

Clinical Supervision: Providing Effective Supervision, Navigating Ethical Issues and Managing Risk

A brief summary of the presentation by George Haarman, PsyD, LMFT

All clients are your clients

- Boundaries and expectations must be clear
- Clinical supervision should be distinct and different from management
- Supervision should be structured and consistent in delivery
- Document clearly and specifically

Best Supervisors

- Knowledge and expertise
- Flexible and open to new ideas and approaches
- Warm and supportive
- Useful feedback and constructive criticism
- Dedicated to training
- Good clinical insight
- Empathetic
- Considers countertransference
- Adherence to ethical practices
- Challenges supervisees

Worst Supervisors

- Lacks interest
- Unavailable
- Inflexible to new ideas or approaches to cases
- Limited knowledge or experience
- Unreliable
- Unhelpful/inconsistent feedback
- Punitive or critical
- Lack of structure
- Lack of ethics

Supervisee Bill of Rights

(Munson, 1993, Ontario
Psychological Assoc., 2015)

- A supervisor who supervises consistently and at regular intervals
- A growth oriented supervisor that respects personal privacy
- Supervision that is technically sound and theoretically grounded
- A relationship where the power differential is recognized and not abused
- Sensitivity to issues of diversity
- A supervisor who engages in best practices
- Evaluation on clear criteria provided in advance and based on observation
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A supervisor who is adequately skilled in clinical and supervision practices

Guidelines for Clinical Supervision in Health Services Psychology (APA, 2015)

- Is a distinct professional competency and requires education and training
- Prioritizes patient care and protection of the public
- Focuses on acquisition of competence
- Occurs in a respectful and collaborative relationship
- Integrates dimensions of diversity
- Is conducted in adherence of ethical and legal standards
- Uses a developmental and strengths-based approach
- Incorporates bi-directional feedback
- Severs a gatekeeping function for the profession

The 7 Domains of Supervision (APA, 2015)

Aspirational and Advisory

- Domain A: Competence
- Domain B: Diversity
- Domain C: Supervisory Relationship
- Domain D: Professionalism
- Domain E: Assessment/Evaluation/Feedback
- Domain F: Professional Competence Problems
- Domain G: Ethics, Legal, and Regulatory

(Additional considerations may relate to group supervision)

Domain A: Competence

- Assessment of supervisee competence
- Supervisor attainment and maintenance of formal education and training. Training should include 12 areas of competence

Domain B: Diversity

- Supervisors strive to develop and maintain self-awareness regarding their diversity competency, which includes attitudes, knowledge, and skills
- Supervisor serve as role models, understanding the effects of bias, prejudice, and stereotyping
- Supervisors strive to enhance their diversity competence to establish respectful supervisory relationship

Domain C: Supervisory Relationship

- Supervisors value and seek to create and maintain a collaborative relationship that promotes the supervisee's competence.
- Supervisors seek to specify the responsibilities and expectations of both parties in the relationship.
- Supervisors aspire to review regularly the progress of the supervisee and the effectiveness of the supervisory relationship and address issues that arise.

Domain D: Professionalism

- Supervisors strive to model professionalism in their own comportment and interactions with others, and teach the knowledge, skills, and attitudes associated with professionalism
- Supervisors are encouraged to provide ongoing formative and summative evaluations of supervisees' progress toward meeting expectations for professionalism appropriate for each level of education and training

Domain E: Assessment/Evaluation/Feedback

- Assessment, evaluation, and feedback should occur within a collaborative supervisory relationship.
- Live observation or recorded session to monitor supervisee performance is an essential responsibility.
- Supervisors aspire to provide feedback that is direct, clear, timely, behaviorally anchored, responsive to supervisee's reactions, and mindful of the impact on the supervisory relationship.
- Supervisors recognize the value of and support supervisee skill in self-assessment of competence and incorporate supervisee self-assessment into the evaluation process.
- Supervisors should seek feedback from their supervisees and others about the quality of the supervision they offer and incorporate that feedback to improve their competency.

Domain F: Professional Competence Problems

- Supervisors understand and adhere to supervisory contract, institutional, and legal policies and procedures related to performance evaluations and address performance problems directly.
- Supervisors strive to identify potential performance problems promptly, communicate these to the supervisee, and take steps to address these in a timely manner, allowing for opportunities for change.
- Supervisors are competent in developing and implementing plans to remediate performance problems.
- Supervisors are mindful of their role as gatekeeper and take appropriate and ethical action in response to supervisee performance problems.

Domain G: Ethics, Legal, and Regulatory Concerns

- Supervisors model ethical practice and decision making and conduct themselves in accordance with the relevant ethical guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations.
- Supervisors uphold their primary ethical and legal obligation to protect the welfare of the client/patient.
- Supervisors serve as gatekeepers to the profession. Gatekeeping entails assessing the supervisee's suitability to enter and/or remain in the field.
- Supervisors provide clear information about the expectations for and parameters of supervision to supervisees, preferably in the form of a written supervisory contract.
- Supervisors maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development.

Core Ethical Principles

APA

Beneficence/Nonmaleficence
Fidelity/Responsibility
Integrity
Justice
Respect for Human Rights
Dignity

ACA

Enhancing human
development
Honoring diversity
Promoting Social justice
Safeguarding the
counselor-client
relationship
Competence

NASW

Service
Social Justice
Integrity
Dignity/Worth of Person
Importance of Human Relations
Competence

Disciplinary Actions by State Boards of Psychology

- Sexual or Dual Relationships (35%)
- Unprofessional, Unethical, Negligent Practice (28.6%)
- Fraud (9.5%)
- Convictions of Crimes (8.6%)
- Inadequate or Improper Supervision (4.9%)
- Impairment (4.9%)
- Breach of Confidentiality (3.9%)
- Improper/Inadequate Records (3.9%)

Supervisory Ethical Violations

Ladany et al. (1999) report that 51% of all supervisees reported at least one perceived, potential ethical violation by their supervisors.

35% discussed violations with their supervisor

84% discussed them with a peer or friend in the field

33% discussed them with a significant other

14% of the time, someone in a position of power knew about the situation, but took no action. most frequently violated ethical principles related to:

Guidelines regarding performance appraisal

Monitoring of supervisee activities

Confidentiality violations

Sexual/dual relationships

The line between psychotherapy and supervision

Termination/follow-up issues

Substances, Bullying, Romancing, Profiteering, Dishonesty, Dual Relationships (Cimino et al., 2013, January et al., 2014)

A supervisor is less likely to be held responsible in court if:

- The supervisee deliberately withheld information from supervisor
 - The supervisee directly violated supervisor's instructions
 - The supervisor made a supervision note, dated & signed, summarizing what the supervisor directed the supervisee to do.
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A supervisor is more likely to be responsible in court if:

- Failed to meet with supervisee on a regular basis
 - Failed to correct ongoing problems that had been identified
 - Ignored supervisee's requests for help or disregarded his/her expressed concerns
 - Did not establish a mechanism for supervision to encompass the supervisee's entire caseload (good faith effort)
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Model for Ethical Decision Making

- (Keith-Speigel and Koocher, 1998) model covers both principle and value ethics
- Step 1: Describe the Parameters and Circumstances
- Step 2: Define Potential Ethical Issues
- Step 3: Consult Legal and Ethical Guideline
- Step 4: Evaluate the Rights and Responsibilities of all
- Step 5: Generate Alternatives
- Step 6: Consider the Consequences of each decision
- Step 7: Make the Decision

Ethics Case Study

Tristan has provided clinical supervision for Eloise for two years. He's watched her grow professionally in her skills and in her professional identity. One of Eloise's job responsibilities is to lead a substance abuse education unit discussion as a part of the IOP program. Lately, Tristan has been concerned about Eloise relationship with a younger client, Alicia. Alicia completed the 10 week, IOP program two months ago and participates weekly in a continuing care group. Alicia comes to the agency weekly to visit with her continuing care counselor, Maria. She also stops by Eloise's office to chat. Tristan became aware of her visits. after noticing her in the waiting room on numerous occasions. Earlier in the day, Tristan saw Eloise greet Alicia with a hug in the hall and commented that she will see Alicia "at the barbecue." Tristan is aware that Alisha and Eloise see each other at AA meetings, as both are in recovery.

Eloise feels she is offering a role model to Alisha who never had a mother figure in her life. Eloise expresses no reservations about the relationship. Tristan sees the relationship between Eloise and Alisha as a boundary violation and potentially a dual relationship.

Ethics Case Study

Dr. D has been supervising Mark, a doctoral intern for approximately six months. While working with clients, Mark's own family issues have emerged, and at times, have impacted his ability to respond to clients objectively. After identifying this as an obstacle, Dr. D suggests that Mark should consider individual therapy. Both Dr. D and Mark identify that DBT is their primary mode of therapy, and it would seem important that Mark work with someone who shares this theoretical orientation. Unfortunately, there are no such individuals other than Dr. D who work from this theoretical perspective in their very rural community. The closest therapist with a Dialectical-Behavior orientation is 3-4 hours away. Mark requests that Dr. D provide individual therapy since they share a common orientation and that Dr. D knows the struggles that Mark has with certain clients. Dr. D feels that he could be helpful to Mark and considers himself as having a great expertise with working with other professionals. Dr. D decides to provide psychotherapy, but to ensure clear boundaries, he will do so with specified conditions. Therapy will take place only on Mark's day off, discussions of Mark's work will be limited to supervision sessions and discussions of his personal issues will be limited to therapy sessions. Due to Mark's limited income, Dr. D will see him at a reduced fee. In exchange Mark will review Dr. D's professional articles and occasionally housesit when Dr. D is out of town. Dr. D does not want all of his interns seeking therapy at a reduced rate, so they agree to conceal the arrangement between themselves and to keep it confidential.

Top 10 Risk Management Strategies for Supervision

1. Maintain Written Policies
2. Monitor Supervisees Competence through Work Samples
3. Supervision Contract
4. Be Accessible, Dependable, and Available
5. Informed Consent for Supervision
6. DOCUMENT, DOCUMENT, DOCUMENT
7. Consult with Others Appropriately
8. Know the Law and Administrative Regulations
9. Discuss Ethical Codes
10. Liability Insurance