for the meeting and the colleague told Kayla a personal horror story from his past about somebody he hired at the masters level who turned out to have not even finished an undergraduate degree. The problem: the name of the employee in the story matched the name of one of Kayla's staff.

What should Kayla do?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: Theft

Things at work are already pretty random for Nick's team due to the unpredictable needs of the families they serve, but now, he has a whole new problem: no supplies. Accounting called him and gave him a surprising "heads up." It seems his team is using way more pens, calculators, PDAs and computer discs than ever before. They're even using more paper towels and toilet paper than any other department of similar size. Nick is aware that a certain member of his staff has a reputation for being extremely thrifty. It has always amused Nick to see this employee arrive and depart with a briefcase, seemingly just to look professional. After all, his is basically a day job.

What should Nick do?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: The jackals¹⁹

JoElla is trying to build a team and implement a program that is brand new for her agency. She started out by hiring three staff who already worked at the agency and she truly regrets having done so. These three seem to have bonded in some sort of relationship that compels them to attack her newer employees, one by one, whenever they do something that reflects exactly what Jo hopes her employees will do. She's really wondering if she can provide anything to her new, more positive employees that can compete with what the Jackals can and will do to punish innovative practice.

What should JoElla do?

- ▶ Policy/Procedural Concerns:

- ▶ Action Plan/s:

Situation: The water/chore war

Darrell has always been willing to discuss and process clinical and service issues with staff but he's tired of talking about filtered water and the refrigerator in the staff lounge. A small group of employees who pitch in for cold bottled water are on his back about "water cheaters." He put up a large chore list but the dispute among staff seems to be about how clean the frig needs to be for everyone to agree that it is, in fact, clean.

What should Darrell do?

- ▶ Policy/Procedural Concerns:

¹⁹ Val Gartner, Protection and Safety Supervisor, Nebraska Department of Health and Human Services, Western Service Area, Ogallala, Nebraska

► Action Plan/s:



Conflict and Mediation

Few things can be absolutely predicted in a workplace but conflict is unfortunately one of them. Conflicts will be large and small, personal and work related, individual and group, staff versus staff, employee versus consumer, consumer versus staff – every kind you can imagine and a few you probably can't. Most organizations have policies in place for reporting and handling employee and consumer grievances. Most also have well defined rules that let everybody in the chain of command know what role each should play, including supervisors.

Don't wait until conflict arises to learn what your role is supposed to be. Read your policy manual, talk to your managers and if you have them, check in with your human resource people. Similarly, keep in touch with your staff, observe them without bias and listen to what is going on. The earlier you are aware of a brewing conflict, the better. Whenever possible, resolve small problems before they grow. Ignoring minor conflicts may be appropriate but only if it's a deliberate strategy because you believe that paying attention to a conflict might be rewarding. Don't make excuses to avoid dealing with unpleasantness. For supervisors, the luxury of denial is not easily afforded.

As you assess and prepare to address conflict, think through what your practice values really are. If your organization has practice values that supersede your own, know what they are and how they are supposed to influence what staff do. The principles that define Family and Person Centered Practice require that outcomes are actually produced, that needs are met, that people's lives are improved in ways that matter to them and that people are at least reasonably happy with what they get.

This is important because if satisfying consumers and families is an important outcome for your program, staff and consumer conflicts must be managed with that in mind. It's important to be an advocate for your staff but more important, in many service environments, to support your consumers. The purpose of the work is to satisfy them, not your employees.

This is not to say that employees' gripes about consumers are necessarily unreasonable. Your staff will experience a broad gamut of situations. They will have doors slammed in their faces, they will be lied to, they will be yelled at and they will find themselves in environments that stretch the outside limits of their tolerance. Be as supportive as you can while you teach them how to live with the aspects of the job that make it especially challenging.

Office conflicts are usually more easily understood since supervisors often observe them or their impact. Employees will argue about offices, windows and who has to clean out the refrigerator. They will argue over who does what and who makes whom look bad or who works harder. Sometimes, you will feel like the parent of a family of nitpickers and whiners.

Supervisors have had to handle real situations in which:

- Staff requested grief counseling when they moved into a new space, to help them deal with the loss of their former office
- An employee claimed to have a condition which prevented her from driving in traffic, requesting a completely local case load at the expense of other staff
- Two married employees started a romance that then blew up at the office
- A staffer felt overworked and started documenting everyone else's arrival and departure times
- Some employees were convinced that others got better service from support staff because they smoked with them
- One of the staff feels offended by another's' messy desk and work area
- The employees who don't belong to Weight Watchers claim discrimination when the Weight Watchers group takes time to "weigh in" every Monday and the Weight Watchers members accuse nonmembers of sabotage by donut
- The hot staff sneak around turning on the AC and the cold people strike back with the heat
- Someone feels unappreciated and cheated because he is using BIC pens but no one has thanked him and reprimanded the gel pen people on their lack of frugality
- Some staff want other staff to quit something: praying, swearing, leaving early, heating up fish in the microwave, etc.

This curriculum can not address the specifics of how the agencies that use it address conflict. Nonetheless, some general options for supervisors follow:

- Talk to everybody involved and then bring them together for a facilitated conversation
- Ask a manager or human resource person to facilitate a discussion, as above
- Bring in a trained mediator to resolve the situation
- Write a memo clarifying any policies that could help the involved staff see what the organization does and doesn't require
- Convene a staff meeting and deal with the conflict with the entire group
- With your managers and human resource staff, draft new policies or procedures that address the issues

Which of these and other options a supervisor selects depends on a number of factors that can't be covered in a curriculum designed for broad distribution. It warrants repeating, however, that supervisors should know organizational policy well and should utilize the resources their agencies make available to them.

Conflict Resolution: Ideas for Supervisors

Conflicts with Families and Consumers

First, back up, take a minute and remember again whose life you are really talking about. Remind yourself and your staff that people are supposed to own their own plans except when legal mandates outside of their choice intervene. The best way to resolve

conflict “live,” at a meeting or discussion, is to go back to the outcomes in the treatment plan. Once consensus on outcomes is achieved, agreement on needs and strategies is more likely. Don’t get personal about how things are stated. If a consumer or family says that what they want is to kick your employee out of their lives, that’s the outcome. Their needs will depend on the services your organization provides. If you work with families referred by Child Protective Services, getting rid of your staffer means they need to keep their children safe – the specifics of safety related to supervising them, making sure they go to school and receive medical care and not harming them. If you serve people referred by courts, they will need to avoid illegal behavior to escape involvement with your staff. They will also need to comply with terms and conditions of probation or parole, which specify exactly what they need to do.

If you start with the truth, stated respectfully and without rancor, it’s easier to navigate a situation full of conflict. If people are argumentative, teach your staff to control themselves and not get sidetracked. They can also call a time out or arrange to speak calmly, one-on-one, with whomever is the most argumentative.

The best way to approach conflict with consumers is to avoid it by acting in keeping with the values and principles of Family and Person Centered Practice. If you begin with the consumers’ voice, use the assessment and treatment planning processes in this Curriculum, you are less likely to end up in conflict.

Employee to Employee Conflict

Supervisors are normally the first people to become aware of conflict between employees and are often the mediators who help them resolve their issues.

When an employee approaches a supervisor with an issue, the supervisor should consider the following:

- Keep it private, one-on-one, with the door shut. If a staff member attempts to start a discussion in public, end it immediately and either continue in private or schedule to do so at another time
- As quickly as possible, involve the other people who are part of the conflict in the discussion
- Make sure to manage the discussion fairly. Hear equally from all participants
- Keep everybody behaving civilly – no name calling, raised voices, profanity, etc. If employees escalate, end the meeting and reschedule after everybody calms down
- State the conflict as simply as possible in terms that are not “loaded.” Try to identify common ground whenever possible to build consensus

- For most conflicts, it works well to ask each side or faction to give a little. Negotiation requires that everybody is willing to be flexible. It's not useful, though, when one side clearly is the victim of the other or when the wrong action is exclusively on one side
- Ask for a trial solution and a deliberate cooling off period. The first discussion need not produce eternal peace, only a period of calm for further conflict resolution
- Consult your human resource experts and chain of command if you need additional support and resources

Other Work Related Conflicts:

- When meetings end up in pointless review of the same information or repetition of the same arguments, suggest that participants agree to conform to meeting ground rules to control the behavior. State them simply to encourage consensus: nobody calls anybody names; no mean-spirited comments; keep it constructive, etc.
- As previously suggested, go back to the outcome statements and get people in consensus on them and build from there. For work conflict, these outcomes are usually about collaboration, follow-through, filling in for each other and the office environment.
- If you can, step up and take a leadership role at a meeting or other discussion. It takes courage to say things like, "Folks, this isn't going anywhere, let's regroup." or "Wait a minute, everybody. Let's get to work and find out where we agree." or "I have to ask you to try to speak differently here because I'm concerned that people may feel disrespected." It's not easy to think of the right words but try to do it anyway and teach staff to do so as well
- If people are not doing what they're supposed to be doing, say it politely and without a personal attack: "you agreed to do A, but B indicates that you haven't. A still needs to be done so what's the plan" or "you are paid to do A and it needs to be done by Friday" or "we don't talk about consumers, families or others who aren't present so I'd appreciate it if you would stop."
- Don't let staff be intimidated by their colleagues. If you expect staff to have conflict with attorneys, remind them that attorneys are trained to argue. Teach staff to anticipate and prepare for these conflicts with simply stated evidence that relates to outcomes, achievement and progress on Treatment or Service Plans, If they will have conflict with assessors and other specialists, train them to prepare by reading their reports carefully and consulting resources – experts, source materials, and so on. Preparation is always a good approach to conflict resolution.

Workplace Culture

People have culture, as do families. Supervisors accept that, train for it and manage cultural issues proactively. Organizations also have their own cultures and skilled supervisors keep a watchful eye on their organizational culture. They monitor and shape it to match the principles of Family and Person Centered Practice and the priorities of their organizations.

Perception is a powerful determinant of how a workplace operates. It influences peoples' behavior, their relationships and how they interact with each other. It's too important to leave to chance. Supervisors have to think about what the work culture should be, or could be, not just accept it as it is and learn to live with it. Organizational culture has to match what an organization intends to offer. It has to identify heroes (and villains) accurately. It has to give every employee the best possible chance to do this work right and to enjoy the experience of pride and satisfaction that it brings.

You can have a significant impact on the culture of your office. Make sure you celebrate – publicly – the type of performance you want to see. Applaud success and subtly mourn failure. Acknowledge the people who do what you want them to do.

When silence is the problem, encourage conversation and vice versa. If people show up for work sick, ask yourself if you're somehow – inadvertently or otherwise – encouraging them to think they have to. If no one comes to you for assistance, figure out why and fix it.

In all ways, be aware of the culture at your workplace. Remember, you're responsible for it, like it or not. When it isn't working, change it. Otherwise, it will undermine your every effort to run an efficient, successful and reasonably happy team. Take it on or it will take you out.

Think through the following situations and what they teach about workplace culture. For your workplace, considering the policies of your organization and the principles of Family and Person Centered Practice, determine what you should do to address the issues presented in the scenarios.

- Your staff seem reluctant to take sick days, even when they're sick and have days available. As a result, when someone is contagious, everybody gets sick.
- The employees in your department are late for everything and they all seem to think it's funny.
- People talk about consumers and families over coffee, in the halls, wherever, and laugh at their foibles and frailties.

- A lot of people are crying, a lot of the time, but when you walk in, it's all "hush hush."
- No one ever says anything when you give an instruction or state an expectation but they don't comply either.
- The most unhappy, dramatic employee on your team holds court in the coffee room with other staff sympathizing and comforting.
- No one ever asks you for help with anything.
- Staff seem to chat more than they work, although they complain of being overworked all the time.
- Even though you're in charge, staff bring their work questions to one of the employees on your team instead of you.

Time Management

An efficient work force has to manage time as effectively as possible. There's no way around it. There are always competing priorities, tight deadlines, unexpected events and issues with technology, transportation or trauma.

Supervisors have to model what they expect from their employees. If a supervisor is chronically – or even frequently – late on arrival, late for staff meetings, late submitting required documentation, employees are likely to take that as implied permission to do the same. The “do what I say, not what I do” approach fails almost all of the time.

That means that supervisors have to set the standard for effective time management. Supervisors have to proactively manage themselves and their teams, keeping in mind that everybody stumbles once in a while when it comes to keeping things running on time.

Common sense dictates that supervisors approach this issue with the assumption that relapse is inevitable. Most of us can manage a short term “rally” of our organizational and time management skills. The important thing is to, first, get yourself operating efficiently; second, get your team operating efficiently and third, recognize when all of you start to slip and intervene as rapidly as possible.

A Few Simple Rules

Time Management Rule #1:

Be as realistic as possible about how long it actually takes to do things.

The Sensible Scheduling Quiz

Directions: Consider the following activities and how long it really takes you to do them. Then, using your answers to model honesty, use the quiz at a staff training or meeting. Use humor and acknowledge that you and your team will be working together on time management on an ongoing basis.

How long does it take **you** to:

- Get from your desk to your car? _____
- Leave your house (including trips back inside to get the things you forgot the first time)? _____
- Leave a meeting or a home visit with a lonely child or adult? _____
- Get to key meetings? _____
In the morning? _____

At noon? _____
At 5:00 pm? _____

- Eat lunch? _____
- Get coffee or whatever else you get during a single day? _____
- Chat with a colleague? _____
- Find out who has called in sick and figure out how to best cover for missing employees?²⁰ _____
- Listen to voice mail? _____
- Fill out time sheets?²¹ _____
- Return phone calls as your organization or funder dictates? _____
- Read and respond to email? _____
- Read and respond to regular mail? _____
- Complete required paperwork? _____
- Find a parking space? _____
- Find your car again? _____
- Wait for trains²², get through traffic, construction, bad weather and bad directions? _____
- Check in with people to prevent crises? _____
- Respond to crises? _____
- Indulge in your bad habits (smoking, snacking, personal calls, etc.)?

²⁰ Barbara Davis, MSW, LCSW, Fort Worth, Texas

²¹ Barbara Davis, MSW, LCSW, Fort Worth, Texas

²² Barbara Davis, MSW, LCSW, Fort Worth, Texas

<p><u>Time Management Rule #2:</u> Be as efficient as possible.</p>

Guidelines for Efficiency

Directions: Consider each guideline that follows and talk with your chain of command, colleagues and others for their input. Then, use the guidelines at a staff training or meeting to generate discussion.

A few simple suggestions:

- Make realistic promises to yourself and to others
- Keep them. This is the essence of professional integrity.
- When your job has most of the characteristics of a surprise party and you want to work for eight hours, schedule six. Plan to spend the extra hours dealing with emerging crises. If none occur, consider catching up on your documentation responsibilities.
- One week = 168 hours, no matter what. Don't plan 12 hours of activity for 6 hours of actual time.
- Keep one calendar only, combining both your work and personal priorities. Most people find that keeping two calendars – work and personal – gets confusing and leads to things getting lost or dropped.
- Document your “to do” list and write each item down or enter it on a date in your calendar or PDA when you can realistically expect to complete it.
 - Work goals – short-term, day to day
 - Career goals – long term
 - Actions that relate to your preferences and what you value (sending greeting and thank you cards, making phone calls to staff and others on special days, following up on things people have told you like a spouse's surgery or an uncomfortable medical appointment or test, etc.) for personal, family, consumer and program priorities.
- Identify your priorities and assign them to specific due dates.
 - What activities and action steps need to be scheduled that relate to each planned result? If you are required to write progress reports, for example, schedule all the little things you have to do (get copies of physician reports, collect data, follow up with key people to get their input, etc.) on specific dates

to make it more rather than less likely that the end product – the progress report – will be completed on time.

- Over what time frames? Make sure that if it takes, for example, multiple phone calls and/or emails to get a key person's response, factor that in. If you need certain materials to complete a priority task, assign each step required to acquire the materials, get supervisory approval, get a purchase order, etc. to specific days and times
- When you make scheduling errors, apologize without excuses, rationales, and explanations. Just be clearly sorry.

Time Management Rule #3:

There are always barriers to good time management so plan to solve them.

Barriers and Solutions

Directions: Identify and describe specific barriers for you and for your team in the following circumstances. Brainstorm possible solutions with your supervisor, colleagues and others. Then, use what you've learned to meet with your employees, discuss the barriers and turn the solutions generated into specific action plans.

External Organizational Barriers:

- Barriers, related to each group, agency and school represented in your local systems of care (long waits at court, background checks that take six weeks, redundant documentation, etc.):

- Possible solutions:

Internal Organizational Barriers:

- Barriers related to your own organization (delays accessing flexible dollars, redundant documentation, lengthy required meetings, technology glitches, colleagues work habits, etc.):

Possible solutions:

Barriers inherent in work with consumers and families:

- Child, individual and family needs (competing priorities that are all important, needed services that are not available, people who don't have transportation, crises, etc.):

- Possible solutions:

Barriers inherent in being in your family:

- Child, individual and family needs (remembering and acknowledging birthdays and other events, completing errands on time, medical appointments, participating in shared activities, caring for ill or fragile family members, etc.):

- Possible solutions:

Time Management Rule #4:

Manage your schedule or it will manage you.

Managing Your Schedule

Directions: Complete this exercise about what you're not getting done in your work and personal life. Include real and "fake" emergencies, critical events and crises.

What aren't you getting done at work on time? *Why not?*

What's not done on time?	Contributing factors? What keeps it from getting done?

What aren't you getting done in your personal life? *Why not?*

What's not done on time?	Contributing factors? What keeps it from getting done?

Deal proactively with time busters:

- Real emergencies that probably will occur (related to the behavior and/or circumstances of the consumers you serve)

Emergency

Best Response

- “Fake emergencies” that probably will occur (things you don’t consider real emergencies, to which you must respond anyway)

Fake Emergency

Best Response

- Critical events that are scheduled without much advance notice or “schedule negotiation” (court, emergency planning meetings, impromptu staff meetings, mandated trainings, etc.)

Meeting

Attendant Issues and Priorities

- Crises that are related to, or caused by your personal habits (work tasks not completed on time, absenteeism related to late night recreation, too much time on smoking breaks, etc.)

Crisis

What you will do to overcome the time management issues caused by your personal habits in the future

Time Management Rule #5:

Document it or risk not having it considered done.

What to Document: Using a Calendar Effectively

Directions: Make sure that you are documenting everything you need to in order to manage your time.

First, the obvious:

- Home visits
- Meetings
- Collateral contacts
- Appointments
- Travel time
- Creating records of the above, as required and on time

Equally important, but less obvious:

- Due dates and time to work on required paperwork and records: completing files, progress notes, etc.
- Due dates for clinical documentation and planned time to complete it
- Communication with peers: scheduled time to place and return phone calls and compose and respond to email
- Supervision: formal meetings, informal interactions, quick question and answer sessions
- Mentor/mentee relationships: keeping in touch
- Other details: expense reports, time sheets/cards, schedules for the weeks to come
- Personal priorities at work: maintaining relationships with colleagues, birthday and other celebrations, office or workspace upkeep, etc.
- Planned activities like meetings, hearings, presentations, etc. and all of the advance preparation related to them
- Follow up and keeping promises

Keep one calendar to enhance your efficiency:

- Birthdays, anniversaries, etc. – work and personal plus advance reminders to do/get what you need to acknowledge them
- Personal and family related appointments and commitments- medical, educational, faith, child-related, coaching responsibilities, etc.
- Personal goals and priorities: learn another language, graduate school, exercise, community leadership activities, etc.

Time Management Rule #6:

Don't lose track of what you are helping people achieve: outcomes that reflect specific changes that are important to them and to their communities.

Getting on Track: Outcomes and Changes

Directions: Look at the consumers and families your staff serve and write down the most important outcomes they are trying to achieve. Then, tie needs and strategic activities to each week and month, including beginning and completion dates and follow up activities as they relate to the outcomes. Then, lead your employees through the exercise and help them tie daily and weekly activities to the outcomes.

For each consumer or family you serve, what (in your opinion, for purposes of this exercise only) are the current top priority outcomes for each?

Names

1.

Consumer/Family outcomes

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2.

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Names**Consumer/Family outcomes**

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7.

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Choose three of the outcomes that you listed for a consumer or family on the previous page. For each outcome, enter three needs in the format that follows that, if met, will help the individual/family achieve the priority outcomes you have selected for this exercise. As you complete the chart, make sure that your actions each week and each month are in concert with the ultimate purposes and priorities of the plan, i.e., designing and implementing strategies to meet each need so the outcomes can be achieved.

Consumer/ Family: _____ **Outcome:** _____

Need	Strategies: What will you do related to the need?	When will each be initiated?	By when? (done, assigned or delegated)	Are there necessary follow up activities? What are they?
#1	This week?			
	This month?			
	Next month?			

Need	Strategies: What will you do related to the need?	When will each be initiated?	By when? (done, assigned or delegated)	Are there necessary follow up activities? What are they?
#2	This week?			
	This month?			
	Next month?			

Need	Strategies: What will you do related to the need?	When will each be initiated?	By when? (done, assigned or delegated)	Are there necessary follow up activities? What are they?
#3	<p>This week?</p> <p>This month?</p> <p>Next month?</p>			

Closing

Now that you've worked your way through Supervision 101, you're an expert, right? You are prepared for anything that could possibly happen; you have the right answer for every question. Or maybe not...

Leadership isn't easy and no one learns to be a leader overnight. Even experienced, talented supervisors run into surprising situations that test their every skill now and then. When it comes to managing humans, all sorts of complex things come into play, like behavior, motivation, learning history, values and more. If you expect the unexpected, you won't be disappointed.

Remember, you're not alone (or at least probably not). Cultivate relationships with your peers and managers. Learn from their successes and failures with tact, humor and respect.

Don't even try to be perfect, just honest, fair and reasonable. Think things through as carefully as each situation you confront requires and do it before you act. Celebrate your and your team's successes and support your employees when things get tough. When you make a mistake, apologize and do what you can to fix it. Hold your people accountable and even more important, hold yourself accountable. Whether you intend to or not, you are always teaching your staff and they will be watching you.

Again, welcome to supervision.

Please visit our websites:

www.wraparoundsolutions.com
www.behavior-solutions.com
www.crisisplanningsolutions.com
www.tfc-solutions.com
www.supervisionsolutions.com
www.wraparoundassessment.com