

**STAFF MANAGEMENT
IN
HUMAN SERVICES**

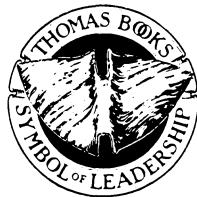
STAFF MANAGEMENT IN HUMAN SERVICES

Behavioral Research and Application

By

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*To our children:
Cason and Nate,
Stephen and Anna,
Joshua and Jennifer*

PREFACE

A critical component in the provision of human services is the effective supervision of staff performance. In essence, supervisors in human service agencies are responsible for the work performance of the staff they supervise, with subsequent responsibility for the services staff provide to clients. Unfortunately, however, supervision is often a difficult process within human service operations. The difficulty is due in large part to the fact that many persons who work as supervisors were not formally trained to function in that capacity—most human service supervisors are former teachers, nurses, psychologists, etc. Relatedly, even in those situations where individuals have received training in supervisory practices, it is not clear that such training has provided the supervisors with strategies that are truly effective and/or realistic for managing the work activities of human service staff on a day-to-day basis.

In the early 1970s a rather unique approach to supervision began to be applied in human service settings: *organizational behavior management*. An ongoing purpose of organizational behavior management has been to develop supervisory procedures that can indeed be used to effectively manage the daily work activities of human service staff. This approach to management or supervision is best characterized by its focus on clearly articulated procedures for managing staff performance, as well as its reliance on applied research conducted in typical human service agencies to demonstrate the efficacy of the procedures. It is the purpose of this text to describe and critically review organizational behavior management research and application as it pertains to the supervision of staff performance in human service settings. Over 120 applied research investigations are discussed that have evaluated methods of improving staff work performance in a variety of human service agencies, including, for example, institutions for mentally retarded and mentally ill persons, schools, nursing homes, preschools, and mental health centers.

An important outcome of the investigations in organizational behavior management has been the gradual development of a working technol-

ogy of staff management. Although the technology is by no means complete at this point, sufficient progress has occurred such that a relatively broad repertoire of strategies for effectively managing staff work performance is available for supervisory personnel. We will discuss the (developing) technology, with special emphasis on those supervisory procedures that have been successfully used to resolve noted problems with staff performance as well as on current shortcomings of existing procedures.

In light of the focus of organizational behavior management on developing supervisory strategies for improving staff work performance, and on applied research to demonstrate the effectiveness of the procedures, the information to be discussed in this text should be of particular relevance for two major audiences. One primary audience is supervisors (and aspiring supervisors) in the human services. The second audience is current and future researchers in the management field.

A portion of the research to be discussed in the following chapters is based on our own investigations in the management area and those of our colleagues. In this regard, we are sincerely appreciative of the managers with whom we have worked who have been willing to attempt new supervisory strategies by collaborating on applied research endeavors. The number of current and past colleagues is far too large to permit individual recognition here. However, many of their contributions are exemplified in the references in this text to their published works. In addition, special appreciation is expressed to Ms. Carole Daves for her patience, diligence, and competence in assisting with the preparation of the text.

Dennis H. Reid
Marsha B. Parsons
Carolyn W. Green

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**STAFF MANAGEMENT
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Chapter 1

STAFF MANAGEMENT AND HUMAN SERVICE PROVISION: AN OVERVIEW

Human service delivery represents one of the largest and most pervasive organizational systems in our society. Essentially every individual in the civilized world has been and/or will be a recipient of a human service program. Ranging from preschool programs for infants and toddlers to nursing homes for senior citizens, human service operations impact all age groups. Human service programs also affect basically all handicapped and nonhandicapped populations ranging from profoundly mentally retarded and chronically mentally ill persons in state institutions to gifted and talented youth in special school classes.

One of the most important determinants of how well human service programs fulfill their designated mission of providing helpful services to people in need is the proficiency with which human service staff perform their work. The degree to which students in a second grade classroom acquire basic academic skills is, for example, in large part dependent on how effectively the second grade teacher actually teaches his/her class. Similarly, how much habilitation a severely physically and mentally handicapped resident receives in a state institution is a direct result of the amount and quality of treatment activities provided by the institutional caregivers. The importance of staff performance in this regard has been well recognized in the professional literature (Gardner, 1973; Greene, Willis, Levy, & Bailey, 1978; Kunz et al., 1982). However, it has also been frequently noted that staff performance in human service systems often has been, at best, less than competent and, at worst, very problematic. Serious problems with staff work behavior have been highlighted in essentially every type of human service setting, including nursing homes (Sperbeck & Whitbourne, 1981), schools (Gross & Ekstrand, 1983), mental health clinics (Lovett, Bosmajian, Frederiksen, & Elder, 1983), psychiatric hospitals (Prue, Krapfl, Noah, Cannon, & Maley, 1980),

institutions for the mentally retarded (Realon, Wheeler, Spring, & Springer, 1986), and preschools (Kunz et al., 1982). Problematic areas of staff performance in these settings have been numerous and varied, involving such diverse topics as poor health care of dependent, institutionalized clients (Iwata, Bailey, Brown, Foshee, & Alpern, 1976), ineffective classroom teaching and management practices (Jones & Eimers, 1975), inadequate administrative performances (Repp & Deitz, 1979), excessive absenteeism (Shoemaker & Reid, 1980) and physical abuse of clients (Blatt, 1976), to name just a few of the reported problem areas.

The problems with staff performance in the human services should not be overemphasized to the point that the accomplishments in human service provision resulting from *competent* staff performance are not recognized. Clearly, many people in need have been significantly helped by the sincere and proficient efforts of staff in human service agencies. Undoubtedly, for every human service setting in which a problematic area of staff performance has been highlighted, and for every specific work problem noted, there have also been countless cases of exemplary staff performance. Nevertheless, the numerous examples of laudable staff performance notwithstanding, problematic areas that continue to exist should not be ignored—at least if human service agencies are to thoroughly fulfill their specified purpose of helping people in need.

In attempting to understand the reasons for the problems with staff performance in the human services, a misconception that often arises is a devaluation of the personnel who work in human service agencies (Reid & Whitman, 1983). That is, problematic situations in service provision are, in essence, mistakenly viewed as a function of the (poor) quality of the type of person who works as a staff member in a human service setting. Such a view not only is an insult to most human service personnel, it really represents a serious misunderstanding of the factors associated with the reported problems in human service provision. As will be discussed throughout this text, a more accurate view is that *where pervasive problems in staff performance exist, the primary cause is ineffective supervision and management*. In short, if problems in staff work activities occur in human service systems, then management personnel must be held accountable for those problems. Unfortunately, in this regard, the history of staff supervision and management practices in the human services has not been very laudable and often has set the occasion for poor work performances of human service staff.

The Development and Existence of Ineffective Staff Management Practices

The reasons why staff management practices in human service settings have often been ineffective are varied and, at least in part, somewhat complex. However, one rather apparent reason is that usually there is not a clear and visible index of the varying degrees of effectiveness with which human service staff are expected to perform their jobs (and, consequently, how effectively managers are managing). To illustrate, in nonhuman service business and industry, there is always a bottom-line index of how well staff are performing: the profit margin. Although many variables can obviously affect whether or not a business enterprise makes a profit, in many cases serious fluctuations in a business's profit margin nevertheless can serve as a good indicator as to whether a manager should alter what he/she is doing with staff in order to change or maintain current staff performance. In contrast, in most human service agencies, there is no bottom-line profit figure with which to measure the effectiveness of an agency's management practices.

In one sense, an index within human service agencies that is somewhat analogous to the profit margin in nonhuman service businesses is *client welfare*. Typically, a human service program exists to ensure and/or improve some aspect of the welfare of the program's clients. In schools, for example, client welfare is reflected in academic learning and progress. In psychiatric hospitals, client welfare generally refers to the development of mentally healthy functioning and the remission of mental illness. In essence, any given human service can be described in terms of its goal of sustaining and/or improving client welfare, be it skill development, maintenance of good physical health, reduction of maladaptive behavior or any number of beneficial outcomes for people. However, rarely does a human service agency really *specify* what it means by client welfare to the point that a clear and visible index exists (such as a profit margin figure) of how well or poorly that welfare is being attended to by an agency's staff. Consequently, there is really no accurate and sensitive measure by which the effectiveness of staff performance can be evaluated unless an overt crisis develops such as some of the more serious problems within human service systems as exemplified earlier (at which point it becomes very obvious that there are problems with staff performance). A supervisor in a human service setting is basically left to his/her own judgment regarding whether or not staff are performing proficiently—a judgment

that, because of its idiosyncratic and subjective nature, is readily susceptible to disagreement among the supervisor's peers, staff, and superiors in the organization.

In many cases, even if attempts are made to carefully delineate aspects of client welfare for which staff are responsible, a clear index of client service provision to use in evaluating staff performance still does not exist. The reason that such an index is frequently lacking is that there is not always a readily apparent outcome of staff work behavior in regard to client welfare. For example, for many seriously handicapped clients, staff must conduct therapy regimes for a number of weeks before any improvement in client functioning will be observable. Hence, on a day-to-day basis, there is no noticeable outcome to staff work performance (i.e. conducting therapy programs) to indicate how well staff perform, or even to indicate if staff did indeed complete their (therapy) assignments. In contrast, in many non-human service businesses, it is quite apparent on a daily basis whether or not staff have fulfilled respective work assignments (products, for example, either are or are not constructed, changes in physical environments either are or are not completed through staff labor, etc.).

A second reason why management practices in the human services are frequently ineffective is that it is very uncommon for a human service manager to have any preparation for functioning as a manager. Typically what occurs in human service professions is that an individual is trained to provide some type of direct service to clients and then that individual is hired, or promoted, at some time in his/her career into a managerial position. Unfortunately, the skills that are relevant for providing direct service to clients are not the same skills that are needed to supervise other human service providers. To illustrate, an individual who displays good skills in teaching physical education to elementary school students may or may not have the skills to supervise classroom teachers when the former physical education teacher is promoted to school principal. Relatedly, a psychologist who demonstrates proficiency as a clinician in treating clients at a community mental health clinic may or may not exhibit competence if he/she is employed by another clinic and charged with directing the performance of other psychologists (and social workers, psychiatric nurses, etc.). In short, supervising staff performance is a different task than providing direct client services, and most human service managers have been trained only in fulfilling the latter type of task.