

# **Supervisors can develop workers' interpersonal skills.**

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## **Introduction**

In the January and February articles we wrote about the interpersonal skills that are effective in facilitating the stages of the Protective Capacity Family Assessment (PCFA). The use of interpersonal skills occur independent of anyone else. When you are in the home facilitating the PCFA with a caregiver, you are on your own. No one can do it for you; no one can help you in a true sense. You have to be prepared with sufficient interpersonal skill and technique going into the interaction.

So, how do you develop interpersonal skills? Developing interpersonal skills occurs within a process that may contain lots of methods and opportunities. Some people begin that process with natural ability. For those that are lucky, the process officially begins with undergraduate and graduate programs that emphasize interpersonal skill development. For those who are not fortunate to have pre-service training in interpersonal skill development, the process begins once the person is hired. Core and advanced training are available in many agencies. Sadly, however, most curricula do not provide for intensive, laboratory type skill development opportunities. That leaves us with one other practical option.

*Supervisors can develop workers' interpersonal skills.* Probably the most promising method for enhancing worker interpersonal skill proficiency is supervisory consultation and coaching.

## **The Supervisor Who Develops Worker Interpersonal Skill**

Relying on supervisors to develop their workers is easier said than done. It doesn't happen because someone thinks it's a good idea, encourages it to happen, or even requires it to happen. It doesn't necessarily happen because the work setting has been controlled in such a manner that supervisors themselves are prepared to be coaches or that plenty of time is made available to assure supervisors have the opportunity to develop their workers' interpersonal skills.

In a 2009 study<sup>1</sup> we found that supervisors who are effective at developing workers' interpersonal skills possessed certain characteristics, purposefully did things on their own to prepare themselves, and used planned consulting and coaching activities. We found that the really good supervisors acted independently in these areas; they were not necessarily required to do what they did. Let's consider these supervisor consultants/coaches from three dimensions: characteristics, preparation, and methods.

### *Characteristics*

Supervisors who are successful at developing workers' abilities and proficiency related to interpersonal skill are highly competent and possess personal qualities that demonstrate that they value the perspectives, professional motivations, and growth of their staff. These supervisors have high expectations for themselves with respect to knowing, being able to demonstrate, and teach interpersonal skills and techniques. They possess a sense of ownership for successfully implementing the PCFA and know that competency in the use of interpersonal skills is fundamental to an effective PCFA.

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<sup>1</sup> Our study involved identifying the most productive supervisors implementing the safety intervention system in a state we've worked with for some time. The supervisors participating in the study were selected based on the following criteria: successful case outcomes, findings from a case review, and management opinion. The study methodology included a standardized interview that evaluated four competency variables: knowledge, skill, qualities, and values. The interviews were compared to surveys completed by three people selected by each supervisor. The survey explored the same variables.

These supervisor consultants/coaches can clearly and precisely communicate to workers why, when, and how to use interpersonal skills. While they may not be masters themselves related to use of skills, they are vigilant to continually increase their understanding and ability to apply and communicate what they know to workers.

We found that effective supervisor consultants/coaches have specific expectations for a quality of practice that is consistent with the PCFA standards and promotes fidelity in the use of interpersonal skills associated with the stages of the PCFA. These supervisors want facilitation to be done correctly and professionally.

The supervisor consultant/coaches we studied hold themselves to a high standard for achievement. Accountability for skill application begins with them which sets the tone for workers. They use consultation with workers as an opportunity to define expectations for practice, to teach and to build competency, motivate, and internalize individual accountability.

The supervisors participating in the study provide consultation/coaching about interpersonal skills in relation to the objectives of each stage of the PCFA. Consultation/coaching activities are individualized based on case uniqueness and worker skill level. Consultation/coaching efforts are responsive to worker needs and performance requirements. These supervisors rely heavily on interpersonal skill teaching resources, guides, and sample demonstrations.

These supervisors view coaching as their primary role when consulting with workers. Consultation related to specific PCFA facilitation issues and effective use of interpersonal skills provides the context these supervisors use for instructing and building competency and confidence in workers.

These supervisors are able to view the complexities and demands in the PCFA facilitation interaction in ways that enable them to provide direction about

communication with caregivers. They keep themselves informed through direct exchanges with workers and sometimes use firsthand observation about what is transpiring interpersonally between workers and caregivers.

We found that these supervisors' effectiveness in consulting and coaching is supported by their accessibility to workers, by their being approachable, by their flexibility in accommodating different personalities and communication styles among workers, by their sensitivity to and understanding of what workers face during PCFA facilitation, and their respect for workers as professionals.

### *Preparation*

First it is important to speak to what was true of all these supervisors that compelled them to prepare themselves and become sufficiently expert in the PCFA and in interpersonal skills in order to consult and coach. All of these supervisors are highly motivated in at least two directions. They want to (1) assure that the PCFA is implemented correctly, and (2) they want their workers to be successful. They experience a profound need to know the PCFA, its objectives, and the interpersonal skills to facilitate in order to help their workers. Each supervisor in the study was assertive and demonstrated personal initiative in preparing themselves. It was obvious that they possessed a sense of pride in wanting effective performance and outcomes related to the PCFA. And...perhaps the most basic fact about these supervisors is they believe worker growth and development is their personal responsibility.

These supervisors are go-getters when it comes to developing their own competency and expertise. Every one of them attended multiple training experiences. This occurred because of their initiative. In other words, repeating training was not required; it was something they sought out. Several of the supervisors prepared themselves to be trainers and reported that becoming a trainer and having the challenge of teaching in the classroom was the most

beneficial to learning concepts and practices for themselves. All of the supervisors in the study value and participate in peer consultation and review with their supervisory colleagues. Several of the supervisors also participate on work groups related to the practice model implementation and report that such involvement provides a deeper understanding of the PCFA and what is required for successful implementation (e.g., effective interpersonal skills). Two other ways these supervisors prepared themselves were case reviews and staffings.

### *Consulting/Coaching Methods*

Supervisors participating in the study indicated that the most significant challenge they contended with in consulting and coaching was having sufficient time. Because of their motivation and commitment, this was quite frustrating for them but it did not obstruct them. Consider all these methods that they somehow find time to use.

- ✘ High interaction with worker
- ✘ Feedback
- ✘ Repetition
- ✘ Discussion; lots of talking
- ✘ Clear and stated expectations
- ✘ Constant attention
- ✘ Individualizing the learner
- ✘ Using multiple methods for learning
- ✘ Role play
- ✘ Weekly meetings
- ✘ In-service training
- ✘ Supervising to the process (including the human interaction process)
- ✘ Modeling
- ✘ Seeking personal learning and insight building
- ✘ Providing rationale and emphasizing importance

- ✘ Written articles
- ✘ High use of manuals and instructional guidelines

We asked the supervisors what they believed their most important strength as a consultant/coach to be. These were the common answers: communication skills, providing support, clearly stating expectations, and ability to develop analytical skills in others.

### **The PCFA Structure...Skill Development...Supervisory Consultation**

From previous articles you may remember that the PCFA consists of four stages: preparation, introduction, discovery, and change strategy and case planning. In the last three of these stages you are involved interpersonally with a caregiver in the pursuit of discovering what must change to enhance the caregiver's protective capacities. Each of the stages has specific objectives that must be met in order to move to the next stage.

These objectives are such that they underscore the kind of interpersonal skills you need to master in order for the facilitation to be successful. This kind of structure (i.e., stages, objectives related to interpersonal skills) is brilliantly obvious to guide what you do. So the structure also provides direction to your supervisor about what interpersonal skills are required and how you are performing them.

How you are approaching a particular stage of the PCFA and what you are doing interpersonally with the caregiver is something that you can discuss during your supervisory conferences. This provides your supervisor and you the opportunity to understand your skill level, to evaluate what is and isn't working, and to identify alternatives (i.e., the best things to say...the best things to do). Direct observation of your work can result in the best supervisory consultation for developing your skills. Your supervisor knows the purpose of each PCFA stage, knows the objectives to be achieved, and knows the interpersonal skills

that are most useful to facilitate the stage. The supervisor can provide you with very specific feedback and direction as a result of being there when what you do happens and when caregivers respond.

Given the value of this method for enhancing skill development, we decided to close this article with a real example of such an experience. [This example has been edited for confidentiality reasons.]

### **The Sharp Family**

The case involved a family of four: the mother, Allison; the father, Daniel; a son, Danny (placed); and an infant son, Ricky. The worker in the case was Lacey Gordon. Both parents are intellectually limited and have mental health problems.

The worker was facilitating the Discovery Stage of the PCFA<sup>2</sup>. The worker met with Allison and Ricky at the family home November 3, 2009. The supervisor observed the interaction.

The supervisory written consultation occurred following the home visit. What you will notice that the supervisor does in the feedback is to isolate particular opportunities occurring within the interaction to more fully explore issues and seek discovery. Following the written consultation, a supervisory conference occurred to discuss the experience and to provide additional supervisory coaching.

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<sup>2</sup> Remember the facilitative objectives for this stage are: reconfirm mutual commitment; discuss family strengths and enhanced caregiver protective capacities; consider how enhanced caregiver protective capacities can be used; determine the relationship between impending danger and diminished caregiver protective capacities; identify the stage of change the caregiver is in; and consider areas of agreement about what must change.

DISCOVERY STAGE  
OBERVATIONS AND FEEDBACK

Lacey, I appreciate having the opportunity to observe you with Allison today. This a terrific way for us to consider progress you are making in this case in the Discovery Stage and also progress you are making as you manage the facilitation and use your interpersonal skills. After you've had time to consider my feedback and observations, let's set up a time to discuss the experience together.

Supervisor's Content Observation

You discussed with Allison a change of formula and Ricky struggling with the current formula. You discussed with Allison holiday assistance and the home health nurse coming to the home. Allison seemed really tired and verbalized that Ricky wasn't sleeping very well at night.

Supervisor's Consultation

*I felt this would have been a good opportunity to explore with Allison her stress levels with the baby, what she does when she's tired, etc. But you did get to it a bit later.*

*Using support and empathy was useful at this point. Allison needs understanding of the difficulties she faces.*

Supervisor's Observation of Content

You and Allison discussed Ricky getting shots and administering Tylenol. Allison doesn't have any, but said she will request some from the home health nurse.

### Supervisor's Consultation

*Maybe you could do a medication chart for Allison so she can track how much and when she's giving him medicine. You might possibly consider the same with eating schedules as she seems to struggle a bit in verbalizing when he ate last, how much, how long a bottle was premixed, etc. You could discuss this more at Change Strategy and Case Planning Stage.*

*You will always need to be creative when working with intellectually challenged caregivers. Often the use of verbal techniques have less value; moving to use concrete tools can also give you a medium to use interpersonal techniques to encourage understanding and discovery.*

### Supervisor's Observation of Content

You and Allison discussed Daniel and Allison's relationship and if there's been domestic violence. Allison said, "I kick him out a couple hours at night when I'm irritable. This happens most nights. We do this so a fight doesn't happen." You asked why she is irritable. "I'm irritable because I'm not getting sleep. Daniel hurt his back and can't help with Ricky." You asked what she does when she's irritable. She didn't really answer this question. Allison became emotional and discussed her strain with her family. "They are mad because I won't take Ricky away from his dad."

### Supervisor's Consultation

*Maybe you could explore a bit more with her regarding why people would feel this way about Daniel. You did tell me later this is something that has been discussed in the past due to his sex offender registry.*

*You were wise to avoid pursuing “why” inquiries about problem solving or justifying actions. Having her describe what she does and using reflective listening to help her amplify is useful in these sorts of exchanges. It was effective when you joined with her by expressing how difficult it can be sometimes to know what to do when you are irritable.*

#### Supervisor’s Observation of Content

You asked if Daniel has been frustrated with Ricky. She said, “Only when he cries.” You explored further and asked what they are doing when he cries. Allison talked about techniques they are doing and stated that Daniel has not hurt Ricky. If Daniel is frustrated, Allison takes him. You calmly talked to Allison about babies crying. That is their way of communicating. You discussed a handout on what to do when babies cry.

At this point Ricky (who has been in his car seat since they had been to lunch) began fussing. Allison made no attempts to soothe him. You asked Allison permission to take him out of the car seat and she agreed. You held the baby and fed him. Allison said she wasn’t quite sure when Ricky ate last but said at 10:00 am she made his bottle. The bottle had been unrefrigerated until 11:30 am. You reminded Allison that bottles should not be made and set out for long periods of time.

#### Supervisor’s Consultation

*As you inched closer to mom while you were holding Ricky, Allison moved further away from you. Allison appears emotionally distanced from this child (in my opinion).*

*As follow-up, we might think about interpersonal techniques that will stimulate more thinking on Allison's part as you attempt to move her away from becoming overwhelmed with her feelings. I was surprised and impressed when you chose to use "before" and "after" hypothetical questions when you were exploring what she does when Ricky cries or cannot be comforted.*

#### Supervisor's Observation of Content

You attempted to approach PCFA topics with Allison. You explained a little of the Introduction Stage (when Nancy was there and safety being addressed). You discussed with Allison a case plan and what that means. "I don't understand any of that stuff. I need Daniel here. You need to wait until he is here. I give him a nod when I don't understand something." You asked what good things that Daniel does as a dad for Ricky. "He rocks him when I can't get him to sleep. He burps him when I can't get him to burp. He plays music on his cell phone for him."

#### Supervisor's Consultation

*You might tie together for Allison that it appears that Daniel assists after Allison has tried. Does Daniel take initiative with Ricky?*

*An interpersonal challenge in this exchange is what techniques to use to address this central issue – Allison's anxiety, reluctance, dependence on others. This is a fundamental about what must change. Let's talk about empowering communication and techniques.*

### Supervisor's Observation of Content

You discussed with Allison some of the safety plan services and providers. You indicated that Janice Berlin might possibly come to the home today at 5. Once again you readdressed what other things Daniel does well for Ricky. "He won't change poop diapers, only the pee ones. He has a weak stomach." This led to asking what Allison does well as a parent. "I get up at night with him. I don't lose my cool with him like I did with Danny." You explored this more. Allison was only able to come up with losing her cool with Danny meant walking away and letting him cry for 15 minutes. Allison later stated that when Ricky cries (and they've tried everything), she walks away as well. "I have not lost my cool with Ricky."

### Supervisor's Consultation

*When a mom says something specific about her parenting, I encourage you to go back and probe. Here you could touch more on "losing her cool." What does that mean for her since essentially she says when she loses her cool she walks away? I'm not sure she's being honest about that.*

*The obvious issue here is what Allison considers to be a "good parent." It is concrete – like getting up at night. Given our concern about what appears to be a detachment between her and Ricky – what kinds of interpersonal skills might help her to see or understand that? This is a tough issue since you are faced with her mental limitations.*

### Supervisor's Observation of Content

You talked about your purpose in the home: To keep the family together and to strengthen them. *(That was a nice statement.)* You discussed with Allison the option of more services. Allison vented about her frustration with Sandra because she doesn't feel she is teaching her anything.

### Supervisor's Consultation

*You might consider exploring with Allison what exactly she would like to achieve from meeting with Sandra or another provider regarding parenting. That would be a good case planning conversation.*

### Supervisor's Observation of Content

You brought up safety concern from the Family Functioning Assessment and asked Allison if she remembered the concern. "I have a short-term memory." You and Allison discussed Daniel's feelings of working with CPS. "Daniel hates CPS because they didn't take him away until he had already been really hurt. You guys took Danny away." You went on to discuss the safety threat in your own words. You talked about their struggles with basic parenting, finances, etc.

### Supervisor's Consultation

*It is interesting that Daniel hates CPS because CPS didn't take him away in time, but can't make the connection for why Danny was unsafe. Maybe you could discuss with them what a safe home for a child would look like.*

*Reconciling understanding and contradictions is an important reality-orienting technique. In this instance it could be used to explain and teach also. I wonder what Allison would have said if you'd pointed out this discrepancy.*

### Supervisor's Observation of Content

You discussed with Allison what triggers Daniel's anger. "He gets mad when I complain about having to cook for him. He says he pays bills; I cook and clean; that's how it is, so I need to get over that. I can tell when he gets angry; he clams up and acts goofy. That's when I tell him to leave the house so he can get a break."

### Supervisor's Consultation

*You said you discussed with Daniel about Allison never getting breaks. Have you discussed with Allison what she gets for breaks? Seems like she is the primary caretaker for all areas of care and doesn't get many breaks.*

*Remember visioning is accomplished through discussions or conversations that are guided along certain lines that reveal a sense of future to the caregiver. How do you think Allison might respond to your attempts to help envision her future in relationship to how she'd like daily life to be?*

### Supervisor's Observation of Content

You asked if there are things that Allison can't provide for Ricky. You were getting at behavioral or emotional capacities, but Allison took the question literally. "I can't provide a bigger house for him. I need a job." She explained her situation. Through TANF Allison has to get a job by the end of January or do community service or she loses TANF. She plans to apply for housekeeping jobs. Ricky would stay with Daniel or friends. This led to conversation on whether other people are watching Ricky. Andrea is no longer watching him because of her ADHD. She would begin watching him, get bored, and Allison would have to come home. "One to two nights a week Lana and William watch Ricky for 1-2 hours for us to get a break."

### Supervisor's Consultation

*I suggest exploring Allison's feelings about what makes a good caregiver. She felt Andrea wasn't. Why does she feel Lana and William are? This conversation was also a bit about her getting breaks and getting out as well.*

### Supervisor's Observation of Content

You went back to identifying if there were other things Allison can't do for Ricky. "I know how to take care of kids. I have taken care of kids before."

### Supervisor's Consultation

*Maybe you could explore the different needs of babies with Allison, not just the physical but the emotional ones too. Consider trying to tie together Allison reading Ricky's cues and responding with emotion. It seems like if he cries, they try to feed, burp, and change him as their only options. Maybe you could explore with them and teach the soothing things they could do like rubbing his back, forehead, talking to him, reading to him etc. Or is this something an aide or Janice could focus on?*

*Ultimately our interest during Discovery is to bring about some awareness and acceptance of what must change. With Allison the challenge is both emotional and intellectual. Interpersonally that is a big challenge. So even as I suggest specific methods that explain things such as the needs of infants, we'll need to consider what skills and techniques can contribute to heightening in so far as possible Allison's awareness and acceptance. This is hard because of abstracts such as what detachment means – what it means that she seems to have an aversion to Ricky.*

### Supervisor's Observation of Content

Allison discussed Daniel missing his freedom, but that he is starting to realize his responsibilities as a dad. She said he used to be gone from 9:00 am to 10:00 pm, but this is getting better. "I miss my freedom too, but I don't want to lose this one too."

Allison brought up \$129 electricity bill that needs to be paid. They have energy assistance so she is not worried about heat. She said it was plenty warm in their home. They have received no disconnect notice yet for electricity. She has no real idea how to pay that bill.

You brought up her mental health. "I have chronic depression. Daniel was in Meadows and has a split personality. He has to get on meds, but I'm not sure why. I am going to see Felicia."

### Supervisor's Consultation

*I suggest you explore Allison's mental health more fully and tie her emotional state to how it could make Ricky unsafe if left untreated. The entire time of the meeting Allison made no attempt to touch, soothe, hold, or even really look at Ricky. She seemed to move further away from him. In the last 5 minutes of your interaction, she approached the crib and touched his forehead and talked soothingly about him.*

### Supervisor Concluding Comments

*You have great rapport with Allison. You always acknowledged her feelings. You often said, "That must be very frustrating for you." You complimented Allison on Ricky looking good, growing, and being clean. You multi-tasked*

*within your appointment (e.g., you held and fed the baby while holding eye contact with Allison and having a complete conversation with her). I was very impressed by that.*

*You demonstrated reflective (active) listening which is such an important communication skill. You would base your questions off of what she said. You did not have your own agenda; you let her somewhat lead the conversation.*

*I don't know that Allison will be able to truly grasp the PCFA and make connections to using her strengths to eliminate impending danger threats, but you certainly started some good Discovery thoughts for her even though she may not realize that right now. You attempted to discuss some weaknesses, but Allison struggled with that concept. This family seems to be hooked up with service providers which is premature given your need to complete the PCFA. I am not sure how this will assist them with behavior change. I think that will be the struggle with this family, but again, I'm not sure that they have the capacity to make the connection of how to enhance their diminished capacities by using their strengths.*

*You have a very nice way with families. I think there were great topics discussed and Allison left the window open with some statements that you can go back and readdress with her.*

*Great job!*

*Let's try to be ready for consultation during next week's conference.*