FROM CLINICIAN TO ADMINISTRATOR: SKILLS, STRUGGLES, STRENGTHS, AND STRATEGIES

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Abstract

This paper discusses how social workers with a primarily clinical education and field experience can best transition into administrative roles in social work agencies. This exploratory investigation grew out of a review of relevant literature and informal interviews with four administrators with extensive clinical experience. It presents both the beneficial overlap between administrative and clinical work that enhances administrative competence and the challenges faced by transitioning clinicians. The paper concludes by presenting a range of strategies that transitioning clinicians can use to manage these challenges, as well as encouraging social work education programs to emphasize and provide increased training of both clinical and administrative methods to social work students, no matter what their specialization.

In the last 40 years, social service administrative positions have increasingly been filled by professionals with degrees in business, public administration, or public health rather than master's level social workers (Wuenschel 2006). The declining presence of social work in social service administration means that services may be less aligned with social work ethics and values. If this trend continues, social service clients may suffer as a result of services becoming overly similar to business or public health models—models which cannot properly meet the needs of social service clients because they do not share or understand the inherent constraints of social services (Wilson 1989). The percentage of social work students specializing in administrative practice has declined, as has the percentage of members of the National Association of Social Workers who self-identify as administrators (Ezell, Chernesky and Healy 2004). At the same time, social work professionals with clinical backgrounds that engage

in direct practice continue to fill the majority of supervisory and middle-management roles (Kadushin and Harkness 2002). In a retrospective study of 200 social work administrators, only one-fifth of these administrators came from a purely administrative social work program, while about one-third came from a direct practice-focused education and one-half came from a mixed-focus education (Mor Barak, Travis and Bess 2004).

Given the decline in administrators trained as social workers and in social workers trained in administration, it is helpful to consider how social workers with primarily clinical education and field experience actually transition into administrative roles. This paper seeks to explore this transition by considering both the relevant literature and the cases of four select administrators who have extensive backgrounds in clinical work. The transition from clinical training to administrative capacity is then discussed in terms of: 1) shared skills of clinical and administrative roles; 2) discrepancies between clinical training and administrative responsibilities; 3) struggles common to clinical practice and social work administration; and 4) strategies used by professionals during their respective transitions.

CLINICAL TRAINING AS A SOURCE OF STRENGTH

Many skills learned in clinical training are also valued in administrative work, none more so than interpersonal skills. Core clinical skills such as empathy, respect, trust, listening, understanding the needs of others, self-awareness, self-reflection, and motivation can all aid an administrator. For example, an administrator's emotional-intelligence (composed of self-awareness, self-regulation, motivation, empathy, and social skills) has been found to impact strong management and organization performance, and becomes increasingly important the higher the administrator's role in the hierarchy (Goleman 1998). Clinical skills may help to create a "work alliance" between the administrator and staff as they pursue agency goals, one that parallels the therapeutic alliance between clinician and client in a treatment plan (Cousins 2004). A work alliance makes it easier for administrators to be transformational leaders who communicate goals well and motivate by influencing others' beliefs, values, and goals, rather than transactional leaders who rely on more tangible incentives to motivate staff (Kuhnert and Lewis 1987). Intrinsically motivating staff is particularly important for social work administrators, considering the low levels of tangible rewards, high levels of stress, and high amounts of discretion required for even lower-level employees in social work (Lipsky 2010).

Clinical skills developed when working with clients are also helpful when working with subordinates. There is often the need to understand

and work through staff resistance (Kotter and Schlessinger 1979), as well as manage transference and counter-transference as an authority figure (Daniels and Daniels 1989). This includes responding to extreme expectations during a leadership transition when the new administrator is considered either a "second rate replacement or flawless savior," similar to clients' expectations that a new therapist will be better or worse than the last (White 1985, 14).

A clinical background also helps administrators to better understand organizational systems and behavior. Because administrators depend on informal communication to make many decisions (Mintzberg 1990), the clinician's aptitude for observing and understanding latent meaning, content, and processes will help them to negotiate multiple systems to reach a desired, sometimes covert, end in their administrative role (Rosenberg and Clarke 1987). Furthermore, the systemic thinking necessary to understand a client's problem within multiple contexts also informs administrators on how to negotiate complex systems to achieve a desired goal. John, a clinician with thirty years of experience and currently a department director for a local government agency, insists, "Systemic thinking is very helpful in an administrative role. Being a social worker helped … being able to look at it from a systemic view. I think that somebody who is not would have been challenged by it."

Agency assessments and environmental scans are central to understanding an organization within its context (Hasenfeld 2009). Therefore, assessment skills are one more shared skill set between clinical and administrative social work, although assessment methods differ. Environmental scans and agency assessments may be thought of as a much more complicated client assessment. Understanding the need for assessment and knowing how to assess on a multisystemic level are skills learned from clinical experience which also serve as a helpful guide for new administrators (Lowe and Austin 1997).

THE DISADVANTAGES OF CLINICAL TRAINING

Not all administrative duties can be addressed through clinical training, which often neglects important aspects of administration; some clinical skills or ways of thinking can even be antithetical or dysfunctional when put into administrative practice (Hart 1984; Patti et al. 1979). For example, certain philosophical orientations that are valuable in clinical work act as a hindrance in administration. Among these is the clinical focus on client-centered, quality services, which conflicts with the agency-centered, cost-effective focus of the administrator. "The conflict is often expressed by business managers who complain that 'social workers don't care what

they do with the money' and social workers who complain that managers 'don't care what they do to people'" (Kadushin and Harkness 2002, 286). Transitioning clinicians must realign their focus to concentrate on the health of the *agency* rather than on that of the *client.* This means a shift from the individual-justice goal of the clinician to the equity-focused proportional justice of the administrator (Kadushin and Harkness 2002).

This may require an interpersonal approach that is not cultivated through clinical training. A clinician's indirect leadership style and minimal use of authority are examples of clinical mindsets that can hinder effective administration. For instance, the use of explicit authority and directive leadership is cited as one of the more difficult challenges for transitioning clinicians (Cousins 2004; Patti et al. 1979). Jeff notes: "In clinical work, I think the focus has been to try as much as possible to eliminate the power differential that is implicitly present, and as an administrator, that is harder to do." Honoring the concept of client self-determination, therapists lead indirectly and do not impose mandates on clients, while administrative roles typically require managers to be more demanding and directive with their staff (Kadushin and Harkness 2002; Patti et al. 1979). Likewise, while transparency with clients is prized in clinical work, full disclosure to staff may not always be appropriate (Cousins 2004). And just as self-determination has no place in the work alliance, the clinical concepts of endless patience, radical acceptance, and timelessness (e.g., "according to the client's pace") are inappropriate for administrators who must actively manage, set limits for, make demands on, and evaluate staff (Kadushin and Harkness 2002; Rosenberg and Clarke 1987).

In addition to interpersonal responsibilities, an administrator must be adept at handling finances, program management, and political lobbying to meet the needs of an agency. These skills, in addition to budgeting, grant writing, and fundraising, are often missing from a clinician's formal training (Patti et al. 1979). Jeff and Bruce, both experienced clinicians, co-founders, and directors of a social services agency, stated that budgeting and grant writing were some of the most difficult skills for them to learn as administrators because they were not taught these skills in graduate school. John said, "I had never written a grant. I inherited a grant and I had to figure out how to do that. Understanding our budget process, I had no idea. [My supervisor] thought I knew how to do that because I had a master's degree." Olivia, a clinician for fifteen years and associate director of a nonprofit agency for another fifteen, describes learning budgeting skills through experience, "You don't learn that in graduate school … no one really talks about the realities of budgeting. That was on-the-job training."

Moreover, the clinical focus on client-centered, quality services can conflict with the agency-centered, cost-effective focus of an agency

administrator. In other words, while the clinician's main focus is providing quality services, an administrator must balance quantity and quality of services rendered.

Clinicians also often lack the analytical skills and methods knowledge necessary to evaluate services and complete performance measurements because they typically lack formal training in organization and program management. Although John worked at his agency for fifteen years as a clinician and supervisor, he admits having to learn about the agency from a new perspective as an administrator: "I was not really a part of the political arena and management. … I had to look at the system from a different point of view. I had a different set of responsibilities to meet."

While very good at advocating for their clients on an internal agency level, many administrators with clinical backgrounds struggle with advocacy for an entire agency through lobbying. This can prove to be a grave handicap, considering the growing dependence of social service agencies on government funding (Lynn 2002; Smith 2002). The clinician's internal, "here-and-now" focus may also impact the transitioning clinician's ability to engage in strategic planning. Strategic organizational planning is more complex and has a directional, future-and-external orientation (Andrews 1996) which clashes with the internal, here-and-now orientation of the clinician.

COMMON STRUGGLES OF ROLE TRANSITION

One of the primary challenges of the transitioning clinician is to learn a large number of new skills in a short period of time (Patti et al. 1979) while juggling the pervasive self-doubt that accompanies the learning curve (Ewalt 1980). All four administrators interviewed noted this as a primary concern. Jeff cited becoming comfortable with not knowing and John cited accepting what will not change as important steps in the learning curve.

Most clinicians transitioning into administration will experience role discontinuity and identity confusion (Hart 1984; Patti et al. 1979). The transitioning professional must learn to juggle the conflicting roles, lenses, and demands of the clinical and administrative worlds, particularly if the administrator retains a client caseload. Transitioning clinicians may also experience a professional identity crisis because of the loss of "conceptual and emotional 'anchors'" (White 1985, 14). Some social workers experience a sense of loss of stimulation, purpose, or passion previously derived from direct services work (Kadushin and Harkness 2002). Furthermore, because a philosophical competition exists between clinical and administrative social work over the most effective methods and important functions, the new

administrator may feel guilty, apologetic, or unfulfilled when leaving direct practice for administration (Kadushin and Harkness 2002).

Part of the transitioning clinician's identity crisis relates to the agency's politics and hierarchical structure. Clinicians often try to fill a neutral role in agency politics, but the managerial role is by nature more directive (Cousins 2004). John stated, "Not really knowing the political environment, that was the hardest part. Even though I've worked here since 1993, I really didn't understand the political system and how that affects the operation of departments." Some new administrators have even questioned their decision to move into administration as either naïve or "selling out" and becoming part of the "oppressive" hierarchy they wish to fight against (Cousins 2004; Ewalt 1980; Rosenberg and Clarke 1987; White 1985). Since administrators with clinical backgrounds are more often found in middle management, they are often caught managing relationships and conflicting goals and demands from both above and below (Holloway 1980). Understanding and relating effectively to the more political aspects of administration was cited as one of the most common struggles of transitioning clinicians (Kadushin and Harkness 2002; Patti et al. 1979).

One common way clinicians who become administrators struggle with managing staff is treating their subordinates like clients (Patti et al. 1979) by failing to adjust their focus in the work alliance from the goals of the subordinate (the equivalent of the client in a therapeutic alliance) to those of the agency (Daniels and Daniels 1989). Treating subordinates like clients also occurs when the administrator uses inappropriate management methods, such as indirect leadership, radical acceptance, and unlimited patience, when limit-setting and assessment of work completed would be more appropriate (Kadushin and Harkness 2002).

New administrators must also create "qualitatively different relationships" with subordinates who may have recently been peers (White 1985). Olivia notes, "When you become an administrator, you still struggle with establishing boundaries with colleagues and you relate with them in a different way than you used to. So you end up having to realign those boundaries." These relationships are characterized by more structure, less spontaneity, and greater guardedness (Kadushin and Harkness 2002). The new administrator must adjust to the authority and power that accompany an administrative role. Jeff reflects, "I think the piece that creates more distance with staff isn't about our knowledge, it's about the perceived power we have over their employment, salaries, their evaluation, and that I don't like. It's there and it's implicit in the role, but it's probably the thing I dislike the most about managing an organization."

The staff must adjust as well, and may respond with jealousy or accusations of "selling out" (Cousins 2004; Kadushin and Harkness 2002; Rosenberg and Clarke 1987). This distancing from staff creates isolation for administrators. Jeff notes, "The higher the administrative role, the greater my sense of isolation. In middle management and as a clinical supervisor I had many more peers. As an agency director, my peers are other agency directors, so it's not like I can walk next door and ask someone. In social work, it's all about community, and … to not have that community is one of the things about this role that I don't like."

STRATEGIES FOR ADJUSTMENT

Most clinicians who made the transition into administration speak of a steep learning curve that requires a great deal of time and energy. In this sense, time and experience are the best teachers (White 1985). Bruce cited implicit, experiential learning as the main strategy he used in his transition into administration. "It was much more … watching and asking questions, and learning by doing, rather than sitting down and someone saying 'this is how you do this.'" Jeff stated it was only after serving as a grant reviewer in Washington, DC, that he learned how to write more effective grants. Just as clinicians experiment with different interventions in therapy, so do new administrators learn by trial and error (White 1985). However, since administrators do not necessarily improve in competency through experience and time alone (Cousins 2004), clinicians transitioning into administrative roles may benefit from utilizing other strategies to ameliorate differences and overcome challenges.

Continuing education and research are the most highly recommended strategies in the literature (Patti et al. 1979). Transitioning clinicians are encouraged to seek out seminars, workshops, classes, and trainings in a process parallel to their clinical training. Training and professional development opportunities allow a new manager to develop techniques and tools for their "administrative tool box," much like the proverbial therapist's toolbox, from which they can draw in various administrative situations (Cousins 2004). John describes his utilization of research and training to improve his management skills: "I came to SSA quite a bit during that transition. They have great courses and workshops in social work administration, which I found very helpful. I read a lot of books on management."

Returning to the agency's mission statement may be a useful tool in creating motivation for change both above with superiors and below with subordinates. Clarifying the agency's mission and values is often cited as an integral part of strategic planning and change (Bryson 2004). John reflects, "One thing that always helped me was having a mission statement for the department, because once [my predecessor] left and the board put a lot of

expectations on me to change things in the department, some of the things they asked me to do did not fit the mission statement, so I was able to use that as a shield."

Like direct practitioners, administrators often need help navigating moral and ethical dilemmas (Cousins 2004). Consulting with peer administrators, supervisors, and mentors is recommended (White 1985). In fact, 92% of social service administrators report benefiting from a mentor (Kelly 2001). Cousins (2004) also recommends seeking out supervision or consultation from outside the agency in order to best reflect on organizational politics. Olivia notes, "My strategy has been to seek out individuals to consult with, and usually you would end up going two different places, one for clinical and one for more administrative insight." Bruce adds, "There were some things I didn't know how to do, and so I needed someone to just tell me how to do them." This practice also models advice seeking behavior for staff (Cousins 2004).

For managing subordinates and interpersonal work relationships, being open and honest with both oneself and one's staff is crucial, as is creating a collaborative work environment. Key elements in creating an efficacious, efficient work relationship and culture are honesty, openness, fairness, and objective-decision making (Daniels and Daniels 1989). Clinical capacities for self-awareness, self-reflection, and self-regulation are essential to create this type of environment. Cousins (2004) recommends openly discussing, when appropriate, struggles and unknowns with staff in order to create a culture and structure that is supportive to collaborative problem-solving. Bruce spoke of creating a collaborative approach with staff, and Jeff described, "Both of us will sit with our doors open and people will pass us without sticking their heads in because they don't think they can or they're afraid. We have had to tell people 'when you walk by, please poke your head in.'" Holloway (1980) recommends starting slow and being collaborative with staff. Olivia agrees: "The thing about social work is communication is at the core of everything … It takes a tremendous amount of time to be collaborative, reflective, and process things. It takes a lot of time and energy to have a team approach and make that work successfully. It's all well worth it because if an entire team agrees with a decision, chances are it's a good decision."

To avoid becoming isolated or overwhelmed, a transitioning clinician should structure the hierarchy to allow for the development of a strong management team. Delegation and reliance upon a dependable deputy are crucial elements of successful management (Rosenberg and Clarke 1987). Jeff and Bruce found it helpful to divide and conquer administrative responsibilities. Jeff, the CEO, states, "The difference is we've divided up the responsibilities, based on our individual strengths and interests. One

of the differences with more traditional structures is that I don't supervise Bruce … [it's] very collaborative." Bruce, the COO, adds, "There's a certain hierarchy. Jeff as CEO holds the vision for the organization … and that allows me to tend to the more day-to-day functions. There is a leader, and we also function as business partners in the organization, [there is] definitely a sense of team." Additionally, new peer relationships should be formed with other administrators within as well as outside the agency to replace peer relationships lost during the transition into administration (White 1985).

Lastly, while transitioning clinicians should seek out emotional support from friends and family (Cousins 2004; White 1985), self-care is just as important a coping strategy in administrative social work as it is in clinical practice. Olivia reflects on the importance of self-care: "Taking care of yourself is pivotal … At certain stages of your job, you have to reevaluate the amount of energy you are putting into the job and energy you are putting into taking care of yourself, and then figure out what you have to do differently in order to maintain your work." This belief mirrors Underwood's (2011) recommendations about assessing one's energy expenditures and the way they impact one's life, identifying controllable stressors, and developing plans to manage them. An example of a plan might be using mindfulness or relaxation techniques. John describes the benefits of using yoga during his transition: "Yoga saved my life, just literally stretching and challenging myself physically, and consciously breathing, because I found myself not breathing because the learning curve was huge."

CONCLUSION

While there are many challenges a clinically trained social worker will face in adapting to an administrative role, studies of transitioning clinicians show that it is possible to make the transition (Patti et al. 1979; Scurfield 1980). It requires an adaptation of knowledge and skills "rather than a comprehensive and fundamental retraining" (Patti et al. 1979, 151; Scurfield 1980) and a trust that their clinical background can be a strength. As Bruce reflected, "The biggest surprise to me was to find that I could do some of the things I thought I couldn't do." Or in the words of Olivia: "Having the clinical background and lens is key. You end up applying the principles to yourself. You understand group dynamics and parallel processes. It gives you insight into the organization."

Administrators with clinical backgrounds hold uniquely informed positions because they are often more attuned to clients' needs and social work values, and therefore can impact programs differently than

administrators of other backgrounds (Rosenberg and Clarke 1987; Wuenschel 2006). They maintain a uniquely structured position in the agency's hierarchy, as they straddle both the service and management domains described in domain theory (White 1985). Many clinicians turned administrators even feel the dual role fulfills all aspects of social work and gratifies a variety of professional needs in a way that purely clinical or administrative roles cannot (Rosenberg and Clarke 1987).

This discussion of skill sets, struggles, strengths, and strategies suggests implications for social work training programs and clinicians who are either in training or considering a transition into administration. Social work education programs may consider making a greater effort to develop programs that prepare social work students in skills and concepts related to both clinical and administrative roles, no matter their specialized program of study. This will involve filling in the gaps of traditional social work education, such as fundraising and budgeting. Clinicians currently transitioning into administration may consider utilizing the strategies discussed here to help navigate struggles and bridge skill gaps.

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