

Supervisor As Leader: Driving The Train

Leadership and Supervision In The Current
Mental Health/DD/SAS Environment

Robin Jenkins, Ph.D.

910.222.6089

rjenkins@cccommunicare.org

www.cccommunicare.org



QP's and Others – What Does Leadership Look Like in a Mental Health Environment?

- According to the “core rules” (APSM 30-1), QP’s are the critical roles that “drive the train” – Qualified Professionals are obligated to:
 - Develop, monitor, update and evaluate PCP’s
 - Supervise Associate and Paraprofessionals
 - Ensure quality and competency-based practices
 - Manage personnel according to the core rules

QP's and Competency

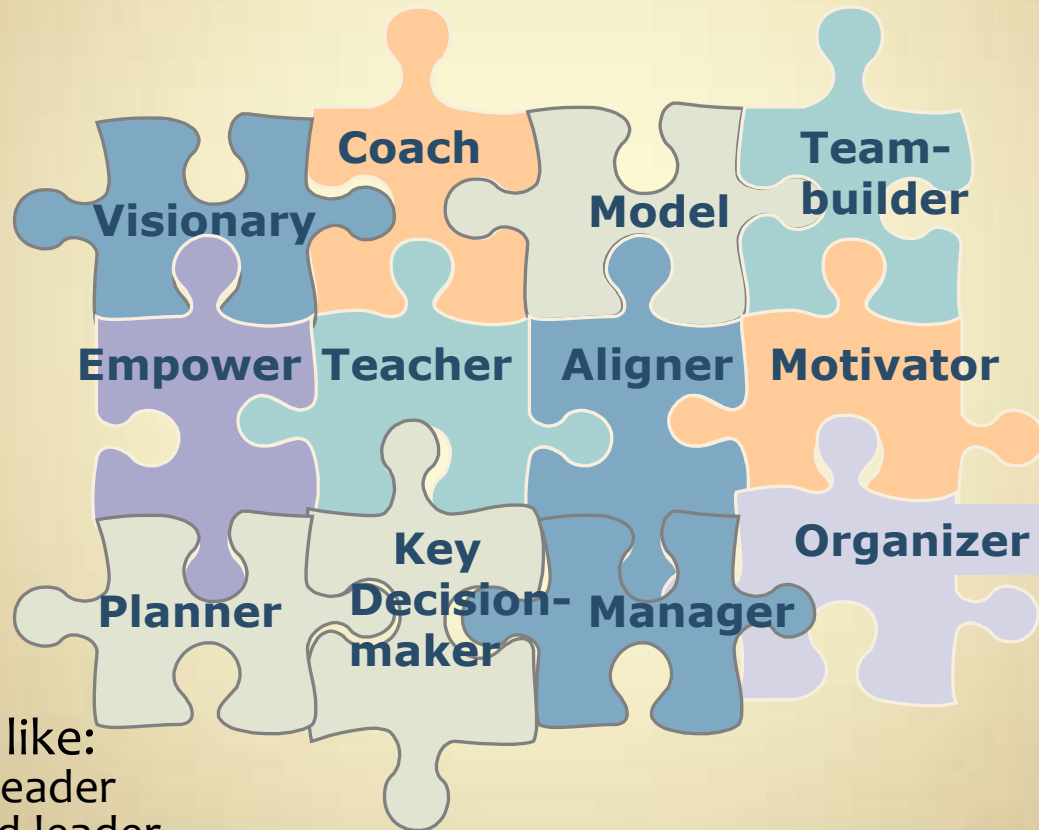
According to the APISM 30-1, QP Competency expectations are in the following areas:

Competence shall be demonstrated by exhibiting core skills including:

- (1) technical knowledge;
- (2) cultural awareness;
- (3) analytical skills;
- (4) decision-making;
- (5) interpersonal skills;
- (6) communication skills; and
- (7) clinical skills.

How Does Leadership Equate to Excellence and Competency?

- Leadership as defined by Roles (some examples):



- Also, roles like:
 - Servant-leader
 - Principled-leader
 - Situational leader, etc.
 - Ethical “watchdog” and compliance evaluator

Leadership Defined By Traits

Some Examples:

- Charismatic
- Visionary
- Courageous
- Authoritarian
- Laissez-faire
- Authoritative
- Problem solver
- Tough decision-maker
- Conflict manager/mediator

Leadership Defined by Authority/Position

- President (elected)
- CEO (elected or appointed)
- Judges (elected or appointed)
- Senate Majority Leader (elected)
- Executive Director (hired, defined in bylaws)
- Committee chair (usually elected by group, sometimes appointed)
- Military field commander (appointed by chain of command, but sometimes elected by acclamation in the heat of battle by fellow soldiers based on leadership skills displayed in combat)

Bottom Line?

No matter your ideology/philosophy regarding which theory of leadership you adopt (leadership based on traits, roles, situational management, etc.) – the bottom line is that ***effective leaders*** have traits that fit well into their leadership environment, use them adaptively and successfully in the roles demanded of them, and apply roles/traits situationally well to manage conflict, solve problems, advance their organizations and empower those around them.

Leadership is defined by someone influencing or affecting someone else's behavior -- most folks can agree that this is a basic starting point for defining it ...however, things get complicated when trying to define what a “leader” is.

Where Does Power Fit Into Leadership and Management?

What are Five Types of Power? (French and Raven).

- Position power (legitimate status in hierarchy).
- Coercive power (can punish people who resist; use of fear).
- Reward power (give grades, money, punishment, better assignments).
- Expert power (have competence or expertise).
- Referent power (use attractiveness or friendship to get your way).
 - Note that these forms of power are not mutually exclusive. For example, President of the US has position power, he/she can punish people through executive orders and political strategies, can certainly reward others, can be an expert on various matters, and can be very charismatic/attractive and influence people through those attributes as well.

Let's Break This Down A Bit More

- Leader? Vs Leading or Leadership?
- Leader Vs Managing and Directing?
- Leader: Managing or Management?

Is Leadership **separate** from Management?????

Does a Qualified Clinician/effective leader prioritize leadership over management, management over leadership, both, or neither?

Leadership = influence over persons/groups/social interactions; Management = influence over activities, resources and practices/outcomes

Leadership/Management Styles

From Rensselaer Polytechnic Institute (RPI)

- Autocratic
- Permissive (laissez-faire)

Add to the above: Democratic vs Directive Styles

- Directive democratic (makes decisions participatively; closely supervises subordinates)
- Directive autocrat (makes decisions unilaterally; closely supervises subordinates)
- Permissive democratic (makes decisions participatively; gives subordinates latitude in carrying out their work)
- Permissive autocrat (makes decisions unilaterally; gives subordinates latitude in carrying out tasks/work)

So who do you know with these styles?

Leadership and Management in Action

- Situational leadership theories tell us that leaders use their traits, skills, abilities, etc. differently depending on the environment they are in – a classic quadrant of situational leadership has been in the literature for some time:

Telling: leaders do this when employees are neither willing or able to do the job (very high need of support, high guidance and supervision).

Delegating: leaders do this when employees are willing to do the job and generally know how to go about the work (low needs of support and low need for guidance)

Participating: leaders do more participating when employees have the ability to do the job/work, but need a higher amount of support (low guidance, high support)

Selling: leaders do this when employees are willing to do the job, but don't know how to do it (low support, high guidance)

Another Look: Situational

**High support, high
guidance
(telling)**

**Low guidance, high support
(participating)**

Low support, low guidance
(delegating)

Low high support
(selling)

(let's talk about you --- group exercise follows – what leadership styles, traits, power relationships, management skills come to mind in dealing with this case?)

How To Lead Behavioral Health Supervisees Toward the Delegation Quadrant and Be A More Effective Leader

- Starts with personal knowledge and willingness for self-growth, education, recognition of self skills/weaknesses, and openness to change
- Strong ethics and self-conduct morals
- Effective planning skills (including a commitment to quality management, measurement, and customer focus)
- One must know the core rules (APSM 30-1), other administrative documents and Implementation Updates, DMA materials, Medicaid/Health Choice, IPRS, on top of good management and leadership literature and practices
- Deliberate and clear decision making based on data, open and evident rationales (be transparent and informed in making decisions; bias can completely de-motivate high functioning employees)
- Effective problem solving (analyzing alternatives, making positive choices, evaluating, realigning where necessary)
- Build effective teams. Most behavioral work is done as part of a team (clinicians, community support, administrative staff, psychiatry, etc.)
 - Know how to assess and recognize the competencies, skills and knowledge of others (this is actually a subset of effective problem solving, team building, planning and clear decision making)
- Commit to ongoing training and team development. This includes formal and informal training, self-directed learning, learning through ongoing supervision, etc. -- for self and employees
- Stay current re: Implementation Updates, rules changes, service definitions (e.g., Clinical Coverage Policy from DMA), Evidence Based Practices, web site updates, etc.

Summary

- Leadership is a mixture of traits/characteristics, roles, styles, and power
- Management is leadership, and leadership is management – they are different things, but interdependent upon each other and skills are needed in both areas to be an effective behavioral health leader
- Never stop self-evaluating and learning. Leaders are needed at ALL LEVELS of the behavioral health system, from the Director to ward staff and residential program techs --- when there are 2 or more persons involved in the pursuit of a common goal or set of goals, leadership will be involved, as will management
 - So how did we do? Final questions and thoughts

More Information

- Robin Jenkins, Ph.D.
 - 910.222.6089
 - rjenkins@cccommunicare.org
 - www.cccommunicare.org (click on the Training Presentations Tab)