

UNUSUAL CHALLENGES IN SUPERVISING CHILD AND YOUTH CARE PROFESSIONALS

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One of the renowned leaders of the Child and Youth Care Profession once said: Child Care Work isn't brain surgery: it's harder (Fewster). Examining the outcomes of careless, punitive, ignorant interactions with clients needing treatment for emotional, mental, and spiritual wounds intimidates anyone willing to contemplate the gravity of our work. This article outlines some specific features of supervision in CYC work that present daunting and unusual challenges for those willing to take it on.

What a peculiar job we have! I think all of us in CYC work have faced challenges in trying to describe our jobs to other people. "They just don't get it" is a constant refrain. It is hard to have conversations sometimes about our profession. No, we don't babysit. No, we don't get paid to play. But wait, yes we do. But you have to understand that "playing" with our clients is not child's play. On the other hand, sometimes we do have fun. Yes, sometimes we also get hurt. Yes, we make schedules and plans, but we don't count on being able to follow them.

Describing our work to people outside of the field is difficult, and so is describing our work to those working **in** the field. One of the greatest challenges for Supervisors in CYC work, I think, is being able to clarify the word "care". There are other jobs that involve caring – working with the medically sick; working in a nursing home; being an in-home care provider. None of those positions however, remotely compare to "caring" for children and teens who have been harmed – physically, mentally, emotionally, and spiritually – by neglect and abuse.

Before we can supervise folks, we have to "teach" them how to do the job. After that, we watch them as they work and provide feedback and coaching with the aim of improving job performance. But how do we even teach "caring" to well-meaning people who are regularly told where to shove things; who are spit on; who are kicked; who are ignored; who are written love letters and seduced by people decades younger than they are. I always loved supervision because it was always interesting: whether giving it or receiving it. Every client is different. Every story is different. We've never heard it all or seen it all. There are two immediate goals of supervision in Child and Youth Care Work: 1. to insure that the clients are taken care of well enough to begin to heal from their mental, emotional, and spiritual

wounds, and 2. to keep people from leaving the job because it becomes too overwhelming.

Following is an outline of what I believe supervisors in our work should be prepared to address.

Assume the role of “interpreter”.

All words in our profession are subject to interpretation. It’s not like fixing a toilet (which, after a short time in the field, we can all do), or wiring a house. If you tell me a place is doing “residential treatment” or “day treatment” I have no idea what is actually being done. “Treatment” is a word both carelessly and carefully used, and demands an explanation before we can hold workers accountable for providing it.

There are three primary responsibilities for supervisors in any field: 1. Performance Planning; 2. Day-to-Day monitoring and coaching; 3. Performance Evaluation. How well each of these functions is carried out determines how well a worker has been “supervised”.

It is unethical to “evaluate” someone’s job performance if we have not been entirely clear about what the job is. Performance planning is when the supervisor carefully communicates what the job is, whether it’s making burgers or providing treatment. The word “care” unhappily, does not provide clarity. Each supervisor must laboriously define what “care” means in the setting providing “treatment”, just as each supervisor must laboriously define what constitutes “treatment” in any given setting. Since these two words are used across the board in our work to mean very different things, direct service workers have the right to know exactly what we mean when we use those words in a particular setting. How is the word “care” the same or different than in other caring jobs? The “monitoring” – observing and explaining and coaching – is then applied to what the worker has been taught. This part of the job is the bulk of the supervisors responsibility, but can only be done properly when the first part of the job has been done: the interpreting and defining of terms as they should be carried out in interactions with clients.

Explain what “professional care” is.

What does it mean to “care” in a professional sense? How is it different than caring

for one's own children? How is it different than caring for pets, friends, relatives, and romantic partners? How is it the same? This category of supervision will incorporate the notion of "professional boundaries" and other concepts that are often challenging to describe for direct service workers.

Supervisors in CYC work serve as models of "care". We demonstrate what we mean by both care and professionalism in the way we interact with staff on a regular basis. Staff learn both by listening to our explanation, by watching how we interact with staff and clients, by experiencing how the supervisor cares for them, and how the supervisor maintains appropriate boundaries in their relationships with workers.

Understand the features of supervisory relationships that are similar to staff-child/youth relationships.

All of the issues that workers will experience with child and teen clients, they will also experience with their supervisor, such is the nature of supervision in treatment settings. How a worker was parented will very much influence how they experience being supervised as a Caregiver. Because of the interface of how staff were parented and how clients were parented, many complicated clinical issues will surface in the course of developing therapeutic relationships. Supervisors must be prepared to intervene with issues such as: transference, power/control issues, dependency issues, need for nurturing and healing for both workers and clients, ambivalence, basic needs being front and center for both staff and clients, and unresolved issues from the past as staff attempt to "care" for the children and teens. These issues make supervision in CYC work both extremely challenging, but also extremely interesting and invigorating.

Convey the interface of the personal and professional: Paying people for who they are vs. paying them for what they do.

Child and Youth Care work is not comprised of a series of "tasks" or "activities" designed to provide healing for wounded and hurting children and teens. Although there are many tasks and activities involved in the job, those tasks and activities done by the wrong people would not only NOT promote and provide healing but would cause more harm. In our work, it is **not what, but how, and by whom**. It is who the worker is, and how they form relationships while engaging in the various tasks and activities that provides the healing. And healing is the job. Nothing else.

The word “therapeutic” literally means “healing”. The great news is that one doesn’t have to be a “Therapist” to do it. Foster Parents can do it. Grandparents can do it. Some Therapists cannot do it. Healing is the direct result of the “matching” of the intervention to what is needed by the one needing to be healed. We work with kindness; not scalpels. We earn trust, not rewards. We use power, not control.

Looking at who and how something is done is often in sharp contrast to other jobs staff may have had before coming to work in treatment oriented settings, and is often confusing to them when what they do is not effective. It is up to the supervisor to understand how unsettling it is for people to be evaluated so closely based on their personal characteristics, and to be able to explain why it is necessary to be examined so closely for treatment to occur.

Understand how “Accountability” in CYC work is closely tied to personal characteristics more than to personal accomplishments.

As with any other job, we hold employees accountable for what they do and how they do it. But because the stakes are so high for clients if we allow them to be exposed adults who hurt them again, rather than protect them, we also hold employees accountable for deeply personal matters. We examine and ask them to share their:

- **Values.** What is important to them? What do they believe? How do they define morality? What are their ideals? How well do their personal values line up with the values of the treatment organization?
- **Character.** Because we pay people to be role models for young people who have been exposed to life circumstances where disrespect, disregard, dishonesty, and personal disaster were part of everyday life, we hire people for their personal integrity so that young people can see other ways to live. We are interested in people who will do the right thing even if no one is looking. Because in our work, someone is always looking.
- **Attitudes.** We are interested in perspective. How does a worker choose to “see” things? Are they glass half-full or glass half-empty people? Even better, are they thankful that they have a glass! Do they understand that attitudes are “habits of thought” and that other people do not determine their attitudes, but they do. This means that regardless of how the clients are behaving, we will be holding them responsible for their attitudes toward the

clients. They will not be given permission to “blame” clients for negative attitudes. Behavior is prompted by, and reveals attitudes. So while legally we can only hold employees accountable for their behavior, we can trace backward from the behavior to the attitude, because it is one’s attitude that is most likely to promote or prevent healing.

- **Limits on rights to privacy.** Jobs that do not have other people’s welfare tied to performance can be much more lenient about distinctions between “personal” and “professional” boundaries. However, in our work, how one conducts their lives away from work may become important to whether they are able to work compatibly on a treatment team, or whether they embody the goals we set for clients. Sometimes what someone does away from work becomes our business because it renders them incongruous with the values of treatment. We cannot allow an addict or an alcoholic to help our substance abusing clients with their struggles with addiction. We cannot have a worker coming to work with evidence of personal violence teaching clients how to be safe.
- **Ethical behavior.** Coming to work is not like going to church. We don’t just come in and sing some hymns and recite some creeds and hope to be judged as righteous. **The supervisor is responsible to insure ethical behavior.** CYC’s cannot be supervised in an office! The supervisor must know how the worker interacts with the clients and their team members. Values are things we proclaim: Yes I believe in teamwork; yes I understand that punishment does not heal; I agree to use personal power more than control etc. etc. Supervisors must know not only what workers **say** they believe, but they must know if they put their beliefs into action. **Values are the talk; ethics is the walk.** Supervisors have the right to demand that staff be congruent: i.e. genuine, authentic. What they say is what they do. Kids should see what we expect, not only hear what we expect. Staff members should get along with each other as we expect kids to get along. Respect should be demonstrated, not demanded. Kindness should be operationalized every day, as evident as the curtains and sofa cushions.

We ask and require a lot from our people. A good supervisor constantly reminds those under his or her care why we ask so much. A good supervisor makes it clear that the measure of how much we value our clients is how much we ask of our staff.

Be prepared to respond to personal issues triggered by clients.

We cannot require that applicants for CYC work have healthy backgrounds. In fact It has been found that people with unfortunate personal histories are more likely to apply for work in our field and other “helping professions”. The term “wounded healers”, familiar in helping circles, attests to the need to be vigilant for client histories and behaviors to stir up past issues for workers. Supervisors must sometimes function almost like therapists in determining if an employee is “fit” for the job, based on whether their own history interferes with successfully handling similar histories in clients. Almost all supervisors in CYC work have encountered situations where staff were “triggered” by exposure to client/family histories similar to their own and were unable to maintain professional boundaries. This is not something that regularly occurs in coffee shops or donut shops. While we drink coffee and eat donuts, the tasks that are supervised involve meddling in client heads and hearts, and so we must be alert for complicated responses such as secondary trauma.

In other jobs where triggering is expected, such as my job as a Psychologist, it is required that personal therapy is part of the educational requirement to graduate. We do not ask for this, and it is not infrequent that the need for personal therapy is discovered by a supervisor reviewing interactions with clients. Therefore understanding standard “risks” of treatment for the helper, such as prompting a myriad of protective defense mechanisms in direct service workers, implies that direct service supervisors in our work must accept and be prepared to work with these risks. The supervisor can also insure there is cooperation between CYC Supervisors and Clinical staff so that supervisors have colleagues they can turn to for suggestions and support in helping direct service workers handle these issues competently.

Sorting through dilemmas of Personal autonomy vs. Team consistency

We know that CYC work is as much an art as a science. Of course both the arts and the sciences involve heavy doses of creativity. So does work with troubled and troubling youth. The dilemma for most settings however, is that working as a team is an absolute necessity – both for the good of the clients and for covering all the hours that need to be covered. In addition, the amount of damage caused by abuse and neglect requires multiple kinds of interventions. It’s also true because the court

often mandates involvement and cooperation between many different individuals from many different disciplines.

There's a reason we don't see two painters painting on the same canvas and we rarely see two pianists on the same keyboard. Creative people like to work alone. I must say there were some distinct advantages to the "old days" when they threw us a batch of kids and a set of keys and gave us few if any days off. We got to do things our way! As we moved into more regulated times where time off and staff ratios came into being, the stresses of working with other people sharing the same batch of kids became evident. Here is where shared team values are a must! Being involved in treatment is more like being part of a band than a soloist.

I frequently hear the word "consistency" used incorrectly, implying that it means the same as "identical". In fact, we don't have to be identical to be consistent. Consistent means "not in contradiction with". This allows differences in style, but not differences in substance. While we can allow staff to use their individual styles and gifts, it is the supervisors responsibility to insure that the substance – the program values – is never contradicted. Frankly, this annoys some people who would rather swim or play golf than play hockey or baseball. CYC work is a team sport! The supervisor is the team manager.

A background in team sports will be helpful.

As discussed above, in CYC work "treatment", whether for children, teens, or families, almost always requires a team effort. There are frequently a number of concentric teams involved in any one "case", rendering treatment in group settings considerably more complicated than that provided by one-on-one clinicians. The supervisor of any group of individuals required to work together for the good of the client – meaning achieving treatment goals – is in fact, whether clearly stated in the job description or not, the team leader. This means that in addition to the skills listed so far, CYC supervisors must understand how teams work, how to build teams, and how to intervene when teams are not working functionally. As the manager of any team will gladly attest, team leadership – apart from other necessary skills -requires distinct abilities, many of them separate and apart from those skills required for competent individual supervision. Among these skills are:

- The necessity of clarifying the "mission" of the organization in terms clearly

understood and agreed on by all team players. Mission includes both the **what**- services, activities, programs, etc., and the **how** – a clear understanding of, and commitment to, the philosophy of care in the agency. This task alone becomes very complex in CYC work because unlike other service agencies, where client characteristics tend to be uniform, Child Care agencies tend to batch together an overwhelming array of client characteristics, including: special education and learning needs, behavioral problems, mental health disturbances that include a variety of neurological conditions, trauma related mental and emotional injuries, spectrum disorders from exposure to drugs and alcohol, in addition to other problems your staff are being asked to provide treatment for. Most direct service people find this population so overwhelming they demand that the supervisor make it easier for them so that they can feel competent. Unhappily, a competent supervisor cannot do that. A competent supervisor must have a grasp of **each** type of need and problem encountered in their client population. Few CYC agencies have the luxury of “specializing”.

- The ability to clarify the specific “roles” of each person on the team, taking into account that each individual has an idea of what other people should be doing that may not be the same as what each individual believes they should be doing. I have found conflict in this area inevitable. The supervisor himself or herself must be able to distinguish between each team members’ “**position**”, the actual job title one holds, and what the “**role**” of persons with that position includes: those activities and behaviors that one is expected to demonstrate while holding this position. Since the rules for our team are considerably more vague than those in team sports, treatment teams must grapple with:

Role Expectations: What others think an individual is responsible for doing and how they think it should be done.

Role Conception: What an individual thinks her or his own job involves and how s/he has been taught to do it.

Role Acceptance: Once clarified, what an individual is actually willing to do and the extent of his or her acceptance of others' expectations of the role.

Role Behavior: What the individual actually does.

Working on these issues with staff is done on both an individual basis **and** with the team as a whole. Group leadership skills, then, are a requirement for competent supervision in CYC work.

- Insuring that relationships between all team members remains “positive” regardless of personal feelings for other team members.
- Assessing each team members’ commitment both to the treatment tasks with clients **and** the willingness and ability to work with other team members.
- Ability to provide constructive “feedback” to keep the self-awareness levels for each team member high so that they remain aware of their personal impact on both clients and colleagues.
- Ability to assess strengths and weaknesses of the team so that between members of the team the needs of all clients can be met.
- Ability to assess and create “cohesion” (trust, acceptance, and support) between team members.
- Ability to inspire full involvement and participation in all treatment related activities focusing both on clients and the team.
- The supervisor must have a high level of self-awareness himself or herself so that they are aware of how their personal style impacts the performance of subordinates.
- Conflict management skills for the inevitable differences that arise between members of the team as well as between clients and staff members.
- Finally, one cannot be a competent supervisor without a variety of leadership skills, which incorporates abilities in each of these areas.

As with direct service workers, we ask a lot of supervisors. We need to, because people’s lives are at stake.

Judgment to determine when it is okay to allow for “mistakes” on the job when the stakes are so high

There are “learning curves” in all new jobs. Frankly, there are few jobs where mistakes on the job have as much dramatic negative impact as in settings with children who have already been harmed in many ways. Careless actions by people who are usually well-meaning have the potential to add to the pain and damage already endured by vulnerable young people. Supervisors must be able to evaluate whether errors in judgment by a particular staff member implies an “inability” to grasp the significance of everything they do, as opposed to errors made by staff members who show the potential to grasp the impact on young people of everything they say and do. Frankly, sometimes I think the clients can be our guide. In my experience, possibly because of the “hypervigilance” many of our clients have developed, they have an uncanny ability to know why someone might say or do the “wrong” thing. Is it because they simply don’t care enough to take the time and thought into doing the right thing; or, are they demonstrating harmful responses because they are struggling to learn what “therapeutic relationship” means with emotionally disturbed, learning disabled, mentally ill young people who are still massively effected by everything that happens to them.

As I write I’m having a flashback to a wonderful moment I had “on the floor”, as we say. I was the Executive Director, was passing through the living space when a brand new staff member confronted the client who was without debate, the most challenging of the group. She had a history of violence against staff. She was loud, and crude, and loved to prove how inadequate we all were. I was barely out of sight and heard the interaction between the two and shuddered as the new staff did almost everything wrong. She stood too close, she responded naively, she made weak demands that the teenager laughed at. I became very nervous, and was going back and forth in my mind about whether I needed to step in before something really bad happened. All of a sudden the client turned her back and walked away, flipping off the new staff person. I walked up to my typically hostile client to thank her for not hurting someone so new. “Yeah”, said the client. “I thought about it. You know Fox, she’s really bad. I mean really bad. She doesn’t know what she’s doing. But, she was trying really hard so I decided to cut her a break”.

This client saw what supervisors need to see. Supervisors in CYC work need to be able to see into the hearts of their workers, and know whether the “mistakes” are

coming from lack of caring and commitment, lack of understanding of the needs of the clients, or simply from lack of experience of a momentary lapse in judgment. The supervisory interventions for each of these determinations are quite different. Whether or not they are able and willing to learn has everything to do with whether we will do our jobs: give wounded children the experiences they need to heal.

So what's so special about being a supervisor in a treatment setting with abused and neglected children and youth? Everything.

This article was published in CYC-Online, Issue 223, September 2017

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