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## Leadership in Clinical Supervision<sup>1</sup>

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### *Introduction*

Leadership is an essential element of clinical supervision and leadership skills differ from those needed in management and supervision. It is important to explore what leadership is and is not, the leadership theories that are appropriate to clinical supervision, when and how to effectively lead your team based on models of leadership theory, with an understanding of how leadership affects the structure of the organization, and how leadership ultimately effects the improvement and delivery of client services.

Clinical supervisors may benefit from support and guidance in implementing the Leadership Foundation Area of SAMHSA's Technical Assistance Protocol, TAP-21-A, Competencies for Substance Abuse Treatment Clinical Supervisors. [ ]

This article will describe various leadership theories, styles, and approaches and their application to effective leadership for the clinical supervisor. It will also describe some leadership approaches that may not be advantageous for the clinical supervisor. These theories and styles are included to help the clinical supervisor to identify and modify leadership approaches they may be using without success.

This article will highlight effective leadership as a positive experience with bi-lateral aspects achieved through trust and communication between the leader and team members, offering growth for both the supervisor and counseling staff. The successful clinical supervisor as leader models ethical behavior and decision-making and compliance with laws, regulations, and the code's of ethical conduct of both the agency and certification bodies.

It is essential to examine why a clinical supervisor as an effective leader creates an alliance between themselves and the counseling staff wherein the supervisor and counselors work together in support of the purpose, principles, and mission of the agency ultimately resulting in improved services to the clients.

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*Review of Existing Leadership Theories and Leadership Styles*

Studying leadership theories can help guide the clinical supervisor to leadership styles and behaviors that are comfortable to them and contribute to their continuing professional growth and success. Learning from studies that show certain leadership styles and behaviors are more or less effective in certain situations can help supervisors to identify and adjust their technique to improve their overall effectiveness as a leader. Many of the theories listed may not be appropriate to leadership in clinical supervision taken as a whole; however, a review of these theories can produce some insight into what leadership styles and behaviors an individual clinical supervisor chooses to adopt and model and are most likely produce the desired result, perhaps also assisting them in identifying behaviors and traits that are not likely to produce the results they desire.

The **Great Man theory** maintains that leaders are born and not made and was developed during a historical time when most leaders were male and part of an aristocracy and described the traits born to the "great man" or hero (Grossman, 2006; Straker, 2004). **Trait theory** expanded upon this theory by asserting that people inherit certain traits and these traits make them more suitable for a leadership role (Shead, 2007; Straker, 2004). These traits include: technical, social, and administrative skills; supportiveness of group task, task motivation, and application to task; emotional control, friendliness, charisma, and intelligence (Bolden, Gosling, Marturano, and Dennison, 2003). **Cognitive resource theory** examines the combination of intelligence and experience with stress as the moderator and argues that although cognitive ability is a significant trait; experience, intelligence, and other cognitive abilities are necessary for leadership success, especially when decisions must be made under stress (Straker, 2004). **Behavioral theory** assumes that leadership can be learned and focuses on the behavior of the leader rather than their traits and **role theory** adds that a person can choose to function within a role they desire (Bolden, Gosling, Marturano, and Dennison, 2003; Straker, 2004). Arguing the nature vs. nurture debate of these theories offers little assistance to current supervisors who have assumed a leadership role, however, looking past the debate to the identified qualities and abilities of a leader can be helpful when studying these theories. Identified leadership qualities include communication, ambition, collaboration, reliability, perseverance, self-confidence, decisiveness, accountability, fairness, ethics, and the capability of handling pressure (Powell, 2004; Straker, 2004). Other identified skills include being diplomatic, capable, resourceful, influential, considerate, and having vision (Straker, 2004).

**Transactional leadership theory** is an authoritarian form of leadership that begins with a structured, unmistakable chain of command and the underlying theory that people are motivated by reward or punishment (Helms and Cengage, 2006; Straker, 2004). The transactional leader's authority is unmistakable and this type of leadership is often found in a business setting where tasks and responsibility are delegated with the expectation of accomplishment (Powell, 2004; Straker, 2004). The subordinate is held personally responsible for outcomes with reward or punishment subsequent to the individual's success or failure (Straker, 2004). This hierarchical system places the leadership responsibility on satisfying the boss instead of focusing on the needs of the consumer (Powell, 2004). In clinical supervision focus is on providing services based on the needs of the client making transactional leadership theory of

less value than other leadership theories to clinical supervisors.

**Transformational leadership** theory presumes that with passion and vision a person can succeed at remarkable achievements, that people respond to an individual who inspires them, and that enthusiasm and energy bring results (Straker, 2004). These leaders are charismatic, intellectual, inspirational, have personal integrity, and consideration for the needs of individuals (Helms and Cengage, 2006; McCrimmon, 2008). Focusing on the relationships formed between themselves and their followers they build trust, model high standards, are ethical, and hold a transformational vision for the organization (Straker, 2004). Transformational leaders believe in the success of their subordinates and inspire them with their infectious passion and conviction in the goal (Straker, 2004). Through raising the awareness of the significant factors of desired outcomes, transformational leaders assist followers in working toward goals that benefit the team and the organization (Doyle and Smith, 2001).

Due to their positive influence transformational leaders are enjoyable to work for, though it has been argued that being passionate and inspiring isn't enough, that decisions also need to be based on facts (McCrimmon, 2008; Straker, 2004). A concern is that these charismatic leaders may breed dependency through the followers' reliance on the leader's passion and inspiration for the goal dissuading them from taking responsibility or expressing valuable ideas (Doyle and Smith, 2001). Blending transformational leadership with another style or theory can allow for the experience and ideas of team members and decisions being based on facts while utilizing the leader's ability to inspire through their continuing passion for the endeavor.

A survey developed by James Kouzes and Barry Posner called "The Leadership Practices Inventory" listed common leadership characteristics and gathered data from 75,000 people on which of these characteristics leaders that they would follow possess (Kouzes and Posner, 2007; Straker, 2004). The following leadership characteristics were identified in this in the order of importance:

1. Honest
2. Forward-looking
3. Competent
4. Inspiring
5. Intelligent
6. Fair-minded
7. Broad-minded
8. Supportive
9. Straightforward
10. Dependable
11. Cooperative
12. Determined
13. Imaginative
14. Ambitious
15. Courageous
16. Caring
17. Mature

18. Loyal
19. Self-controlled
20. Independent

Recommendations for leaders from the 75,000 people surveyed included modeling expected behavior, having and sharing a vision, challenging the process with innovative ideas and action, allowing and enabling others to take action, and being passionate about your work (Kouzes and Posner, 2007).

#### *Leader Behavior Approach*

Two important behavioral studies, the Ohio State studies and the Michigan leadership studies focused attention on the behavior of the leader rather than on leadership traits (Helms and Cengage, 2006). The **Ohio State studies** developed and administered a leader behavior questionnaire to college administrators, student leaders, industrialized companies, and the military (Helms and Cengage, 2006). Leadership behaviors surfaced as the samples were analyzed and two leadership factors emerged and were designated "consideration" and "initiating structure" (Helms and Cengage, 2006). Consideration, a relationship behavior, includes support and concern for well-being and recognition of accomplishments while initiating structure, a task-oriented behavior, includes organizing, planning, and coordinating the duties of subordinates (Helms and Cengage, 2006). The **Michigan leadership studies** studied the importance of the relationship (with subordinates) versus the importance of the task concluding that leaders who were concerned with the people while utilizing general supervision techniques yielded the best results (Helms and Cengage, 2006).

The **Managerial Grid**, built on the behavioral approach, categorizes leaders by the amount of emphasis they put on tasks versus people and concluded with five leadership outcomes ranging from impoverished management to team management (Helms and Cengage, 2006; Straker, 2004). Leadership style is determined using a grid with the leader's concern for people on one axis and their concern for task on the other and shows the outcome on the following continuum.

- Impoverished management: Low concern for people, low concern for task; very little attention to how or if the work gets done.
- Authority-compliance: High concern for task, low concern for people; the greatest attention is on the getting the work done with very little significance given to the people.
- Country Club management: High concern for people, low concern for task; these leaders promote a sociable work environment however, not enough attention is given to the task with uncertain outcomes.
- Middle of the road management: Medium concern for both the people and the task; lack of focus and attention produces ordinary results.
- Team management: High concern for both the people and the task results in tasks being

completed through the performance contributions by committed subordinates (Straker, 2004).

As illustrated above team management leadership style with a high concern for both the people and the task results influenced subordinates committed to the task and produced the best results.

The Managerial Grid has been influential in the study of effective leadership by considering the leader's attention to task versus their attention to the relationship with followers, however, effective leadership involves more than attention to tasks and relationships (Doyle and Smith, 2001). What further study has shown is that leadership is not only affected by tasks and relationships but by the interaction between leaders and followers and the situation and environment they are functioning within (Doyle and Smith, 2001).

In **Participative Leadership** theory the leader collaborates with the team in decision-making thus achieving a commitment from each member of the team as they have participated in the decision making (Doyle and Smith, 2001; Straker, 2004). Studies done by Kurt Lewin and colleagues identified three decision-making leadership styles listed below (Straker, 2004).

- Autocratic - The leader makes decisions without consultation when an individual lacks procedural knowledge.
- Democratic - The leader consults with knowledgeable others either alone or through consensus or vote the decision is made.
- Laissez-faire - in which the leader may know less about the task than do group members and chooses to have little involvement in the decision -making even when they may be held personally responsible for the outcome of the decision.

The results of this study showed that the autocratic style led to resistance whereas the laissez-faire style left people with little interest in their work; the most effective style was democratic (Straker, 2004).

Studies done by Rensis Likert identified four decision-making leadership styles:

- Exploitive authoritative - the leader uses downward communication and fear tactics to gain compliance.
- Benevolent authoritative - the leader maintains their authority by making most decisions themselves while expressing concern is expressed for subordinates.
- Consultative - the leader consults with subordinates, listens to their ideas and yet still makes most of the decisions themselves.
- Participative - a democratic style wherein the leader engages subordinates in the actual decision-making (Oyedele, 2009 and Straker, 2004).

Likert's studies showed that through participation in the decision-making process people in the organization wind up being emotionally closer to each other and collective performance improves at all levels within the organization (Straker, 2004).

The leader behavior approach sought to determine universally effective behaviors for leaders, however, studies have not revealed reliable outcomes demonstrating that task or people oriented leadership behaviors correlate with leader effectiveness, however, situational differences were not considered when conducting this research (Doyle and Smith, 2001; Helms and Cengage, 2006). What further studies have shown is that leadership effectiveness is not only affected by the interaction between leaders and followers, it is influenced by the environment or setting in which decisions and being made and they are functioning within (Doyle and Smith, 2001).

In **servant leadership** the leader forms the foundation for the organization, supporting the needs of all stakeholders including subordinates, clients, and the agency (Helms and Cengage, 2006; Powell, 2004). The servant leader offers guidance, direction, and encouragement to the team whose decisions and actions form the structure that supports the goals of the organization (Powell, 2004). This theory highlights that to be a leader one must have followers and, while tending to the needs of the team, this leader may be seen taking out the garbage, making coffee, or putting together intake packets if that is what is required in support of the staff (Powell, 2004). Traits of servant leaders are empathy and dedication to the personal, professional, and spiritual growth of subordinates (Helms and Cengage, 2006). These leaders aren't always positioned in a supervisory roll and can be found throughout the hierarchy of an organization, using this leadership style to pull things together for the greater good and are often part of the "inner circle" described in leader-member exchange theory.

#### *Leader-Member Exchange (LMX) Theory*

The LMX theory focuses on the relationship and behaviors of both leaders and followers and describes how many leaders operate with both an inner and outer sphere of influence within teams when making and implementing decisions, treating followers differently depending on whether they are in the inner or outer circle (Rothbauer-Wanish, 2009; Straker, 2004). Within the inner circle relationships are based on trust and the members have more influence over decisions and higher levels of responsibility; conversely in the outer circle members have less responsibility and less influence in the decision making process (Rothbauer-Wanish, 2009; Straker, 2004).

In the first phase the leader assesses new team members, providing opportunities for them to demonstrate their capability and talent, then opportunities are presented in which trust and loyalty are assessed and the team member assumes a role either in the inner or outer circle (Rothbauer-Wanish, 2009; Straker, 2004). Factors that effect whether a team member winds up in the inner or outer circle are similarities they have with the leader, how well they work together with the leader, and their ability to build trust and respect with others (Straker, 2004). The success of the leader is dependant on the ability to build and maintain relationships with members of their team and ongoing success is dependant on the endurance of the relationships

with members of the inner circle (Straker, 2004).

### *Situational Leadership*

Situational leadership takes into account that one leadership style does not fit all situations and consideration is given to the motivation and experience of subordinates in achieving the desired outcome of a decision (Helms and Cengage, 2006; Straker, 2004). Fred E. Fiedler theorized that the effectiveness of a leader is dependant on both leadership style and the ability of the leader to manage situational influences (Doyle and Smith, 2001). In situational leadership the relationship with supervisees is balanced with the importance of achievement of the tasks utilizing both supportive and directive interactions (Keintz, 2008). Leaders adapt their style to the developmental level and willingness of their subordinates to achieve tasks, balancing the importance of the relationship with the importance of the task (Helms and Cengage, 2006; Straker, 2004). Differing situations require multiple combinations and intensity of direction, delegation, coaching, and support, encouraging behaviors such as support and coaching are balanced with directive behaviors such as delegating and directing to support the needs of supervisees, clients, the agency, and various situations (Keintz, 2008 and Straker, 2004).

Direction is indicated in situations where when specific instructions and close supervision and follow-up are necessary such as with an inexperienced or newly hired counselor (Straker, 2004). The supervisor explores the lack of motivation and/or self-confidence of the counselor, while defining their role, their obligation to the client, and directing all aspects of the task including the expectation of when will be completed (Keintz, 2008). The greater focus is on completion of the tasks rather than on the relationship and the goal is to rapidly improve compliance and confidence in the counselor (Keintz, 2008 and Straker, 2004).

Delegation is appropriate when little attention is needed to either the tasks or to the relationship because the counselor has already demonstrated competence, personal responsibility, and a demonstrated readiness to complete tasks independently (Keintz, 2008 and Straker, 2004). Through the delegation of tasks the supervisor encourages autonomy, confidence, clinical success and independence in the counselor (Keintz, 2008).

Support is indicated when the counselor has the education and experience to work successfully with client but lacks the personal accountability, security, and initiative to complete the necessary tasks (Keintz, 2008). The supervisor places greater attention to the relationship than the tasks by facilitating bi-directional communication and shared responsibility in decision-making providing motivation and inspiring self-confidence in counselors (Keintz, 2008).

Coaching is suitable when objectives are not being achieved by a counselor that has confidence in their ability and yet does not request assistance (Keintz, 2008). The supervisor reinforces objectives and standards through the use of bi-lateral communication and socio-emotional support, bolstering both the relationship and task completion (Keintz, 2008).

**Contingency theory** is a behavioral theory that compliments situational leadership and reasons that no leadership style is consistently effective in all situations or with all leaders or even with

an individual leader at all times; a person who is very effective in one setting may not be at all effective in another (Straker, 2004). The three contingency variables are: whether the leader is liked or disliked by followers, whether the methods, goals and performance standards are outlined clearly, and the extent to which the organization and the team rely on the leader to get results (Doyle and Smith, 2001). In the contingency approach the leader takes into account various solutions and situational elements, including the importance of the relationship with subordinates and the importance of the task when deciding what course to take (Straker, 2004). The leader precedes a decision with consideration of the variables affecting implementation of the work and makes a judgment about what route to take in making a decision: whether to tell staff what to do, whether to take the time to coach the team by selling an idea, whether to include staff in making the decision, or whether delegation of the task would be most beneficial to the outcome (Doyle and Smith, 2001). Research has concluded that the best outcomes are achieved when the task is highly structured, when the leader controls the consequential rewards and punishments, and subordinates respect and trust the leader (Helms and Cengage, 2006).

**Path-Goal theory** of leadership, with roots in expectancy theory, proposes that the uniqueness of both subordinates and the work environment determine the degree of effectiveness leadership behaviors have on the achievement of organizational goals (Helms and Cengage, 2006; Straker, 2004). Environmental characteristics identified by the theory are a recognized system of authority, the nature of the team, and the nature of the task (Helms and Cengage, 2006). Subordinate characteristics are work experience, ability, the need for affiliation and locus of control (Helms and Cengage, 2006). The following behavioral approaches were identified as being utilized by leaders in varying degrees, dependant on the situation and may provide some useful information to integrate into one's leadership style (Straker, 2004).

Supportive leadership creates a pleasant atmosphere wherein the supervisor expresses genuine concern for the needs and wellbeing of the counselor and is appropriate when the working environment has become stressful (Straker, 2004).

Directive leadership is indicated when a timeline is attached to specified tasks and the supervisor schedules, guides and directs the undertaking (Straker, 2004). Clear, direct, task assignments with timelines, increase the sense of security in an inexperienced or newly hired counselor and decrease role ambiguity among other supervisees (Straker, 2004).

Participative leadership includes an emphasis on learning through the sharing of information, and collaboration with team members in making and implementing decisions and is most advantageous with counselors whose experience is beneficial in the making of decisions (Doyle and Smith, 2001; Straker, 2004).

Achievement-oriented leadership is best for complex tasks and includes setting both personal and profession goals that are challenging. The leader models the expected standards and expresses the expectation of high standards and confidence in the aptitude of the counselor (Straker, 2004).

Empirical research supports the directive and supportive leader behaviors of this theory;

however, path-goal theory has been criticized because it does not consider contingency factors (Helms and Cengage, 2006).

The **normative leadership model** examines decision-making and enlarges upon the theory of situational leadership by examining how participation in decision making influences the acceptance of the decision by followers (Straker, 2004). The theory highlights that the level of acceptance of a decision by the team affects the level of participation in the task and thus the level of success in the outcome of the decision (Straker, 2004). Leaders use three identified styles in their decision-making: autocratic, consultative, and group and studies revealed several questions that leaders ask themselves (consciously or unconsciously) when deciding the level of involvement from the team in making a decision (Straker, 2004).

1. Value requirement: How important is the technical value of the decision?
2. Commitment requirement: How important is team commitment to the decision?
3. Leader's information: Do you as the leader have sufficient information to make the best decision alone?
4. Problem structure: Is the problem well structured (e.g., obvious, organized, distinct, time restricted, etc.)?
5. Commitment probability: If you make the decision yourself, is it plausible that staff will commit themselves to the decision?
6. Goal congruence: Does staff share the organizational goals that will be realized by the outcome of the decision?
7. Subordinate conflict: Is it probable that the staff will strongly disagree in their preference of the final decision?
8. Subordinate information: Does staff have sufficient information to make a high quality decision?

Five decision making procedures were identified in the Vroom-Yetton Normative Model that leaders use once these questions have been answered when deciding how much involvement from supervisees is appropriate for a particular decision (Sherry, 1996; Straker, 2004).

1. Autocratic (AI): The leader uses the information they have and makes the decision themselves.
2. Autocratic (AII): The leader gathers information from the team and then makes the decision themselves.
3. Consultative (CI): The leader has a discussion with individual team members, gathers information and then makes the decision themselves.
4. Consultative (CII): The leader has a discussion with the team as a group, gathering information and then makes the decision themselves.
5. Group (G): The leader has and discussion with the team as a group, gathering information and the decision is made by the consensus of the team (Sherry, 1996; Straker, 2004).

Considering the answers to the above questions the leader decides the best decision making style to use (Straker, 2004). The example below may be of some assistance:

Decision Style	Situational Factors
Autocratic (I) or (II)	The value of the decision is important.
Consultative (I)	Acceptance of the decision is important to the outcome.
Consultative (II)	Acceptance of the decision is important to the outcome. Disagreement between staff is likely.
	Acceptance of the decision is important to the outcome. The value of the decision is important and known to the leader but not known to the staff. Disagreement between staff is likely.
Group (G)	Acceptance of the decision is more important than the value of the decision. The value of the decision is important and known to all and the leader does not have the experience or skill to make the decision alone.

As illustrated in the example, the leader determines a decision style to use in a given situation by weighing the importance of the decision and the knowledge of the staff with the acceptance and implementation of the resulting action (Sherry, 1996; Straker, 2004).

**Shared Leadership** is something that all of us are familiar with as it occurs in everyday life especially within our relationships with friends; it is evident in our social interactions and how we react and relate to each other in the different situations present in everyday life (Doyle and Smith, 2001). At times we lead and at other times we follow and though these relational experiences we learn that leaders too are followers and vice versa (Doyle and Smith, 2001). Through examination of our participation in these day to day interactions aspiring supervisor-leaders can help to identify the difference between leadership and authority as well as highlight the importance of ethics in a leader's effectiveness. Effective leaders do not abuse power, they are honest and consistent, assume responsibility for their actions or inactions, are loyal to their followers and share accolades with others who have participated in successes (Doyle and Smith, 2001).

#### *Leadership in Clinical Supervision*

Leadership is a critical element of clinical supervision and involves different abilities from those of management and supervision; understanding what leadership is, and is not, is crucial to being an effective leader (Powell, 2004). Leadership is often confused with authority or power, however, giving orders and having them followed is not leadership; (Doyle and Smith, 2001). Leadership is not power and control but rather guidance through respect and modeling and it is achieved through empathy, understanding of the task that is being undertaken, and a willingness and determination to achieve the goal (Powell, 2004). Effective leaders rely on input and experience of those who follow when making and implementing decisions; they are visionary, establish trust, and guide and control the environment through inspiration rather than demand and domination (Doyle and Smith, 2001; Powell, 2004).

The Technical Assistance Protocol (TAP 21-A) defines leadership as *“a bidirectional social influence process in which supervisors seek voluntary participation of supervisees to achieve*

*organizational goals, while providing leadership in the management structure of the agency”* (p. 17). This bidirectional influence empowers staff to take personal responsibility for their work improving productivity and the outcomes for the consumer of services (Powell, 2004). A bidirectional or team approach to leadership accounts for the fact that no one person has all the answers and allows for the experience and education of all members of the team to effect decision-making and implementation of tasks (Bolden, Gosling, Marturano, and Dennison, 2003).

Leadership competencies include honesty, integrity, empathy, trust ethics, and valuing diversity (Bolden, Gosling, Marturano, and Dennison; 2003). Effective leadership is personal and begins with self-assurance in the ability to lead and the desire to create a team wherein all members fully participate within an environment of trust and respect (Doyle and Smith, 2001; Powell, 2004). The leader understands the organization's purpose, can conceptualize the achievement of enhanced outcomes for the organization, is dedicated to the organization, co-workers, and consumers; is honest with themselves and others; and is passionate about their work (Powell, 2004). An effective leader is an educator, honest, fair, and decisive, credits others for their contributions, is able to take risks, is accountable for their own decisions, puts the welfare of others ahead of themselves, and is interested in the welfare of their staff, shielding them from unwarranted reprimands (Powell, 2004).

Leaders structure an environment of unity and acceptance in which problems are solved through individual growth within a working, collaborative team, the result of which is an organizational transformation (TAP 21-A, 2007). In their leadership role supervisors' act as mentors to inspire, educate, mentor, and encourage team members, individually and as a team, to achieve the organizational mission and ultimately resulting in improved services to the clients (TAP 21-A, 2007 and Powell, 2004). The leader-supervisor models ethical behavior and decision-making as well as compliance with laws, regulations, agency and certification agency code's of ethical conduct (TAP 21-A, 2007). Through honest communication and implementation of goals and objectives in a fair and ethical manner the leader builds a team that forms the structure of an organization (Powell, 2004 and TAP 21-A, 2007). Through advocacy and modeling the effective leader improves the quality of the delivery of services to clients (Powell, 2004).

Organizational factors and upper management decisions have a relationship to successful leadership; however a person can be a successful leader within current organizational systems (Powell, 2004). Guidance and the modeling of behaviors, offering empathy and understanding, having and maintaining a vision and willingness to achieve goals are not hampered by organizational structure and can effect change within the structure of the organization as this "new" leadership style begins to show promising results (Powell, 2004).

David Powell has developed ten (10) principles which he describes as the "cornerstones of leadership":

1. Be fully accountable for your decisions.
2. Put the well-being of subordinates above your own.
3. Credit others with their contributions.

4. Take risks when they will benefit the agency or the client; do not be afraid.
5. Defend and shield subordinates from unwarranted attack or reprimand.
6. Be concerned with the wellbeing of subordinates.
7. Promptly make decisions.
8. Be an educator.
9. Be fair; no playing favorites.
10. Do not order people around just to prove you are the boss.

Effective leaders maintain their vision, establish trust, and guide and control the environment through inspiration rather than demand and domination, and advocate for necessary structural changes within the organization (Powell, 2004). Having a passion for their work they are able to inspire, model, encourage, and enable their team to follow them resulting in an improvement of services to clients (Powell, 2004).

### *Ethics*

In order to build credibility a leader must display professional ethics (Bolden, Gosling, Marturano, and Dennison; 2003). Ensuring that supervisees are aware of ethical standards is an ethical responsibility essential to the effective leader and mandated in the Approved Clinical Supervisor (ACS) Code of Ethics by the National Board for Certified Counselors/Center for Credentialing and Education (TAP-21-A, 2007). Ethical values and codes of ethical conduct are pervasive in the field of alcohol and drug counseling and supervision and for a clinical supervisor to have an effective leadership role; ethics must be modeled, taught, and expected (Beets, 2006). Ethical responsibilities exist between the supervisor-leader and the client, supervisees, and the organization and ethics is involved in nearly every decision made by the supervisor-leader (Powell, 2004). When deciding how to implement a new task or technique, part of the decision is how it will effect the client, the staff and the organization; consideration is made for laws that are involved and how other stakeholders (such as family members, contract holders, and the community) will be effected (Powell, 2004).

### *Conclusion*

Leadership is an essential component for the successful clinical supervisor, involves the ability to educate and empower staff, and is both task and relationship oriented. The successful leader is competent and committed in their clinical ability and has examined and is comfortable with their leadership style. Successful leaders value integrity, honesty, empathy, trust, ethics, and diversity and have the ability to adapt and change based on goals, objectives, situational factors, and the needs of team members. They have the ability to communicate with clarity, remove obstacles, and utilize rewards to achieve organizational goals. Leaders who use a bidirectional or team oriented approach empower team members individually and as a group to take responsibility for their work improving productivity and client services. In the words of David Powell (2004) "*The mark of leadership is the impression left behind in the lives of those who follow*" (p. 29).

A variety of leadership theories exist that may work well in a substance abuse treatment environment; however, the success of any one theory is dependant on the personal traits of the

leader as well as the structure of the organization. It is likely that most leader-supervisors will draw from more than one theory in defining their own style of leadership. Just as supervisors and counselors ascribe to certain theories of treatment, so will they adopt and implement certain styles of leadership. It is recommended that leader-supervisors assess and evaluate their effectiveness regularly with input from team members to achieve the greatest long-term results. This assessment is likely to result in the leader-supervisor adjusting their style through implementation of some different strategies toward achievement of their leadership goals.

Effective leadership is a positive experience with bi-lateral aspects achieved through trust and communication between the team members and offers growth for both the supervisor and the counseling staff; empowering counselors to use their education, knowledge, and skills to develop improved services for the clients. The clinical supervisor as an effective leader inspires, educates, mentors, and encourages team members, individually and as a team, creating an alliance between themselves and the counseling staff wherein the supervisor and counselors, together as stakeholders, work to support the purpose, principles, and mission of the agency ultimately resulting in improved services to the clients. The successful clinical supervisor as leader models ethical behavior and decision-making as well as compliance with laws, regulations, agency and certification agency code's of ethical conduct, and remains updated on current outcomes data and implements best treatment practices.

While organizational factors and upper management decisions have a relationship to successful leadership; a successful leader works within the current organizational system offering guidance and modeling behaviors to effect change. The effective leader builds an organizational environment conducive to individual growth by creating structure, building unity, and resolving conflict while continuously advocating excellence in service delivery to all agency clients. By structuring an environment of unity and acceptance in which problems are solved through individual growth within a working, collaborative team, a leader can effect an organizational transformation.

Situational leadership theory, contingency theory, and the normative relationship model may be helpful in clinical supervision as these leaders engage in bi-lateral communication while providing support and direction, take responsibility for their own behavior, and are able to adjust their style to meet the developmental needs of subordinates. Servant leadership provides the team with guidance, direction, and encouragement assisting the team in forming the structure that supports the goals of the organization. In an alcohol and drug treatment setting, counselors are constantly faced with clients who have diverse needs and because of this their skills and thus the skills of their supervisor-leader are continually challenged. Counselors themselves are at various levels of professional development resulting in the need for varying levels of guidance, direction, and responsibility. A supervisor who has a leadership style that is flexible enough to adjust to these contingencies in a professional manner while considering the importance of both the relationship with subordinates and the completion of tasks, while providing guidance and direction appropriate to the needs of the agency, the team, and the clients may be an effective leader.

General John S. Pershing stated, "*A competent leader can get efficient service from poor*

troops; while on the contrary an incapable leader can demoralized the best troops" (Fulton, 1988, p. 13). Supervisor-leaders who maintain a vision, have a passion for their work, have established the trust necessary to inspire, model, encourage, and enable their team to follow enjoy the success of the resulting improvement in services to clients.

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