Leadership Essentials: Roles & Functions of Leaders for Treatment Teams

Deana Leber-George, M.Ed., LPCC-S
Consultant and Trainer

Center For Evidence-Based Practices
A partnership between the Mandel School of Applied Social Sciences & Department of Psychiatry at the School of Medicine

www.centerforeebp.case.edu
Service innovations for people with mental illness, substance use disorders

- **SAMI**: Substance Abuse & Mental Illness
  - Strategies for co-occurring disorders

- **ACT**: Assertive Community Treatment
  - The evidence-based practice

- **SE/IPS**: Supported Employment/Individual Placement & Support
  - The evidence-based practice

- **IPBH**: Integrated Primary & Behavioral Healthcare

- **IDDT**: Integrated Dual Disorder Treatment
  - The evidence-based practice

- **DDCAT**: Dual Diagnosis Capability in Addiction Treatment
  - An organizational assessment & planning tool

- **DDCMHT**: Dual Diagnosis Capability in Mental-Health Treatment
  - An organizational assessment & planning tool

- **MI**: Motivational Interviewing
  - The evidence-based treatment

- **TRAC**: Tobacco: Recovery Across the Continuum
  - A stage-based motivational model

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First Things First ...

1. How have you learned how to be a supervisor?

2. What do you see your role(s) is with those that you supervise?

   (Brainstorm)
50% of people in leadership aren’t adding value to anyone’s point of view.

20% - 30% may be adding value to ONE person.

If 70%-80% of managers would be replaced or removed the organization would actually operate more smoothly.

Richard E. Boyatzis, PhD.
Distinguished University Professor, Case Western Reserve University
93% of behavioral health workers receive INADEQUATE supervision

35% of behavioral health workers received HARMFUL supervision

- Lack of guidance
- Flavored with cynicism / lack of optimism
- Etc.
- **Lack of experience / competence**
  - Leaders are ill equipped to adjust to rapid change. No Change Management knowledge or skill.
  - High level executives often lack the necessary emotional and social competencies to deal effectively with the stress surrounding change – or support others through it.

- **Leadership Training fails**
  - Only 20% translates into actual learning or direct impact on operations
  - Training doesn’t create the good “habits” that are most critical to successful leadership.
  - No on-going evaluation, feedback or development

“Six Reasons Why Leadership Training Fails.” *Leadership Excellence* – Cynthia Kivland and Natalie King
Facilitate change/growth in staff:
>
- Knowledge
- Skills
- Attitude
Basic Role of Supervisor

» Requires effective supervision process that supports **transfer of learning** to actual performance

- Clearly communicated
- Formalized and consistent
- Interactive & Experiential
- Data driven (use of outcomes)
- Individualized feedback

Many staff want it to be “easier” = we need to help them get the knowledge, skills and attitudes that will make ANY job duty more doable and easier.
Basic Role of Supervisor

Connective Leadership

- Participate
- Facilitate
- Enable
- Build relationships
- Influence and Trust
- Create Space
- Converse
- Communicate
- Collaborate

Essentially create a interconnectedness between every vertical and horizontal levels in an organization
Basic Role of Supervisor

TEACH

MODEL

GUIDE

ENCOURAGE
Create safe environment within the team/department

- Encourage team by seeking out and providing constructive feedback to each other, *(this includes YOU!)*

- Staff Inclusion / Inclusive Innovation / Multidisciplinary Respect

- Managing Team Conflict
  - Swift, minimize “drama”
  - Individual issues versus Team issues
  - Prevention is key!
# Supervisor/Leadership Roles & Functions

## Managerial (Directive)

**Main Goal of Efficiency**
- Routines
- Time management
- Focus on systems and structure
- Short-range view
- Compliance
- Obtain necessary resources

Asks how and when, focused on bottom line, maintains status quo

## Supervisory (Instructive)

**Main Goal of Integrity & Effectiveness of Clinical Intervention**
- Client engagement
- Progress and Outcomes
- Skill development
- Advancement of competence
- Encourage collective learning

## Leadership (Connected / Guiding)

**Main Goal of Proper Use of Influence! (vs. Power)**
- Help interpret the meaning of events
- Build task commitment and optimism
- Process Reflection
- Build mutual trust and cooperation
- Strengthen collective identity
- Develop and empower people
- Promote social justice and integrity
Managerial (Directive)

Efficiency
- Masters routines/time management, administers, focus on systems and structure, short-range view

Compliance
- Asks how and when, focused on bottom line, maintains status quo
Supervisory/Leadership Functions

Supervisory (Instructive)

Integrity & Effectiveness of Clinical Intervention
- Client engagement
- Progress and Outcomes

Staff Skill Development
- Advancement of competence
Staff Skill Development

- **Provide feedback in effective way**
  - Clear, behavioral “next steps”
  - Pay respect to individual learning styles

- **Utilizes practice and role play within team and supervisory discussions**
  - You can say almost anything…it’s all in the way you say it

- **Real Time supervision (in Vivo)**
  - At least 10% of time with team members
Staff Skill Development

- Recognizes staff skill advancement
  - Rewards or recognition of staff achievements

- Foundational and on-going planful training of team members
  - Ensure that new staff receive foundational training prior to service delivery
  - Create a learning environment

- Supervisor should know and have direct contact with those served.
  - You have to know about who they are working with to really be able to give them insight they might not achieve otherwise.
Supervisory/Leadership Functions

Leadership (Guiding)

Proper Use of Power!

1. Help interpret the meaning of events
2. Create alignment on objectives and strategies
3. Build task commitment and optimism
4. Build mutual trust and cooperation
5. Strengthen collective identity
6. Organize and coordinate activities
7. Encourage and facilitate collective learning
8. Obtain necessary resources and support
9. Develop and empower people
10. Promote social justice and morality
**MANAGERIAL**

- Plan
- Organize
- Direct
- Coordinate
- Control

**LEADERSHIP**

- Envision
- Align
- Empower
- Coach
- Care

**Aim:** Achieve Results  **Aim:** Advancement

A manager says “Go”…a Leader says “Let’s Go”…

John Maxwell
Top 10 Differences Between a Manager and a Leader
MANAGERS

» Stability
» Make the rules
» Plan details
» Execute
» Avoid / minimalize conflict
» Use existing “roads”
» Take / absorb credit
» Make decisions
» Tell the vision
» Transactional Style

LEADERS

» Look for change
» “break” the rules
» Set the direction
» Shape the culture
» Use conflict for advance
» Look for new “roads”
» Give / share credit
» Facilitate decisions
» Sell the vision
» Transformational Style
B = BELIEVE
E = ENCOURAGE
C = CHALLENGE
C = CORRECT
What are Your Leadership Functions?

How you behave when attempting to influence the performance of another.
Basic Leadership Functional Style

Exercise

Supporting       Coaching

Delegating       Directing
Leadership Functional Behaviors

Directive Behavior
(Completion/Competence)
• What
• How
• When
• Where
• Why

Supportive Behavior
(Connection/Motivation)
• Listening
• Encouraging
• Facilitate involvement in problem solving and decision making
Leadership Functional Behaviors

Coaching Behavior (Guidance/Competence)
- Why
- Model
- Give useful feedback in an individualized way

Delegating Behavior (Confidence/Motivation)
- Empower
- Facilitate involvement in problem solving and decision making
DISCUSSION

Think about your personal strengths related to these functions –

» What would be one of your functional style strengths?

» What might be an area of growth for you?
### When to Do Which...

**Assess Staff for......**

<table>
<thead>
<tr>
<th>Competence</th>
<th>Commitment/Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Skills</td>
<td>• Motivation</td>
</tr>
<tr>
<td>• Knowledge</td>
<td>• Willingness</td>
</tr>
<tr>
<td>• Attitude</td>
<td>• Confidence</td>
</tr>
<tr>
<td>• Experience</td>
<td></td>
</tr>
</tbody>
</table>

Determine staff’s level of competence and commitment/motivation to determine the needed leadership functional style.
<table>
<thead>
<tr>
<th>Leadership Style</th>
<th>Direction</th>
<th>Support</th>
<th>Competence</th>
<th>Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>Variable</td>
</tr>
<tr>
<td>Coaching</td>
<td>High</td>
<td>High</td>
<td>Some</td>
<td>Low</td>
</tr>
<tr>
<td>Delegating</td>
<td>Low</td>
<td>Low</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Directing</td>
<td>High</td>
<td>Low</td>
<td>Low</td>
<td>High</td>
</tr>
</tbody>
</table>
As we move on consider this...

» What has been challenging for you in addressing any of these characteristics?

» Why does it feel challenging?

» Have you found anything that is effective in working with these characteristics?
Supervisee characteristics:

- Inexperienced with new task, or higher level of task complexity
- Performance anxiety
- Unable to meet productivity
- Interested in learning, open to direction
- Unaware they’re unaware
- Confidence hope based vs. reality based
Directing
High Direction/Low Support

Supervisory Response:

• Acknowledge enthusiasm
• Define goals, objectives, tasks
• Give clear, specific instruction, order tasks
• Organize & share resources
• Monitor performance closely, give feedback
• Assess skills, provide instruction
Supervisee characteristics:

- Some knowledge/skill, lacks competence
- Learning, needs support, progress is evident
- Inconsistent performance/flashes of competence
- Frustrated, overwhelmed, confused, demoralized
- Tired of change
Coaching
High Direction/High Support

Supervisory Response:
• Collaboration, seek suggestions & problem solving, fill in the blanks
• Provide explanations, clarifications, structure
• Monitor performance, give feedback
• Provide encouragement
• Assess skills/motivation, provide instruction
Supervisee characteristics:

- Moderate/high competence
- Cautious
- Variable commitment
- Self directed, at times needs sounding board for ideas
- Self critical, help to see performance objectively
- Making good contributions
- May get bored

Supporting
Low Direction/High Support
Supporting
Low Direction/High Support

Supervisory Response:

• Encourage independent problem solving, action planning, goal setting

• *Identify and remove barriers*, share expertise, collaborate

• Appreciate contributions, reflect on past successes

• Encourage feedback

• “How can I help?”
Delegating
Low Direction/Low Support

Supervisee characteristics:
• Confident, competent, consistent
• Recognized by others as competent
• Trusts own abilities/works independently
• Self directed
• Motivated, motivates others
• May be asked to do too much
Delegating
Low Direction/Low Support

Supervisory Response:
- Allows, trusts, confirms, challenges, empowers
- Values and rewards contributions
- Expects individual to take charge, responsible for goal setting, action planning and decision making, evaluate work
- Share knowledge, skills, mentor
- Provide resources
Leadership is not a "one size fits all" thing

You must adapt your approach to fit the situation.

This is why it's useful to develop a thorough understanding of other leadership frameworks and styles; after all, the more approaches you're familiar with, the more flexible you can be.
The most effective leaders are those that can vary their leadership style to the situation.

Blanchard, Zigarmi & Zigarmi (1985)
Functional Styles
Self Awareness Exercise

1. What is your *most* natural style of leadership?

2. What is your *least* natural style of leadership?

3. Which style of leadership would you like to develop in yourself? Why?
Supervisors / Leaders......

Teach It!

Implement It!

Champion It!

Enhance It!

Protect It!

Sustain It!

Model It!

Advocate for It!
AWARENESS IS THE FOUNDATION OF GROWTH...
Regarding your Leadership Roles:

- Based on the awareness that we raised in today’s time together....

1. What areas of **knowledge** do you feel you need that will help enhance your ability to be a more effective EBP team Leader?

2. What **skills** would you like to learn, refine and practice in order to take yourself to the next level of EBP team leadership?

3. What **attitudes/awareness** have you identified that could enhance or harm your leadership abilities?
Applying today’s exploration to real life.
Contact Us

Deana Leber-George, M.Ed., PCC-S
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Center for Evidence-Based Practices
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-7169
216-368-0808

deana.leber-george@case.edu
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- Educational resources
- Consulting resources
- Evaluation resources (fidelity & outcomes)
- Professional peer-networks

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- News about us and our collaborators
- Recovery stories told by consumers, family members, service providers, employers
Tools | Education & Advocacy

Booklets

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Reminder Cards

www.centerforeebp.case.edu/resources/tools
Our Mission

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:

- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research