

A Compendium Model for Residential Supervisors' Self-Evaluations

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ABSTRACT. As the main agents of change, the direct care workers' role in residential treatment is to create a safe and supportive environment. The residential supervisor's task is to monitor staff members' behaviors, using supervision to improve the job skills and clinical functioning of direct care staff members. The supervisor maximizes therapeutic effectiveness by integrating the staff members' training with their daily practice. As model for supervisor self-evaluation, the Supervisor's Compendium is a list of skills and competencies expected of residential supervisors. Currently, it is used at Haydon Youth Services, Oshawa, Ontario, and Warren Family Homes, Whitby, Ontario. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]*

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INTRODUCTION

One of the most important factors in counseling is nature of the supervisor-child care worker alliance (Patton & Kivlighan, 1997). Supervision is, therefore, an evaluative relationship that focuses on

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professional development of the supervisee, while monitoring the quality of services offered to the residents (Bernard & Goodyear, 1992). The supervisor's goal is to help the child care worker to learn specific skills in such areas as conceptual ability, assessment, intervention strategies, and treatment implementation (Watkins, 1997). The supervisor must be able to identify deficits in skills and knowledge, know which aptitudes to address and determine the most effective approach for improvement (Bernard, 1997). Teaching and responses by the supervisor can refine a residential worker's skills that ultimately will strengthen the staff members' performance (Heppener and Handley, 1981). This means that when a mutual understanding of goals is established, the supervisor and child care worker enter into a reciprocal relationship of care, trust and respect (Bordin, 1983).

The child care worker's role at Haydon and Warren includes; creating positive relationships with residents, acting as a role model, providing structure and limits, teaching the residents to negotiate, enhancing living and social skills, helping residents to pursue short and long-term goals, and teaching them to modulate their emotions (Pazaratz, 2000c). Standards have been established for analyzing the worker's skills and practices. The supervisor is required to be thoroughly versed in these particular areas (Pazaratz, 2000a, 2000b, & 2000c). The supervisor must ensure that each worker maintains competency in the theory and practice of child care work, that each worker is adequately supervised to perform his/her assigned roles and tasks, and that workers function within a team. The supervisor's role includes; inculcating professional standards, ensuring that ethical practices and legal statutes are followed, guaranteeing that techniques for managing boundaries do not infringe on individual rights, that a method for monitoring treatment progress is employed and that the therapeutic nature of the unit is maintained.

The supervisor must ensure that direct care staff members develop a range of treatment skills to effectively manage a variety of developmental needs and problems in a disparate residential population (Loganbill & Stoltenberg, 1983; Pazaratz, Randall, Spekkens, Lazor, & Morton, 2000). While some residential treatment programs may operate in a technically correct manner, whereby an antiseptic or highly structured environment is maintained. Staff members in those settings act as detached observers, not engaging with residents and serving only to record and analyze behaviors. While documenting a youngster's experiences is crucial for understanding the course of the treatment process, without direct staff member/resident interactions, residents are unlikely to change (Polsky, 1962).

An important aspect of the staff member's role is actively to engage residents so that they can achieve significant emotional development. Depending upon the degree of staff members' involvement, a resident's emotional development can be accelerated, simply maintained or become regressed (Beker & Feuerstein, 1991). Finally, care should be taken that an overly strong emphasis upon analyzing or evaluating the resident does not lead to an impairment of the resident's sense or further psychological fragmentation of the young person (Pazaratz, 1998b).

METHOD OF THE COMPENDIUM

Both Haydon Youth Services and Warren Family Homes are residential treatment facilities for emotionally disturbed or disordered adolescents, consisting of several group homes. Staff members strive to create a safe or "holding environment" by defining expectations and boundaries (Winnicott, 1965). Direct care staff members are led by a supervisor, who is expected to enact, clarify and monitor implementation of the agency's policies and procedures, consisting of the mission statement, rules and routines, job descriptions, treatment parameters, and methodology (Pazaratz, 1998b). This means that each home operates within the treatment principles, philosophies and practices of the agency. The interconnectedness and communications of the supervisor with direct care staff members are the means by which the milieu is created and treatment is enacted. The professional growth and competence of staff members occurs as a result of their ability to work as a team.

The Supervisor's Compendium (see Appendix) is a structured, evaluation method that lists expectations or standards required of each group home supervisor. The compendium describes a self-evaluation by the supervisor who provides direct care workers with instruction on child management techniques, treatment principles, and other aspects of professional conduct. Ultimately, the supervisor takes responsibility for what staff members do, what is learned by residents, and the way in which the group home's milieu functions. The supervisor is also in direct supervision with the program coordinator. The coordinator provides training, feedback and review of the residential supervisor's own performance appraisal.

In this evaluation model, objectives are defined, behavioral procedures are described, and progress indicators are discussed. This model can be tailored or adapted to the specific and specialized needs of any treatment facility, detention center, or college child care program

geared to the attainment of an advanced child care worker diploma. More detailed descriptions of the supervisor's personal skill areas at Haydon Youth Services and Warren Family Homes that are evaluated by the compendium are provided in the following section of this paper.

SUPERVISOR SKILL AREAS

Supervision

Objective. Supervision is a planned educational experience invoking short and long-term goals for skills acquisition and for the worker's professional development (Cohen & Cohen, 2000). To maximize therapeutic effectiveness, supervision of staff members is conceptualized as the application and integration of theoretical training with practical direct care work skills (Pazaratz, 2000c).

Procedure. The supervisor articulates the agency's treatment philosophy, defines expectations, sets learning goals and ensures that staff members are on task. The supervisor must be able to help the staff members to understand developmental theory through every step of a resident's treatment. There are specific approaches, interventions and techniques that are often more preferable for each stage of a resident's treatment needs (Arielin, 1997). The supervisor need to be able to identify each resident's position on the treatment continuum, and may need (when useful) to provide some link or understanding between the resident's current problem and his/her past (Rogers, 1951). The supervisor offers an informed perspective on the worker's behavior, allowing the worker to develop different conceptions about his/her approach, while also learning to prevent problems from arising, which may lead to treatment impasses or regression.

Indicator. The supervision process is complex, with many similarities to therapy with clients (Haley, 1976). Workers' resistances can be reduced by the supervisor communicating acceptance, warmth, empathy, genuineness and positive regard (Borders & Benshaff, 2000). With the development of trust, staff members can become less defensive and more open about their work. Some of the skills most critical for staff members are self and other awareness, self-direction, motivation, relationship building and team work (Bertolino & Thompson, 1999). Supervisors must create and maintain an environment that encourages growth and learning, that ensures counseling sessions are provided as scheduled, and that each resident's progress is stimulated relative to

their potential, and within developmental parameters (Patton & Kivlighan, 1997).

Supervisors have an obligation to protect the welfare of residents. The Supervisor should be cognizant of the limits to their own skills, knowledge and competencies, and to the similar limits of their staff members (Watkins, 1997). Therefore, any direct care staff member and supervisor who does not feel prepared by education or experience to act or assist in a particular circumstance should discuss the situation with their supervisor. Workers must learn to practice in accordance with the legal and ethical parameters of residential care (Pazaratz, 2000c). For example, workers must perform in a manner that protects themselves against legal actions, such as child abuse allegations (Hedges, 2000), but they must balance this concern with the security needs of residents. The supervisor must ensure that staff members are sensitive to issues of diversity and multiculturalism and how these affect both staff members and residents (Pazaratz, 2000c).

Physical Management of the Unit

Objective. The supervisor should be able to create and maintain a safe and cooperative environment that is based upon open and supportive communication. The social milieu and the group living atmosphere should be structured to maximize their impact upon a resident's attitude, adjustment, and the ability to learn from the environment (Garafat, 1998). The supervisor strives to ensure that staff member/resident interactions are therapeutic, that these occur on a regular basis, and that staff members deal with real issues (Hammond, 2000).

Procedure. The supervisor should have a systemic overview of the total unit and be aware of its effects upon staff members and residents. The supervisor has expectations for the physical conditions of the group home so that it is in good repair and offers a warm, home-like atmosphere (Bettelheim, 1974). This means that direct care staff members should be involved with residents in the up-keep and cleanliness of the home. When there are problems in the physical maintenance of the unit, the supervisor communicates in a solution-focused manner. Supervisors also handle and resolve interpersonal problems among team members and develop role expectations (Arieli, 1997). The supervisor distributes labor, assigns tasks and checks that these are performed. Realistic workloads are distributed among team members to help ensure obtain a fulfillment of role expectations.

Indicator. The supervisor demonstrates that he or she is goal oriented and in touch with a changing environment, conditions and opportunities. The supervisor can create and maintain a stress free and safe atmosphere, blend residents' and staff members' needs, and coordinate their interactions. The supervisor ensures there is a high standard and variety of balanced, nutritious meals. The supervisor monitors purchase orders and requisitions, and insists on proper accounting of expenses for foods and supplies. The supervisor's duties include attention to the storage of goods, regular maintenance of equipment, and the upkeep of the entire building and surrounding grounds. A comfortable home-like atmosphere helps to provide for the well being, safety, and smooth interactions between the staff members and residents (Bettelheim, 1974).

Administrative Responsibilities

Objective. The residential supervisor functions as the link between direct care staff workers and members of the administration. The supervisor must transmit information between the two areas honestly and not use his/her position for selfish purposes or to manipulate or play one entity against the other. The supervisor's duties include staff scheduling, keeping track of staff sicknesses, holidays, overtime, completing staff performance appraisals, ensuring proper reporting and scheduling of children's appointments. He/she also ensures that the development of care plans and case conference reviews occur promptly and are thorough. The supervisor demonstrates a comprehensive knowledge of ethical and factual issues (Hedges, 2000) pertaining to licensing regulations and to child protection (legal) codes. The supervisor also is responsible for maintaining the safety, well being and rights of all residents and workers.

Procedure. Worker stress occurs from overwork, lack of job satisfaction, absence of recognition, or intense feelings toward residents, other staff persons or members of the administration (Pazaratz & Morton, 2001). Insufficient supervisory support also increases stress and intensifies a worker's sense of being overworked (Bernard & Goodyear, 1992). Stress affects staff members' judgments and decision making skills (Hammond, 2000). Nevertheless, according to Liddle (1986), it is not uncommon for supervisees to misunderstand the benefits of supervision and to resist the supervision process. Resistance to supervision represents a defense against potential consequences, anxieties, or deficits in the supervisory relationship.

Unless the supervisor has an understanding of each worker's personality, it would be difficult to build a working relationship and to deal with evaluation or performance anxiety. For alliance building, the supervisor must be a benign leader of staff, even when directly addressing their work habits and attitudes (Frawley–O'Dea & Samat, 2001). The supervisor must do more than what the job description entails; he/she must be creative in deploying staff members, function as an adept problem solver, and support the maintenance of a high sense of morale for staff members.

Indicator. The supervisor relates positively and cooperatively with members of the administration, keeping them informed of staff workers' issues, operation of the residence and any critical incidents that occur with the residents. The supervisor should model punctuality and professionalism; he/she should be factual and precise in verbal and written communications, as well as during meetings. The supervisor should strive to maintain a work friendly and therapeutic environment. The supervisor ensures that staff members' procedures comply with licensing criteria, and that these are implemented within the treatment model.

The supervisor identifies training needs of individual workers and monitors staff members' involvements with residents. The supervisor's knowledge, skills and interactional style should strengthen and stabilize the treatment team. The supervisor perseveres in the face of challenges, working to resolve difficult staff situations directly. The supervisor should be able to meet the professional and developmental needs of staff members and the team (Stoltenberg, McNeil & Denworth et al., 1998). The supervisor should stimulate the development of enhanced cognitive skills that can be achieved through learning, knowledge and formal training (Bernard & Goodyear, 1992). The supervisor strives to elicit from staff members those internal constructive abilities, such as the capacity to provide empathy and nurturance.

Team Work

Objective. The supervisor must have an awareness of each staff member's level of professional development, such as counseling abilities, work habits, strengths, deficiencies and temperament. The supervisor emphasizes the development of team cohesiveness and cooperation, so that the total unit is organized around and complements the work of the team. This means that information about significant issues that affect the group home is provided to the team members, so that the quality of the team's coordinated functioning is heightened through informa-

tion sharing. The supervisor defines expectations, but is receptive to new ideas and other perspectives offered by team members (Kottler, 2001).

Procedure. The essence of residential treatment is to program for the developmental needs of residents and to teach them how to negotiate the basic tasks of everyday life (Garafat, 1998). Staff members create structure for residents and block or interrupt previously learned dysfunctional behaviors (Beker & Feuerstien, 1991). When workers intervene to develop new meanings of experiences for residents, this could lead to subsequent behavior changes (Weeks & L'Abate, 1982). The supervisor ensures that staff members' efforts are consistent with treatment goals and that these are not fractionalized by divergent approaches to their work. This means that all aspects of the program are coordinated through the supervisor who provides responses to enhance treatment efficacy (Pazaratz, 1998a).

Indicator. To induce team building and cooperation, the supervisor emphasizes individual responsibility and group accountability. The supervisor should be able to support, address, list constraints for individual staff members, assign tasks and recognize the need to change tasks by team members (Pazaratz, 1998b). The supervisor should be an effective communicator and have sufficient clinical knowledge to explain the rationale for each particular treatment approach to team members, other agencies and parents. The supervisor should be able to discuss his/her management style and relationships with team members (as necessary), without being defensive (Bodin, 1983). The supervisor is not secretive, deceptive, manipulative and all-powerful; he/she should be able to know, use and promote trust, cooperation and constructive lines of communication (Hedges, 2000). The supervisor should ensure that formal and informal staff interventions are therapeutic, promote independence, and advance the welfare of each resident. The supervisor should stipulate that team members arrive prepared for work, that staff members identify, deal with and record significant facts and concerns, that counseling sessions are confidential, that sessions occur under suitable circumstances and that follow-up is provided for issues have not been resolved (Pazaratz, 2000c).

Staff Development, Self and Others

Objective. The supervisor helps individual staff members to develop an understanding of professional identity and self-awareness. The worker's self-efficacy derives from good working relationship with the supervi-

sor, while a weak alliance will negatively affect the staff member's professional development (Heppener & Handley, 1981). A positive alliance can be realized from discussions of clinical and personal experiences. These exchanges illustrate the nature of direct care work and help the worker to achieve an enhanced level of professional development (MacCluskie & Ingersoll, 2001).

Procedure. The supervisor maximizes the use of staff members by the scheduling of shifts or by the pairing of staff members. The supervisor individualizes staff members' supervision and identifies areas requiring development by both the person and the team. The supervisor should provide skill, knowledge and theory in staff meetings and supervision that clarifies worker values and competencies. Staff members are strongly encouraged to be flexible, ethical, trustworthy, constructive, positive, collaborative and cooperative in their efforts. The supervisor teaches staff members what to do and what not to do (Stoltenberg et al., 1998). For example, staff members should not over-use interpretation or share inappropriate personal information in order to influence or to deepen relationship with residents.

Staff members' attitudes towards residents have an impact on the resident's willingness to form relationships, to cooperate and to make gains (Pazaratz, 2000a). The supervisor should possess traits such as professional awareness, self-direction, social interest, tolerance for individual differences, acceptance of ambiguity or change, commitment, moral integrity, rationality and scientific or logical reasoning; staff members should be encouraged to develop similar capacities (Bertolino et al., 1999). The supervisor attempts to ensure that child care workers serve both parental and therapeutic functions, and that they are in fact in continuous contact with the residents during their shift (Pazaratz, 2000c).

Indicator. The supervisor establishes professional standards, set limits and directs the workers. However, the supervisor is not ultimately responsible for the worker's growth or for conflicts in which the worker engages. Thus, the supervisor should not over-react to the worker's shortcomings (Stoltenberg et al., 1998). Growth in staff members occurs when they feel confident and secure, and are shown what to do. Staff members' satisfaction is necessary for them to be willing to work hard and achieve their learning goals (Heppener & Handley, 1981). The supervisor allows staff members flexibility to use their unique personalities, style and approach with individual residents and in managing a group of residents. The supervisor emphasizes ethical reasoning skills as a method of conflict resolution between residents, between residents and staff members, and for resolving impasses, such as client rights (to

privacy) vs. staff members' responsibilities to ensure safety (Ford, 2001).

Kottler (2001) believes that group methods and procedures help members to participate as a unit. The supervisor explains to staff members the nature of asymmetrical relationships (staff members/residents), conflicting loyalties in peer relationships, non-negotiable disagreements and boundary difficulties that can occur in the treatment process.

The supervisor should be able to clarify for staff members parallel processes (such as treatment vs. control, or autonomy vs. dependency), as well as to provide cautions against an extensive focus upon controls, treatment or moralizing. This means that residents in treatment are entitled to normalization, or to be treated as a young person, as well as a patient (Pazaratz, 2000c). Frawley-O' Dea and Sarnat (2001) emphasize the importance of consistency in supervision and the supervisee's practice. Reflective exercises can help to prepare an individual for a less threatening experience, where learning can be maximized.

Implementation of Treatment Plans

Objective. The supervisor should be able to understand clinical evaluations and recommendations. The supervisor should be capable of addressing psychopathologies by translating treatment plans into the practical reality of the group home (Bertolino & Thompson, 1999). The supervisor should ensure that all child care workers follow each resident's treatment plan, document daily behaviors and interact with every resident.

Procedure. The supervisor needs the skills to teach or define the importance and meaning of the treatment methodology and clinical practices. This means that staff members are taught to be flexible, empathic and supportive in their interactions. The aim of residential treatment is to reestablish the resident's control of his/her behaviors, choices and goals. The resident's needs should not be subsumed to those of the group, staff members or the agency (Fewster, 1990). Respect for the resident and his/her rights, such as the confidential nature of information, must be maintained and no information should be communicated without the resident's consent (Hedges, 2000). Residential programs must also incorporate the principle of "normalization," or to offer the resident experiences in treatment which would reflect the beliefs and views held by society (Pazaratz, 2000c).

Indicator. The supervisor has a significant role at case conferences and planning, as well as preparing and coordinating reports for clinical

consultants and community agencies. All problems are appropriate for task-centered contracts (Epstein, 1992), which form the basis of the resident's treatment plan. This means that contracts are followed by all staff members and across shifts, monitored and approved by the supervisor as described by Pazaratz (1998c). The supervisor encourages staff members to focus on each resident's strengths, uniqueness, creativity and abilities, in addition to problem areas.

The supervisor must be able to help staff to deal with counter transference issues. Over identification with a resident may impede a staff member's ability to deal objectively with him/her. Identification with a resident and his/her issues or background may occur due to a common base of experiences. Nevertheless, such identification may interfere with objectivity by preventing the resident or worker from seeing other sides of particular issues; the resident or worker, may come to doubt the resident's ability to deal with some challenges (Bernard & Goodyear, 1992).

Leadership Skills

Objective. According to Borders and Benshoff (2000), the supervisor's central role is that of gate keeping, evaluation, ensuring each client's well-being, teaching clinical skills, monitoring attitudes and being aware of each supervisee at the various stages of his/her professional development. The effective supervisor should have the ability to focus on both the resident and the worker, to understand each person's needs, to know whether the two are connecting and how they are interacting. This awareness also includes how staff members fit into the team.

Procedure. The supervisor creates a learning environment that addresses the worker's needs in the areas of skill acquisition, self-awareness, and professional behavior. The supervisor should be able to demonstrate an advanced level of child care worker methodology, ensure that staff members interact therapeutically with residents, and that staff members employ the most effective intervention strategies (Stoltenberg et al., 1998). This means that staff members have learned to track the behavioral and emotional problems of individual residents and those of the peer group. The supervisor promotes and facilitates wellness, competence, resilience and empowerment by adjusting interactions in the social system when needed (Cichetti, Rappaport, Sandler & Weissberg, 2000). The supervisor should demonstrate good judgment, effective decision-making skills and integrity (does not mislead resi-

dents, staff members, his/her supervisor or other community agencies); in addition, he/she does not overlook staff misconduct.

The supervisor can teach techniques to produce positive results in order to deal with daily situations, emergencies and for crisis intervention with residents who have lost control or are emotionally fragile. The supervisor teaches intervention skills to stop misbehavior, to prevent escalation of behaviors and to help staff members teach residents new skills to replace destructive, self-harming or negative behaviors. The supervisor teaches staff members how to stay calm, how to reflect and be reasonable with residents, and to deal with real issues. The supervisor can identify which diversions or therapeutic encounters are effective under different or changing circumstances (Arieli, 1997). The supervisor reinforces good decision-making skills by workers.

Indicator. Cohen and Struening (1964) found that negative staff member attitudes towards residents were closely associated with increased lengths of stay in treatment. However, when client-centered childcare practices are utilized (such as respect, attentive listening and empathy), there is a beneficial impact on young persons and their treatment (Rogers, 1951). The supervisor is aware of legal issues and their application, such as: informed consent, confidentiality, multiple relations, counseling competence, conflict of interest, appropriate use of outside agencies. In addition, such awareness includes a respect for the residents, such as when striving to develop a realistic sense autonomy for residents and when making appropriate discharge plans for them (Ford, 2001). The supervisor should be able to estimate the potential consequences of each option in a resident's treatment plan, make a decision, and document the rationale for the decision-making process.

The supervisor pre-plans supervision sessions (as well as team meetings) and should have a framework for thinking about supervision and be able to demonstrate how it works. The supervisor is adaptable and performs the role of teacher, counselor or consultant (Kottler, 2000). The supervisor can focus on the learning needs and professional development of the worker in the area of child care methodology, counseling, intervention techniques, therapeutic activities, communication skills, self-awareness and professional behaviors (Pazaratz, 2000a).

Implementing a Treatment Environment

Objective. The supervisor ensures individual rights, while guarding against regimentation, dependence and apathy (Alden, 1978). The supervisor should be able to ensure that all interventions fit within the mi-

lieu approach, so that while staff members typically have their own styles and personalities, they must be able to harmonize their actions with other staff members and the agency's philosophy (Pazaratz, 1998b). This means that all staff members should encourage residents to change, to seek more lasting change, and to resist contrary influences (Lovaas, 1987). The supervisor conveys that treatment is culturally normative and in keeping with the principles of normalization (Cohen & Cohen, 2000).

Procedure. The supervisor should be capable of ensuring that staff members are empathic or make serious attempts to understand the immediate feelings of the young person (Rogers, 1951). Empathy also helps to develop insight for the worker into the resident's motives and behaviors. Empathy requires workers to recognize their own weaknesses. This means that the worker shifts from a rigid belief in what is right or wrong for the resident, has moved beyond prejudices or theoretical biases and has become more committed to understanding the resident. The supervisor articulates that residential treatment is about the resident and his/her experiences of reality (Stark, 1999).

Indicator. Since residents' problems result from different influences, interventions will vary according to the resident and specific circumstances. When monitoring treatment plans from a change-oriented perspective, the supervisor takes the views and actions of the residents into consideration. Workers are taught to engage in a persuasive exercise with some residents to help them overcome their negative views of staff members, of other residents and of the purpose and goals of treatment (Alden, 1978). Staff members attempt to gain greater cooperation from the residents by encouraging them to seek more from the program. When staff members are taught to think of a resident's behaviors from multiple perspectives (such as psychodynamic, behavioral and cognitive) they can become more able to adapt treatment to the needs of the resident (Pazaratz, 1998a).

The rules within a residential treatment program should be an extension of those rules and values of society at large. The inclusion of societal norms reflects the behavioral realities expected of individuals living on the outside, thereby preventing disculturation (Pazaratz et al., 2000). The group format (formal and informal) can be a powerful means for changing an individual's behaviors (Rose, 1998). The supervisor must understand the phases of group work and how these are to be implemented.

CONCLUSION

Shebib (2000) states that in most models of counseling there exist an agreed upon set of skills, or clusters, that include: relationship building, exploring/probing, empowering and challenging. Many counseling methods also advance the idea that therapy consists of stages which include: preliminary, beginning, action and ending (Kottler, 2000). Therapy is invariably influenced by the ethics, values, self-awareness and listening skills of the counselor (Rogers, 1951).

These ideas are especially important for residential treatment, which by its very nature often sets up antagonisms between the direct care worker and the residents (Pazaratz et al., 2000). Residents tend to resist what they believe is the inherently coercive efforts of staff members who try to change and socialize them. In order to attempt to avoid such power struggles, the supervisor should monitor staff members' attitudes and counseling skills, while showing staff members how to remain empathic in difficult emotionally charged situations with residents (Loganbill & Stoltenberg, 1983). The supervisor should help staff members to decipher the context and meaning of the content, and can summarize conversations and interactions. Ultimately, the supervisor ensures that the staff members behave humanely (Arieli, 1977).

In all social service organizations there are a host of political, economic and social forces affecting their operations (MacCluskie & Ingersoll, 2000). To guide direct care worker practice, there must be a clearly formulated supervisory training model. In fact, it has been shown that counselors seldom realize growth from unsupervised experiences, but they can show considerable progress through supervision (Wiley & Ray, 1986). The supervisor performs multiple roles, attends to daily administrative needs and long term planning, and integrates treatment theory with practice. The supervisor uses a theoretical orientation to guide the direct care worker's development with a set of skills that are consistent with this orientation (Loganbill & Stoltenberg, 1983).

The supervisor is able to implement the supervisory process within the techniques and theories of residential treatment, while being aware of diverse variables (Bradley & Ladany, 2000). This process includes: implementation of treatment plans, management of a unit and its staff members, evaluation of staff members, and monitoring each resident's progress or lack of progress. This means that staff members and supervisors are able to accept the risk and cost of working with difficult resi-

dents (Kottler, 2000). The supervisor must help workers to understand and clarify their motives for working in residential treatment, to acknowledge their limitations, to constructively manage disappointments and to become more able to acknowledge the limits of their energy to successfully perform assigned work loads.

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BIOGRAPHICAL NOTE

Don Pazaratz, EdD, is President of Haydon Youth Services, Oshawa, ON, Warren Family Homes, Inc., Whitby, ON, and Ashby Warren Youth Services, Calgary, AB.

APPENDIX

Supervisor's Compendium

Evaluation Method

Please insert the number that corresponds to the written description that best describes your performance level in the box beside "Level." Check the box that applies to your performance such as "Strength," "Weakness" or "Neither" (unsure). If you have listed Specific Goals and/or a Detailed List of Skills, check the appropriate box. The Program Coordinator will review your response with you and will make observations and suggestions in the Comments section.

Team Leader Skill Areas

1. Supervision

Level:	<input type="checkbox"/>	Strength:	<input type="checkbox"/>	Weakness:	<input type="checkbox"/>
Neither:	<input type="checkbox"/>	Specific Goal:	<input type="checkbox"/>	Detailed List of Skills attached:	<input type="checkbox"/>

Comments:

2. Physical Management of Unit

Level:	<input type="checkbox"/>	Strength:	<input type="checkbox"/>	Weakness:	<input type="checkbox"/>
Neither:	<input type="checkbox"/>	Specific Goal:	<input type="checkbox"/>	Detailed List of Skills attached:	<input type="checkbox"/>

Comments:

3. Administrative Responsibilities

Level:	<input type="checkbox"/>	Strength:	<input type="checkbox"/>	Weakness:	<input type="checkbox"/>
Neither:	<input type="checkbox"/>	Specific Goal:	<input type="checkbox"/>	Detailed List of Skills attached:	<input type="checkbox"/>

Comments:

4. Team Work

Level:	<input type="checkbox"/>	Strength:	<input type="checkbox"/>	Weakness:	<input type="checkbox"/>
Neither:	<input type="checkbox"/>	Specific Goal:	<input type="checkbox"/>	Detailed List of Skills attached:	<input type="checkbox"/>

Comments:

5. Staff Development, Self, and Others

Level:	<input type="checkbox"/>	Strength:	<input type="checkbox"/>	Weakness:	<input type="checkbox"/>
Neither:	<input type="checkbox"/>	Specific Goal:	<input type="checkbox"/>	Detailed List of Skills attached:	<input type="checkbox"/>

Comments:

6. Implementation of Treatment Plans

Level:	<input type="checkbox"/>	Strength:	<input type="checkbox"/>	Weakness:	<input type="checkbox"/>
Neither:	<input type="checkbox"/>	Specific Goal:	<input type="checkbox"/>	Detailed List of Skills attached:	<input type="checkbox"/>

Comments:

7. Leadership Skills

Level:	<input type="checkbox"/>	Strength:	<input type="checkbox"/>	Weakness:	<input type="checkbox"/>
Neither:	<input type="checkbox"/>	Specific Goal:	<input type="checkbox"/>	Detailed List of Skills attached:	<input type="checkbox"/>

Comments:

8. Implementing a Treatment Environment

Level: Strength: Weakness:
 Neither: Specific Goal: Detailed List of Skills attached:

Comments:

Performance Level Ratings

Can perform this task with more than acceptable speed and quality and with initiative and adaptability can lead to teach others in performing this task. (6)

Can perform this task with more than acceptable speed and quality and with initiative and adaptability to special problem situations. (5)

Can perform this task satisfactorily without supervision or assistance with more than acceptable speed and quality of work. (4)

Can perform this task satisfactorily without assistance and/or supervision. (3)

Can perform this task satisfactorily; requires periodic supervision and/or assistance. (2)

Can perform this task, but needs constant supervision and assistance. (1)

Cannot perform this task satisfactorily and participate functionally in a work environment. (0)

Summary of Supervisor's Strengths and Weaknesses

To be completed by Program Coordinator

Major Strengths:

- 1)
- 2)
- 3)

Major Weaknesses:

- 1)
- 2)
- 3)

Summary of Goals and Objectives

To be completed by Program Coordinator

Performances Objectives	Behavioral Indicator of Achievement	Plan for Achieving Goals	Target Date

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