

Agency Communication & The Supervisory Role

(Much of this article is from Respecting Residential Work with Children, 2003, by James Harris, Jr.)

One of the main challenges that residential placement agencies may encounter is internal communication. I know that I faced this issue when I worked for a residential placement agency. It is also a problem that is voiced time and time again when I talk with personnel from such agencies. The lines of communication are not always as open as they should be in our field.

There are numerous factors that attribute to poor communication within an agency. Some of these may include:

- Philosophical differences amongst staff members.
- Varying educational degrees of agency personnel.
- Established agency hierarchies.

Human nature dictates that there are bound to be differences in opinion whenever a group of people with different philosophies, levels of experience, and educational degrees work together. In children's residential placement agencies, like almost any other profession, this is often the case. Just in terms of education alone, we see a gap between workers. Most clinicians and executives hold a Masters degree or higher. Supervisors almost are certain to hold at least a Bachelors degree. Direct care staff members may not hold any degree.

Differences in Staff Degrees, Salaries, and the Agency Hierarchy

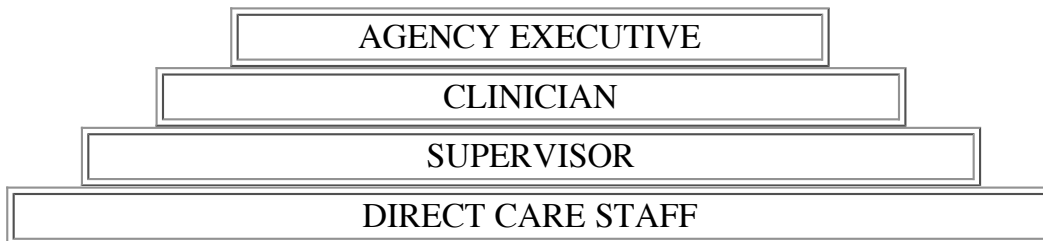
In terms of salary it is no secret that the lower one is on the agency ladder, the lower the salary. While this is logical, it does not mandate that direct care workers are unimportant. In fact, the opposite is true. Children come to rely on the direct care staff members in their programs.

Just as the youth in facilities need quality staff working with them, the agency needs its a good executive team to be sure its programs stay up and running - and to ensure that needed services are provided.

These principles are reflected in the following charts:

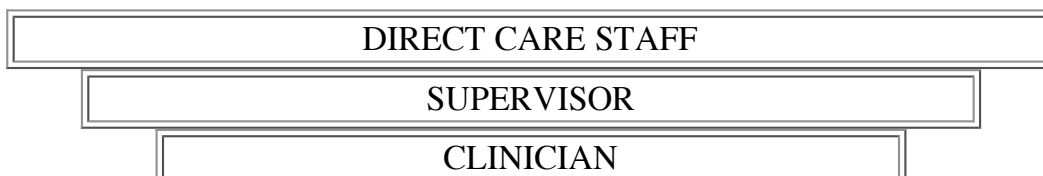
AGENCY "A" HIERARCHY

(as defined by degree and salary)



AGENCY "A" HIERARCHY

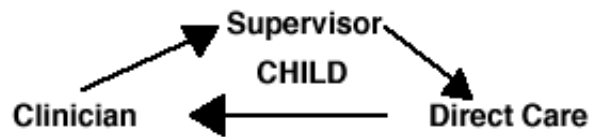
(as defined by the role played in the child's life)



Obviously, the point of the first graphic shows that the higher one moves up the ladder, the higher the salary and need for advanced degree. The point of the second graphic is to show that those workers having the most interaction with a child occupy higher rungs of this ladder. In a nutshell, the higher one moves up the agency ladder, the further he/she moves away from the day-to-day treatment of youth. This is especially true in the larger agencies. (Yet, this may not be the case in the smaller residential programs. In addition, clinicians at some programs may have as much interaction with the child as a supervisor.)

We cannot prevent what happens within an agency hierarchy. We need our executive directors leading us, especially in this day and age. They have to be our voice in the public and our advocates before state and federal legislatures. Regarding clinicians, we know that they are important. They have the training and counseling skills necessary to provide treatment. Supervisors are just as critical, often balancing the needs of the agency as a whole. And, direct care staff members have the greatest chance to impact positive change in the life of a child in care.

While we acknowledge the need for an agency hierarchy and note the importance of each position, we must also acknowledge the vital importance of day-to-day communication between members of the agency team. Verbal communication should never be allowed to break down. Children are placed within our programs for treatment. It is up to all members of the agency staff to make sure that they communicate. As the graphic below shows, the child should be the focal point of the team, with services being wrapped around him or her. This includes agency communication.



If we do not have tight communication within the agency, the children suffer. In some instances we may even be replicating past patterns, where adults refusing to communicate have used youth as a pawn. That is why it is absolutely essential for team meetings to include all members of the agency team. For example, it is ill advised and at times unprofessional for an agency to conduct a consultation on a child without getting the input of all parties who work with him. Vital information could be ignored. More importantly, it is disrespectful of the needs of the children. It is a practice that breeds contempt amongst the agency team. It should not be occurring in this helping profession.

Denomination breeds division. We are all partners in the treatment of children in residential placement. In this field, where inter-agency collaboration and networking is becoming a reality, why wouldn't this practice exist within our individual programs? Good communication is essential for an agency to be successful in treating children. We all need to be on the same page.

The Role of Residential Supervisors/Program Managers in Promoting Communication

Children's residential placement programs benefit from supervisory leadership that is well versed in the management of such facilities. This position presents many challenges as supervisors often bridge gaps between upper level administrators, direct care staff, and clinicians. Their effective leadership is essential to the employees that they supervise, and, more importantly to the children residing in these facilities.

I became a residential supervisor after five years as a direct care worker. I thought that I would simply waltz

into my office (which was just a folding chair set up at a coffee table in the family visitation room) and help the program run as smoothly as ever. It didn't take long to realize that being a supervisor made me the buffer between warring parties, the spare to fill un-staffed shifts, the individual responsible for solving programmatic crises, and other issues for which I was not prepared. I thought I would just supervise staff and visit the kids in the milieu setting. Was I in for a rude awakening! The residential supervisor's job is not just a walk in the park.

The residential supervisor is responsible for many things, including:

- *Direct supervision of residential staff.*
- *Hiring and training direct care staff.* (In larger agencies this may be the task of a Human Resources Department.)
- *Scheduling.*
- *Paperwork* (completing their own, and reviewing others'.

In addition to these important tasks, and as it relates to supervision, the residential supervisor must also engage in the following tasks:

- *Being an effective middle manager.* Being a residential supervisor can be a thankless job. The supervisor must maintain agency rules and regulations while being supportive of his or her staff. Residential supervisors must be able to advocate for staff while understanding the executive team's rationale for certain initiatives. Effective middle managers can understand the differing perspective of the professionals on a team while trying to find (and establish) that common ground.
- *Promoting open communication and team building.* There is a line in a *Pink Floyd* song that states "All we have to do is make sure that we keep talking." Supervisors are often responsible for making sure this occurs. Clinicians and direct care staff have to talk. They have to find ways to help children collectively. It is not the supervisor's role to say to his/her staff, "The clinician said you must do this," or to state to the clinical team, "the direct care worker said this is how they are going to consequence a child no matter what you say." The supervisor is responsible for opening the lines of communication and holding team meetings where all parties come together to discuss the children.

Constructive Confrontation

The last supervisory task to be covered in this article is the facilitation of *constructive confrontation*. This can be difficult. We work in a field whereby we tell children to talk about what's bothering them and to express their feelings appropriately with words. Yet, we do not always put these principles into practice as adults. There are endless cases of direct care staff (and clinicians) going to the residential supervisor with complaints about other direct care workers.

An important consideration in these cases is how the supervisor handles complaints brought to him/her. Does the supervisor listen? Does he/she let the staff member vent? These two practices are fine; however, the supervisor should be leery about confronting a staff member with complaints made by another.

When I was confronted by such incidents as a supervisor, my response would be, "I hear your frustration and understand where you are coming from. Have you discussed this issue with _____?" If they would answer "no," I would direct them to do so. If the individual wouldn't confront his/her peer and continued to talk about that person I would set up a meeting between the two. I would sit in as a neutral party. This is sometimes the only way to get a grievance out into the open - and resolve it. While it isn't easy and it can be uncomfortable, the supervisor must make sure that staff members work together in a professional manner.

Keeping Expectations About our Work in Check

This article will close with a metaphor regarding residential care that I heard Charles Appelstein relate during a training in 2002 entitled *Residential Treatment From a Child's Perspective*. Charlie cited the need for residential workers to have appropriate expectations for the children in their care. It is related here so that readers will have an understanding that communication between staff members is vital - but that communication between staff and client is guided by the direct care worker having realistic expectations of their job, and of the youth residing in their facility.

Charlie told the audience:

If you work at *MacDonalds*, you should expect to see hamburgers; and if you work in a setting with troubled, acting out kids you should expect to see..... acting-out! But, unfortunately, most workers have trouble with this analogy. A good night at *MacDonalds* is when a lot of hamburgers were sold, yet a *good* night at a residential facility usually means minimal to no acting out. And that's not always the case. A kid's best day in residential care could be the day that he had three tantrums after hearing some terrible news - but in each situation he was treated with respect and was able to meaningfully talk about his situation and learn new coping skills. Sure, our job is to help kids make better decisions and improve their behavior, but kids don't improve overnight. First, we need to hang in with them and establish trust. Rough nights will always be part of the package. Without them we don't get truly *good* ones.

The greatest chance to impact change in troubled children is when a youngster is having behavioral difficulties. This is when the team can come together and (through effective communication - respectful of each individual's position) discern how to best help the youth. It is through teaching children better ways to deal with their feelings, through more socially acceptable behavior, that our work is accomplished.