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2 Day Intensive Course: Clinical Supervision

*Providing Effective Supervision,
Navigating Ethical Issues and Managing
Risk*

George Haarman, PsyD, LMFT

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Providing Effective Supervision, Navigating Ethical Issues and Managing Risk

George Haarman, PsyD, LMFT

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George B. Haarman, PsyD, LMFT, is a licensed clinical psychologist and a licensed marriage and family therapist with over 40 years of experience working in a variety of settings, including private practice, youth detention centers, juvenile group homes, child protective services, and juvenile probation. Dr. Haarman completed basic and advanced supervisor training required by the Kentucky Board of Psychology Examiners and maintains approval by the board to act as a supervisor. In his private practice, Dr. Haarman has provided clinical supervision to clinical and counseling practicum students as well as consultation about clinical supervision to psychologists for over 25 years. He is a national speaker on clinical supervision, depression, school refusal, ADHD, emotional disorders in children and adults and the DSM-5®. He is the author of three books: *Clinical Supervision: Legal, Ethical, and Risk Management Issues*, *School Refusal: Children Who Can't or Won't Go to School*, and *Mastering DSM-5®*. Dr. Haarman received his doctorate in clinical psychology from Spalding University in 1989. He has been an instructor at Jefferson Community College, Bellarmine University, and Spalding University.

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Supervisor Competency Self-Assessment

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<p>Domain A - Supervisory Competence</p> <p>1. 2. 3. 4. 5. Total---- Mean Score ----</p> <p>Domain B – Diversity</p> <p>1. 2. 3. 4. 5. Total---- Mean Score ----</p> <p>Domain C – Supervisory Relationship</p> <p>1. 2. 3. Total---- Mean Score ----</p> <p>Domain D – Professionalism</p> <p>1. 2. Total---- Mean Score ----</p>	<p>Domain E – Assessment, Evaluation, and Feedback</p> <p>1. 2. 3. 4. 5. 6. Total---- Mean Score ----</p> <p>Domain F - Managing Professional Competence Problems</p> <p>1. 2. 3. Total---- Mean Score ----</p> <p>Domain G - Ethics, Legal, and Regulatory Considerations</p> <p>1. 2. 3. 4. Total---- Mean Score ----</p>
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Clinical Supervision: Two Day Intensive

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Clinical Supervision

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Limits of the Research and Potential Risks

- Supervision is embedded in a **supervisory alliance** that underscores the **interpersonal strengths of the supervisor** and an obvious power differential in the relationship. "The establishment of a fruitful supervisory relationship is essential for the success of the 'teaching-learning' process....and it is important to see this relationship as a collaborative one" (Fernandez et al., 2022)
- Most supervisors believe that they are competent to supervise **because they were supervised** and many studies indicate that how they were supervised has the largest influence of their current supervision practice.
- The difficulty of **defining "successful" supervision** is ongoing and no one model of supervision has been shown as clearly the most successful approach to supervision.
- Adopting **any model of supervision** produces higher satisfaction of supervisees, but does not necessarily translate to **higher client outcomes**.

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Day One: Central Standard Time

- 9:00 – 9:30 Introduction
- 9:30 – 10:45 Section I – Getting Started: How to Optimize the Initial Supervision Sessions
- 10:45 – 11:00 Break
- 11:00 – 12:30 Section II – The Supervisory Alliance: Building a Foundation for Everyone’s Success
- 12:30 – 1:40 Lunch
- 1:40 – 3:00 Section III – Models of Clinical Supervision: Find the Right Fit for You and Your Setting
- 3:00 – 3:15 Break
- 3:15 – 4:45 Section IV – The Evaluation Process: The Key to Effective Supervision
- 4:45 – 5:00 Questions & Prep for Tomorrow

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Day Two: Central Standard Time

- 9:00 – 9:30 Recap
- 9:30 – 11:00 Section I – Giving Effective Feedback: Having Hard Conversations
- 11:00 – 11:15 Break
- 11:15 – 1:00 Section II – When Problems Arise: Resolving Supervisor/Supervisee Tensions, Cultural Competence
- 1:00 – 2:10 Lunch
- 2:10 – 3:30 Section III – Ethical and Legal Issues in Supervision: Protect Yourself, Your License, Your Agency and Your Client
- 3:30 – 3:45 Break
- 3:45 – 4:45 Section IV – Ethical and Legal Issues in Supervision: Protecting Yourself, Your License, Your Agency and Your Client
- 4:45 – 5:00 Questions & Evaluation

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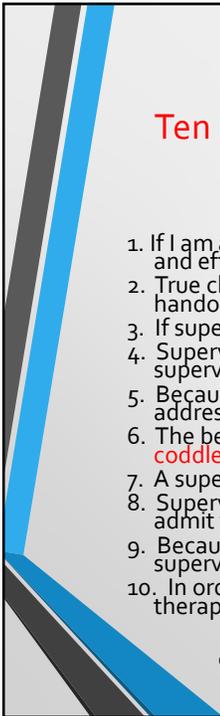


Module One

The Supervisory Alliance: Building a Foundation for Everyone's Success

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Ten Myths about Clinical Supervision Campbell (2021)

1. If I am an **experienced** counselor or psychotherapist, I can be successful and effective as a supervisor.
2. True clinical supervision is strictly for the **review of cases**. If you give handouts or teach, that's training, not supervision
3. If supervision is not going well, it's the **supervisee's fault**.
4. Supervision is only for the **beginners** or inexperienced. If you have to be supervised you must be deficient **or incompetent**.
5. Because supervisors are professionals, **diversity issues** do not have to be addressed.
6. The best feedback is direct. Tell it like you see it. There is no need to **coddle** supervisees.
7. A supervisee's **thoughts and feeling** are not relevant to learning.
8. Supervisors are **experts**, so it is important to make that clear and never admit to mistakes or that you don't know something.
9. Because supervisors are totally responsible for the actions of their supervisees, the supervisors directions should **not be questioned**.
10. In order to avoid a dual relationship and becoming your supervisee's therapist, you shouldn't use your **therapy skills** in supervision.

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Clinical Supervision

Definition: Clinical supervision is the process of **reviewing and monitoring** practitioner's work to **increase their skills**, to help them **solve problems** in order to provide clients the optimal **quality of service** possible, and **prevent harm** from occurring Campbell (2006).

Definition: Clinical supervision is when a licensed mental health professional (the supervisor) provides **guidance and feedback** to a less experienced clinician (the supervisee). Clinical supervision aims to help the supervisee **improve their clinical skills** and knowledge, **reflect on their clinical practice**, and **learn from mistakes** (Quiroz, 2022).

Definition: Supervision is a **distinct professional activity** in which education and training aimed at developing **science informed practice** are facilitated through a **collaborative interpersonal** process. It involves **observation, evaluation, feedback, the facilitation of supervisee self assessment, and the acquisition of knowledge and skills, instruction, modeling, and mutual problem-solving** (Falender & Shafranske, 2014).

Definition: Supervision is an intervention provided by a **more senior member of a profession to a more junior member** or members of that same profession. This relationship is **evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning** of the more junior person, **monitoring the quality** of the professional services offered to the client...and **servicing as a gatekeeper** of those who are to enter the particular profession" (Bernard & Goodyear, 2014).

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The Supervisory Relationship

- The supervisee/supervisor relationship is "**unique and exceptional**" and must be different from all other professional relationships.
- This "unique and exceptional" relationship requires a **different relationship, different interactions, and different behaviors** on the part of the supervisee and the supervisor.
- What sets supervision apart from other relationships is the **evaluative component**.
- The non-voluntary component surfaces issues of **power, trust, safety, and control**.
- Originally Supervision was a **socialization**, a process to train new professionals to professional functioning
- Supervision is not just for beginners, but an assurance of **ethical practice**, continued professional **growth**, an **evaluative** function, and a **gate keeping** process.

Supervision and Consultation are fundamentally different.

- Supervision occurs when you are **overseeing those who cannot legally do what they are doing without your oversight**. When supervising others, you have a legal responsibility for their actions. **Everything else is consultation and should be labeled as such**. APA Trust (2016)

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Supervision vs. Consultation vs. Mentoring vs. Coaching

Definition: A **supervisee** is any person who functions under the **extended authority** of the psychologist to provide, or while in training to provide, psychological services (ASPPB, 2003).

Supervision: I have both **the authority** over the work being done and **responsibility** (ethical and legal) for client care through the supervisee.

Consultation: In providing consultation to another health care professional, **they are not obliged** to follow my advice **nor can I be held responsible** for the outcome. I am not in a position of authority over another when providing a consultation.

Mentoring: A voluntary, non-reporting professional relationship with a more experienced professional for the purpose of **professional development**.

Coaching: A voluntary method of improving instruction and teaching strategies, experimenting with new techniques, problem solving and building a **collegial relationship**.

Self-Supervision (Herbert, 2022) may occur when a person does not have availability of timely and adequate supervision and may entail or combine **self-education, self-managing, self-monitoring, and/or self-regulating one's professional practice**

Consultation occurs between peers or between senior and junior professionals, whereas supervision is provided by an individual who is the person responsible for the supervisees work (Canadian Psychological Assoc, 2017). Consultation is an arrangement between **legal equals** in which the consultant provides a service, such as an **opinion on a particular case**, but the professional receiving the consultation has the **right to accept or reject** the opinion of the consultant (Knapp & VandeCreek, 2006).

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Basic Components of the Competent Supervisor (Haynes et al, 2003 and Corey et al., 2020)

- ▶ are **trained in supervision** and update supervisory skills. "Many, if not most supervisors practice without the benefit of education, training, or supervision (Falender & Shafranske, 2004)."
- ▶ are trained and experienced in the areas of **clinical expertise** being supervised.
- ▶ have effective **interpersonal skills** (listening, feedback, challenging, setting boundaries, etc.)
- ▶ are aware that supervision is **process** and can adapt to individual needs.
- ▶ are able to assume a **variety of roles** and responsibilities
- ▶ stay focused on the fact that the primary goal of supervision is to **monitor** clinical services.
- ▶ are willing and relatively comfortable with serving the **evaluative function** and providing feedback
- ▶ have knowledge of **law, ethics**, and professional **regulations**
- ▶ **document** supervisory activities.
- ▶ **empower** supervisees through teaching, modeling, and problem solving.

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Effective Supervisors, Campbell (2000), Haynes (2003), Cruikshanks & Burns, (2017)

- Clarifies expectations and roles
 - Is accessible and available
 - **Creates a safe learning environment**
 - Communicates directly and effectively
 - Models appropriate ethical behavior
 - Personally and professionally mature
 - Awareness of personal power and cultural issues
 - **Sense of humor and empathy**
 - Aware of clinical, legal, and ethical issues
 - Possesses good clinical skills
 - Demonstrates empathy, respect, and genuineness
 - Develops clear professional boundaries
 - Respects knowledge that supervisees bring to supervision
 - **Values supervision as a "protected time"**
- Provides honest, fair, and constructive feedback

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Twelve Tips for Effective Clinical Supervision (Martin et al. 2014)

1. Identify a suitable, potential supervisee
Informed consent, "Goodness of fit"
2. Decide on the most appropriate mode(s) of supervision
One-to-one, Group, telesupervision, video, experience level
3. Develop a Supervision Contract and Supervision Agenda
Boundaries for both parties, collaborative, structure
4. Conduct supervision away from supervisee's workplace
Interruptions, confidentiality
5. Decide on optimal meeting length and frequency
licensing requirements, professional organizations, experience
6. Identify feedback as a two-way communication
360 evaluation, video

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Twelve Tips for Effective Clinical Supervision (Martin et al. 2014)

7. Self-assessment and reflective practice
Logs, notes, brainstorming, dialogues, self-appraisal, decision points
8. Use more than one mode for telesupervision
Monthly face-to-face, observations, training opportunities
9. Build a positive supervisory relationship
Supportive, trustworthy, non-judgmental, collegial
10. Separate clinical supervision from line management
Ethical conflicts, role confusion, administration takes away from clinical
11. Participate in and update skills in clinical supervision
Training, literature, seminars, professional conferences
12. Evaluate your supervision mode and style on an ongoing basis
Ongoing evaluation, supervisee feedback, questionnaires (Manchester Clinical Supervision Scale (Winstanley, 2000), Clinical Supervision Scale (Horton et al. 2008), Supervision Attitude Scale (Kavanagh, et al., 2003),

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Top Ten Factors Contributing to "Best" and "Worst" Supervisors (Martino, 2001)

Best Supervisors

1. Clinical knowledge and expertise
2. Flexibility and openness to new ideas and approaches
3. Warm and supportive
4. Provides useful feedback and constructive criticism
5. Dedicated to training (development)
6. Good clinical insight
7. Empathic
8. Considers countertransference
9. Adheres to ethical practices
10. Challenges supervisees

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Top Ten Factors Contributing to "Best" and "Worst" Supervisors (Martino, 2001)

Worst Supervisors

1. Lacks **interest** in supervision and professional development
2. **Unavailable**
3. Inflexible to new ideas or approaches to cases
4. **Limited clinical** knowledge and experience
5. **Unreliable**
6. Unhelpful/inconsistent feedback
7. **Punitive** or critical
8. **Lacking empathy**
9. Lack of **structure**
10. Lack of **ethics**

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Supervisee Bill of Rights (Munson, 1993, Ontario Psychological Assoc., 2015)

Every clinical supervisee has the right to:

- a supervisor who **supervises consistently** and at regular intervals
- **growth oriented** supervision that respects personal privacy
- supervision that is **technically** sound and **theoretically** grounded
- A supervisee-supervisor relationship where the power differential is recognized and not abused
- Sensitivity to issues of diversity (e.g. cultural, genders, sexual orientation, religion)
- A supervisor who engages in best practices based on current research
- be evaluated on criteria that are made **clear in advance** and evaluations that are based on **actual observation** of performance
- a supervisor who is adequately skilled in clinical practice and **trained in supervision** practice

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PREVENTING PROBLEMS STRATEGY # 1

- MEET ON A REGULARLY SCHEDULED BASIS

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PREVENTING PROBLEMS STRATEGY #2

- PRESENT THE EVALUATION CRITERIA AT THE FIRST MEETING

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

Assumptions made by Guidelines on Supervision (paraphrased)

Clinical Supervision:

- ❖ Is a **distinct professional competency** requiring **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 to ethical and legal standards
- ❖ Uses a **developmental and strength-based** approach
- ❖ Incorporates **bi-directional** feedback
- ❖ Includes **evaluation** of the acquisition of expected competency
- ❖ Serves a **gatekeeping** function for the profession

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The Seven Domains of Supervision (APA, 2015)

Module Two

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

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

The goal of the document was to capture **optimal performance expectations** for psychologists who supervise.

- ❖ The document was based on the premises that supervisors:
 - a) Strive to achieve competence in supervision
 - b) Employ a competency-based approach based on a meta-theoretical construct

The Guidelines are **aspirational and advisory**

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Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- ❑ Group supervision conducted with multiple supervisees is multi-layered and more complex than individual supervision. As a result, group supervisors need to **develop skills** that go far beyond the supervision dyad.
- ❑ Building on the Seven Supervision Competencies (APA, 2015) **Riva and Smith, 2024** extends each area to the domain features of group supervision. Processing the group's interactions is unique to a group supervision modality and not a concern of individual supervision.
- ❑ The following slides attempt to **combine** information for both individual supervision and group supervision.
- ❑ Recommendations **for individual supervision** are presented in black and red, while **recommendations for group supervision** are presented in blue.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and
Broadening the dyad: Broadening the APA Supervision Guidelines to include
Group Supervision (Riva & Smith, 2024)

- Domain A: Supervisor Competence

- Guideline 1: Supervisors strive to be **competent** in the psychological services provided to clients....and when supervising in **areas in which they are less familiar** they take reasonable steps to ensure the **competence of the work and to protect others from harm.**
 1. Supervisors possess **up-to-date** knowledge in areas being supervised
 2. Supervisors are aware of diversity issues
 3. Supervisors have knowledge of clinical specialty issues and **procedures for supervising when expertise has not been established**
 4. Supervisors are knowledgeable about emergent events that impact clients

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and
Broadening the dyad: Broadening the APA Supervision Guidelines to include
Group Supervision (Riva & Smith, 2024)

- Domain A: Supervisor Competence

- Guideline 2: Supervisors seek to attain and maintain competence in the practice of supervision through **formal education and training**. **Specialized training regarding the management of relationships** developing in group supervision is required for managing the dynamics **both between a supervisor and supervisees and between and among supervisees.**
 1. Supervisors **obtain requisite training**
 2. Supervisors are trained and skilled in managing the **supervisory relationship and the relationships between group members.**
 3. Formal training should produce competency in 12 areas: **models of supervision; modalities; relationship formation, rupture and repair; diversity; evaluation; supervisee's emotional reactivity; reflective practice; ethical and legal standards; gatekeeping; assessing developmental level of supervisee; evidence-based competencies; and assessment skills.**
 4. Formal training should include outcome measures, formative and summative evaluation.
 5. **Group supervision is an independent supervisory competency, that requires unique training and acquisition of knowledge, skills, and abilities unique to that format.**

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

- Domain A: Supervisor Competence
 - Guideline 3: Supervisors endeavor to **coordinate with other professionals** responsible for the supervisee's **education and training** to ensure communication and coordination of goals and expectations.
 - Coordination with educators is especially important when:
 1. The supervisee is exhibiting **performance problems**
 2. The supervisory **relationship is under stress**
 3. The supervisor needs another **perspective**

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain A: Supervisor Competence
 - Guideline 4: Supervisors **using technology** in supervision, or when **supervising care that incorporates technology**, strive to be competent in that technology. The complications of group supervision are substantial, especially around confidentiality of client information and the **privacy of personal material** that group supervisees share.
 1. **Policies and procedures** are in place for ethical practice of telepsychology and digital communications between any combination of client/supervisee/supervisor
 2. Supervisors are knowledgeable about **laws and regulations** regarding technology and practice.
 3. Supervisors discuss the use of **social networking and internet searches** of clients and group members.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and
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Group Supervision (Riva & Smith, 2024)

- Domain B: Diversity

- Guideline 1: Supervisors strive to develop and maintain **self-awareness regarding their diversity** competence, which includes attitudes, knowledge, and skills. Group supervisors nurture safety and respect for multicultural dialog when **they acknowledge their own biases and shortcomings** regarding diversity competence **when they model moving into-rather than avoiding- difficult conversations**

1. Supervisors serve as role models via **openness to self-exploration, understanding biases, and a willingness to seek education/consultation when indicated.**
2. Group supervisors create an environment that allows for considerable **cross-trainee** learning and increased sensitivity.
3. **Cultural discussions, cultural humility, and cultural comfort** may be even more important topics within group supervision

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and
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Group Supervision (Riva & Smith, 2024)

- Domain B: Diversity

- Guideline 2: Supervisors strive to enhance their diversity competence to **establish a respectful supervisory relationship** and to facilitate **the diversity competence of their supervisees**. **By its very nature, group supervision is** a multicultural experience demanding a greater consideration of more facets of diversity than dyadic supervision.

1. Infusion of diversity competence in supervision is **an ethical imperative**
2. **All supervision is multicultural** and adopting that framework strengthens the supervisory relationship
3. **Viewing diversity as normative** allows sensitivity to similarities and differences between supervisor and supervisee.
4. The supervisee's perception of a supervisor's multi cultural competence is associated with greater satisfaction with supervision. **When supervisors ignore cultural issues, group supervisees are more likely to report a negative supervision experience.** Unlike in individual supervision, **microaggressions may impact all the group members,**

specifically when the group supervisor does not address them directly, or at all

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and
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Supervision (Riva & Smith, 2024)

- Domain B: Diversity

- Guideline 3: Supervisors recognize the value of and pursue **ongoing training in diversity competence** as part of their professional development and lifelong learning.

1. **Formal training** through doctoral education
2. Familiarity with Professional Guidelines addressing diversity
3. Updated diversity competence through **continuing education**

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and
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Group Supervision (Riva & Smith, 2024)

- Domain B: Diversity

- Guideline 4: Supervisors aim to be knowledgeable about the effects of **bias, prejudice, and stereotyping**. When possible, supervisors model client advocacy and model promoting change.....in the best interest of their clients.

1. Supervisors are attentive to the **impact of bias, prejudice, and stereotyping** on therapeutic and **supervisory relationships**.

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- Domain B: Diversity

- Guideline 5: Supervisors aspire to be familiar with the scholarly **literature concerning diversity competence** in supervision and training. Supervisors strive to be familiar with promising practices for navigating conflicts among personal and professional values.

1. Competency-based training models put an emphasis on **integrating diversity dispositions of supervisees** and supervisors

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- Domain C: Supervisory Relationship

- Guideline 1: Supervisors value and seek to create and maintain a **collaborative relationship** that promotes the supervisee's competence. **When looking at group supervision, a more complex conceptualization is needed to address all the relationships, supervisor/supervisee and supervisee/supervisee.**
 1. Supervisors should initiate **collaborative discussion of expectations, goals, and tasks** of supervision
 2. Supervisors should discuss inherent **power differences** and how those can be managed
 3. Supervisors establish conditions that **promote trust, reliability, predictability, competence, expertise, and appropriate professional challenges.**
 4. In group supervision, supervisors must pay close attention to the quality of **supervisee/supervisee relationships.**
 5. There is a growing recognition that **group cohesion** is analogous to and paramount to construct to supervisee/supervisee relationship.
 6. Group supervisors must create a climate that feels **safe, open, and collaborative.**

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain C: Supervisory Relationship

- Guideline 2: Supervisors seek to **specify the responsibilities and expectations of both parties** in the supervisory relationship. Supervisors identify expected program competencies and performance standards, and assist the supervisee to formulate **individual learning goals**.
 1. Supervisors explicitly discuss with supervisees **the process of supervision, learning goals, the structure of supervision, evaluation, and limits of supervision confidentiality**.
 2. Supervisors provide clarity about their duties, including that the **primary duty of the supervisor is to the client**.
 3. In group supervision, **both parties becomes "all parties."** Without explanation of the purpose and goals of group supervision and interpersonal learning, supervisees may lack an understanding of the unique workings, challenges, and benefits of **relational dynamics**.
 4. **Failure to orient** the members to the purpose of group supervision without having addressed issues of **group norms, modeling, self-disclosure, the form and function of evaluation, and how conflict and microaggressions are to be handled** can result in confusion and chaos.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain C: Supervisory Relationship

- Guideline 3: Supervisors aspire to review regularly the progress of the supervisee and the **effectiveness of the supervisory relationship** and address issues that arise. Periodic review and discussion **regarding the group dynamics** and any impediments to "vicarious learning" should occur.
 1. As learning needs evolve over time, the supervisor should work **collaboratively to revise goals and tasks**.
 2. When disruptions occur, the supervisor **seeks to resolve impasses openly, honestly, in the best interests of clients, and the development of the supervisee**.
 3. Privacy concerns, competition between group members, and conflict are more likely to surface in group supervision and must be addressed by the supervisor.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain D: Professionalism

- Guideline 1: Supervisors strive to **model professionalism** in their own comportment and interactions with others, and teach the knowledge, skills, and attitudes associated with professionalism. Group Supervision entails developing a **“professional identity” learned from one another without the fear of evaluation** and obtaining support and validation from group members.
 1. The supervisee’s understanding of professionalism is still developing, and **modeling professionalism** is a powerful way of teaching professionalism.
 2. **Supervisors socialize supervisees into a particular profession** to help them **“think like”** those in that profession (Griffith & Freiden, 2000).
 3. Supervisors **model professionalism** in cooperative, collaborative, and **respectful interactions with other professionals**.
 4. Professionalism is promoted by the fact that supervisees are active participants reflecting on each other’s work, rather than just **being the recipient of feedback**.

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- Domain D: Professionalism

- Guideline 2: Supervisors are encouraged to provide ongoing **formative and summative evaluation** of supervisees’ progress toward meeting expectations for professionalism appropriate for each **level of education and training**.
 1. Modeling alone is not sufficient to teach professionalism and should be embedded in **larger training curriculums**.
 2. The knowledge, skills, and attitudes **associated with professionalism** include: **altruism, accountability, self-awareness, benevolence, honesty, integrity, respect for others, social responsibility, teamwork, and truthfulness**. Group supervision provides not only a way to teach these values, but an opportunity to act them out in interactions with and between group members. Supervisees can model professionalism for supervisees..

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- Domain E: Assessment/Evaluation/Feedback

- Guideline 1: Ideally, assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisors **provide openness and transparency in feedback** and assessment, by anchoring assessment, evaluation, and feedback in competency development. Group supervisors must mitigate feedback from group members that is too pointed, critical, or effusive by articulating the **methods and the manner of "appropriate feedback."** **Didactic training** on constructive feedback should occur in the early stages of group supervision
 1. **Assessment/evaluation/feedback are essential** components of ethical supervision, but studies indicate that they are **provided relatively infrequently**
 2. Failure to provide feedback leads **to failures in gatekeeping**
 3. Assessment/Evaluation/Feedback should be linked to **specific competencies and observed and measurable behaviors**
 4. Group supervisors must work to avoid the **tendency for vague and trivial feedback from group members** by modeling constructive feedback that is **specific, concrete, behavioral, and includes relevant examples.**

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- Domain E: Assessment/Evaluation/Feedback

- Guideline 2: A major supervisory responsibility is **monitoring and providing feedback** on supervisee performance. **Live observation or recorded sessions** is the **preferred procedure** for providing feedback.
 1. The **accuracy of supervisee self-reports** is constrained by memory, information processing, as well as **self-protective distortion**
 2. The **more direct access, the more accurate feedback** will be.
 3. Supervisors should not limit work samples to **only those identified by the supervisee (hiding)**
 4. Review of work samples should **be planful, focusing on specific competencies and supervision goals.**
 5. **Live or video observation** satisfies the **monitoring standard of care** in supervision.

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- Domain E: Assessment/Evaluation/Feedback

- Guideline 3: 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**. **In group supervision**, it is important that group members understand their role in formative feedback **and avoid personalized/relational comments on their fellow supervisee's work**.
 1. In providing feedback supervisors must attend to a) **power differential**, b) **culture and diversity**, c) **developmental level**, d) **demoralization**, and e) **timing and amount**
 2. **Formative feedback should occur in each supervisory session**, both positive and corrective

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- Domain E: Assessment/Evaluation/Feedback

- Guideline 4: Supervisors recognize the value of and **support supervisee skill in self-assessment** of competence and incorporate **supervisee self-assessment** into the evaluation process. Feedback to Group Supervisors can be facilitated through a variety of scales including the **Group Supervision Scale** (Ancinue, 2002).
 1. **Use of self-assessment** inculcates an attitude of self-assessment as a lifelong learning tool
 2. Some studies **question accuracy of self-assessment**.

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- Domain E: Assessment/Evaluation/Feedback

- Guideline 5: Supervisors **seek feedback** from their **supervisees and others** about the quality of supervision they offer, and **incorporate that feedback to improve their supervisory competence**. Group supervisors are encouraged to elicit feedback (both individual and group) throughout the cycle of the supervision group, **allowing for mid-course corrections and modifications based on supervisees' needs**.

1. Supervisors obtain **regular feedback** about their work in order **not to overestimate their competence**.

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- Domain F: Professional Competence Problems

- Guideline 1: Supervisors **understand and adhere** both to the supervisory contract and to program, institutional, and legal policies and procedures related to performance evaluations. Supervisors strive to address performance **problems directly**.

1. Management of professional competence problems **begins with a supervisory contract**.
2. In the event that a supervisee is exhibiting performance problems, supervisors should **seek consultation** with other supervisors.
3. Supervisors must be prepared to protect the well-being of clients, **while simultaneously supporting professional development** of the supervisee
4. Supervisors give **precedence to protecting the well-being of clients above the training** of the supervisee.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain F: Professional Competence Problems
 - Guideline 2: 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 to effect change**.
 1. Supervisors evaluate on an ongoing basis the supervisee's functioning on a broad range of competencies.
 2. Distinctions between normative developmental challenges and significant **competence problems should be made**.
 3. When potential problems are identified **supervisors increase direct observation and monitoring of the supervisee's work**.
 4. Supervisees' deficits should be **documented in writing with dates and specific behaviors**.

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- Domain F: Professional Competence Problems
 - Guideline 3: Supervisors are competent in developing and implementing plans to **remediate performance problems**.
 1. Performance plans should include, **1) a listing of competence deficits, 2) written performance expectations, 3) steps to be taken to address deficits, 4) responsibilities of each party, 5) monitoring and evaluation processes, and 6) specific timeline for remediation**
 2. Feedback to remediate performance problems observed in group supervision should only be given by the supervisor, and to reduce the chance of a shaming experience, it may be best to dispense this kind of feedback individually.

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- Domain F: Professional Competence Problems

- Guideline 4: Supervisors are mindful of their role as **gatekeeper** and take appropriate and ethical action in response to supervisee performance problems.
 1. If the remediation plan is not successful, supervisors should consider recommending **dismissal from the program** or appropriate referral to available licensing boards.
 2. **Trainees who witness a peer's incompetence** without some assurance that steps have been taken to remediate the issue and/or protect a client may lose faith in the supervision and the supervisor.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain G: Ethics, Legal, and Regulatory Concerns

- Guideline 1: Supervisors **model ethical practice** and decision-making and conduct themselves in accordance with the APA ethical guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations.
 1. Supervisors ensure that supervisees develop the knowledge, skills, and attitudes necessary for ethical and legal practice through the application of **ethical guidelines to specific cases** and the discussion of **ethical decision-making models**
 2. Supervisors are **knowledgeable of legal standards** and their applicability to both clinical practice and to supervision itself.
 3. **Group supervision may provide greater opportunity to deepen ethical self-evaluation and create a venue for the struggles and uncertainty that arise through an acculturation process.**

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain G: Ethics, Legal, and Regulatory Concerns
 - Guideline 2: Supervisors uphold their primary ethical and legal obligation **to protect the welfare of the client/patient.**
 1. **“The highest duty of the supervisor is protection of the client** (Bernard & Goodyear, 2014).”
 2. Supervisors understand that they **are responsible** for their supervisees clinical work

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain G: Ethics, Legal, and Regulatory Concerns
 - Guideline 3: Supervisors serve as **gatekeepers to the profession.** Gatekeeping entails assessing the supervisee’s suitability to enter and/or remain in the field.
 1. Supervisors help supervisees advance through successive stages of training.
 2. If a supervisee **cannot or will not attain sufficient foundational** or functional competencies the supervisor may have to block treatment to protect potential clients.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015) and Broadening the dyad: Broadening the APA Supervision Guidelines to include Group Supervision (Riva & Smith, 2024)

- Domain G: Ethics, Legal, and Regulatory Concerns
 - Guideline 4: Supervisors provide **clear information about the expectations** for and parameters of supervision to supervisees, preferably in the **form of a written supervisory contract**.
 1. A supervision contracts serves as a foundation for establishing the supervisory relationship, roles, tasks, and responsibilities. KBEPP Supervisory Plans and Goals
 2. Thomas (2010) suggests 10 specific areas to be covered in the supervision contract, including: **content and supervision, protection clients, expectations, criteria for successful completion, procedures if criteria are not met, expectations for informing supervisor of at-risk situations, confidentiality, supervisee disclosures, legal and ethical parameters, and processes for ethical problem solving**
 3. While supervisees may prefer a "quiet fix" to problems, group supervision provides an opportunity for openness and shared learning that can be critical to a supervisee's ethical acculturation.

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- Domain G: Ethics, Legal, and Regulatory Concerns
 - Guideline 5: Supervisors maintain **accurate and timely documentation** of supervisee performance related to expectations for competency and professional development.
 1. **DOCUMENT, DOCUMENT, DOCUMENT.....WITHOUT IT YOU ARE ON ETHICAL AND LEGAL THIN ICE**

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Supervisor Competency Self-Assessment

The Supervisor Competency Self-Assessment is intended to help you identify both your strengths as a supervisor as well as those areas in which you can develop greater supervisory competence. No data on reliability or validity. Please rate each item using the scale below:

0 1 2 3 4
Absent Present At times Consistently Present Exceptional Consistently Exceptional

Domain A – Supervisor Competence

1. I am competent in the **areas of clinical practice** that I supervise. When I supervise a case outside my area of expertise, I work to develop my own knowledge and skills and seek supervision on those cases, or refer the case to another supervisor _____
2. I am **committed to learning** more and getting better at providing supervision _____
3. I **communicate and coordinate** with colleagues who are also involved in the training of my supervisees. _____
4. I learn about the **diversity of populations** that my supervisees encounters. _____
5. When (if) I employ technology in the supervision, I am **competent** in its use. _____

Mean Score (total÷5) _____

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Supervisor Competency Self-Assessment

Domain B – Diversity

1. I pay attention to my own diversity competence, keeping my knowledge, skills, and attitudes **up-to-date in this area of practice.** _____
2. I make efforts to be **sensitive to individual differences and diversity** in the interest of establishing positive relationships with all of my supervisees, inclusive of their background or individual characteristics. _____
3. I **pursue learning opportunities** to increase my confidence in diversity. _____
4. I am **knowledgeable** about the effects of bias, prejudice, stereotyping, and other forms of institutional or structural discrimination. _____
5. I am **familiar with the literature** regarding the impact of diversity in supervision, including the importance of navigating conflicts between personal values and the professional practice of supervision. _____

Mean Score (total÷5) _____

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Supervisor Competency Self-Assessment

Domain C – Supervisory Relationship

1. I create and maintain a **collaborative** relationship with my supervisees. _____
2. At the **outset a new supervisory relationship**, I discuss the responsibilities and expectations for each of us. _____
3. I **regularly revisit the progress** of supervision with my supervisee, the effectiveness of our relationship, and any interpersonal styles that may impact the supervisory relationship and process. _____

Mean Score(total÷3) _____

Domain D – Professionalism

1. I am **professional in my interactions** with supervisees and teach them how to conduct themselves as professionals. _____
2. I provide my supervisees with **formative as well as summative feedback** about their progress in developing professional behaviors. _____

Mean Score(total÷2) _____

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Supervisor Competency Self-Assessment

Domain E - Providing Assessment, Evaluation, and Feedback

1. I am **direct in providing feedback** that is linked to the supervisee's learning goals. _____
2. I am careful to **observe and monitor** my supervisee's clinical performance in order to provide an evaluation that is based on accurate information. _____
3. My feedback is **clear, direct, and timely**. It is **behaviorally anchored** so that supervisees know what they do well and how they could improve. _____
4. I assist supervisees in doing an **accurate self-assessment** and incorporate their self-assessment in my evaluation of them. _____
5. I **seek feedback** from supervisees about the supervision process and use it to improve my competence as a supervisor. _____
6. When dealing with supervisee performance problems, I **address them directly** and in accordance with policies and procedures of my organization. _____

Mean Score(total÷6) _____

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Supervisor Competency Self-Assessment

Domain F - Managing Professional Competence Problems

1. If I see a performance problem, I identify and address it **promptly**, so that the supervisee has a **reasonable time to improve**. _____
2. I am able to develop and implement a **formal remediation plan**. _____
3. I understand that supervisors have an obligation to protect public from harmful actions by supervisees, and take seriously **my role as a gatekeeper**. _____

Mean Score(total=3) _____

Domain G - Ethics, Legal, and Regulatory at Considerations

1. I serve as a positive **role model** by conducting myself in accordance with professional standards, ethics, and the laws and regulations related to professional practice. _____
2. My primary obligation as a supervisor is to **protect the welfare of my supervisee's clients**, and this is at the forefront of my supervision. _____
3. I provide clear information to my supervisees about **what is expected** of them in supervision. _____
4. I maintain timely and accurate **documentation** of my supervisee's performance. _____

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Reflection & Discussion

In which Competency area did you score the highest and how did you attain this competence?

In which Competency area did you score the lowest and what do you need to attain this competence?

Which items is your lowest individual score. Why?

Which item is your highest individual score. How did this occur?

What does this self-assessment indicate about "holes" in your competence as a supervisor and how do you remediate this and fill the gaps?

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Module Three

Getting Started: How to Optimize the Initial Supervision Sessions

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Informed Consent

- ▶ “(a) In academic and supervisory relationships, psychologists establish a timely and **specific process for providing feedback** to students and supervisees. Information regarding the process is provided to the student or supervisee at the **beginning of supervision**. (b) Psychologists evaluate students and supervisees on the basis of their **actual performance** on relevant and established program requirements.” APA (2017) 7.06
- ▶ Supervisors are responsible for incorporating into their supervision principles of **informed consent**. ACA (2016) F.4.a
- ▶ “Supervisors should incorporate the principles of **informed consent** and participation; clarity of **requirements, expectations, roles, and rules, and due process** and appeal into the establishment of policies and procedures for their institution, program, courses, and individual supervisory relationships.” ACES (2016) 2.14
- ▶ “At the beginning of each supervisory relationship, the supervisor, in collaboration with the supervisee, should prepare **written, measurable goals and specific guidelines** to evaluate the supervisee’s performance. (NASW 2017) p.6

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Informed Consent

Informed consent requires providing potential supervisees with information about the supervision that reasonably might influence their ability to make sound decisions about participation (Thomas, 2010).

Informed Consent allows for 1) elucidating expectations, 2) identifying mutually agreed goals, 3) anticipating likely difficulties, and 4) identifying problem solving processes in advance. (Guest & Dooley, 1999).

Bernard and Goodyear (2009) and Falvey (2001) suggest that informed consent takes place on multiple levels:

- Client's consent to **treatment by supervisee under supervisor's direction**
- Supervisor and supervisee consent to the **supervisory responsibility**
- The institution or **agency consents** to comply with clinical, legal, and ethical requirements
- Client's consent to supervision of their case by a **named individual**
- Client consents that confidential **information will be shared with the supervisor**

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Informed Consent

Elements of Informed Consent for Supervision

1. **Purposes of Supervision** (professional growth, developing skills, protecting clients)
2. **Information about the Supervisor** (training, experience, credentials, theoretical orientation, supervisory style and model, professional disclosure, limits of competency)
3. **Expectations, Roles, and Responsibilities** (nature of supervisory relationship, boundary issues, evaluation process, conflict resolution, admin vs. clinical aspects)
4. **Logistics of Supervision** (methods, taping, frequency, duration, time, place, fees, documentation, make up sessions, emergency contacts)
5. **Ethical and Legal Processes** (due process, ethical awareness, deficits, dispute resolution)

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Possible Elements to be included in an Informed Consent Document for Supervision (Thomas, 2010)

1. Supervisory Methods
2. Confidentiality
3. Financial Issues
4. Documentation
5. Risks and Benefits
6. Evaluation Criteria/Procedures
7. Complaint Procedures
8. Duration/Termination Criteria
9. Supervisor's Responsibilities
10. Supervision Sessions Content
11. Supervisor Accessibility
12. Supervisee Responsibility
13. Informing Supervisor
14. Professional Development Goals

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Sample Informed Consent For Supervision

Purpose

The purpose of this form is to provide you with essential information about supervision and to ensure a common understanding about the supervision process. The process of supervision and these guidelines will be discussed in greater detail in our initial meeting.

Professional Disclosure

I earned my Doctorate in Clinical Psychology from Spalding University and am licensed as a Clinical Psychologist by the Commonwealth of Kentucky. I earned my undergraduate degree at Bellarmine University and my Master's Degree at Xavier University. I have received additional supervised training as a Marriage and Family Therapist and am licensed as a Marriage and Family Therapist by the Commonwealth of Kentucky. I am a member of the American Psychological Association, the Kentucky Psychological Association, and the American Association of Marriage and Family Therapists. My **theoretical orientation** combines a Behaviorist and Cognitive approach that is augmented by Systemic thinking and intervention. I have had extensive training and experience working with and evaluating children. My training and experience has not included extensive work in substance abuse, EMDR, or neuropsychological evaluations. These approaches should be considered **out of my range of competence and will not be supervised by me**. I have been a clinical supervisor for over 15 years and am current on the **requirements for providing supervision** as established by the Kentucky Board of Psychology.

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Sample Informed Consent For Supervision

Practical Issues

In order to fulfill the requirements for supervision, we will meet on Tuesdays at 10:00 a.m. in my office on the second floor of Theillard Hall. Weekly supervision will involve case review and videotape review of sessions. The supervisee is responsible for having a new tape available for review each week after the first two weeks of the practicum. If a holiday or vacation falls on Tuesday, we will reschedule for another day during that week. If a circumstance arises that makes it impossible for you to attend, it is your responsibility to notify me as soon as possible and to also reschedule a time to make up the supervision. In addition to the one hour of face-to-face supervision, you are required to attend the trainee group supervision with Dr. Hall.

I will provide you with both formal and informal evaluation and feedback throughout your training during the course of supervisory meetings. I will also solicit information from Dr. Hall about your performance in the trainee group and will incorporate that as part of the ongoing evaluation process. A formal summative evaluation will be completed at the end of each academic semester utilizing the format prescribed by the University. Evaluation will be based on the responsibilities, goals, and objectives established in the supervisory contract.

During the course of supervision, there may be disagreements about the strategies, interventions, procedures, processes, or other issues. The supervisee should surface these issues with the supervisor and an attempt will be made to resolve any conflict or disagreement. In the event that a satisfactory resolution cannot be achieved, the supervisee has the right to request a meeting with the Department Director, Dr. Barbara Williams, to attempt to resolve and mediate the dispute.

Legal and Ethical Issues

It is important that you agree to act in an ethical manner as outlined in the APA Code of Ethics, not knowingly engage in dual relationships with clients, follow laws and regulations related to confidentiality, reporting abuse, and Duty to Warn. The supervisee agrees to always act in a fashion that will not jeopardize, harm, or be injurious or potentially damaging to clients. The supervisor will follow ethical codes and standards as it relates to treating supervisees with respect and dignity.

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Sample Informed Consent For Supervision

Supervision is not intended to provide you with counseling or therapy, although personal issues may be surfaced and discussed as they relate to client treatment. If personal issues or psychological/emotional concerns arise that interfere with or negatively impact client care, the supervisee agrees to seek outside counseling or other means to immediately resolve these issues.

The content of our sessions will be considered private, except for the following: 1) the completion of the summative evaluation in the format prescribed by the University; 2) any situation where the treatment of a client violates legal or ethical standards; 3) any situation when problems or disagreements between us do not seem resolvable and outside consultation is required; and 4) situations where disciplinary action or termination of the supervisee is being considered.

Statement of Agreement

I have read and understand the information contained in this document, I have been provided a copy of the document, and agree to participate in supervision according to these guidelines.

Supervisee Signature Date

Supervisor Signature Date

Department Director Date

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PREVENTING PROBLEMS STRATEGY # 3

- OBTAIN INFORMED CONSENT FOR SUPERVISION

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Supervision Goals and Objectives

- The first building block of successful supervision is identifying **goals for supervision**.
 - Increase opportunity for success and **a satisfying experience**
 - Minimize opportunity for **misunderstandings and conflict**
 - Provide structure for feedback and evaluation and a **measure of progress**
- **“What”** questions allow you to establish Goals (i.e. What skills do you need to improve on? What would allow you to provide better services? What additional knowledge or experience is required? etc.)
- **“How”** questions allow you to establish Objectives for achieving Goals (i.e. How can joining skills be enhanced? How will you develop a larger repertoire of interventions with dual diagnosis individuals? etc)

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Supervision Goals and Objectives

- ▶ Sample questions **for goal setting**
 - *What would you like to get out of supervision?*
 - *What areas of practice would you like to learn more or improve your skills?*
 - *What needs to happen in supervision to make it worth your time?*
 - *What is the one thing you would like to take away from this supervisory experience?*
 - *What would you like to be different about your skill set one year from now?*
 - *What would you like to be different about yourself that would help you most with clients?*
- ▶ Sample questions **for establishing objectives**
 - *How will the supervisee's range of interventions be expanded?*
 - *How will the supervisee become more comfortable with anger in sessions?*
 - *How will the supervisee incorporate birth order into therapy?*
 - *How will the supervisee gain experience in working with couples?*
 - *How will the supervisee improve documentation skills?*
 - *How will the supervisee obtain expertise in learning disabilities?*

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Developing a Supervision Contract

- Include supervisees in establishing goals – get **buy in**.
- Consider **developmental level** of supervisee
- Establish goals by deciding what **competencies** will be focused on in supervision
- Commit goals to **writing**
- Make goals realistic and attainable
- Prioritize goals
- Divide goals into components: knowledge, skills, self-awareness
- Select a **variety of methods** to achieve each goal
- Operationalize goals through **indicators of success** – prep for evaluation

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Key Elements of a Supervisory Contract (Thomas, 2010)

- Purpose, Goals and Objectives
- Context of Services
- Methods of Evaluation
- Duties and Responsibilities
- Procedures
- Supervisor's Scope of Competence
- Sample Supervision Contract

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Sample Supervision Contract

- Supervisor _____
- Phone _____
- Emergency Phone Numbers _____
- E-mail _____
- Supervisee _____
- Phone _____
- Emergency Phone Numbers _____
- E-mail _____

Purpose: The purpose of this supervision is to review and monitor services being provided by the supervisee, to increase the supervisee's skills, to provide the supervisee with guidance and a format for problem solving related to service provision, to provide high quality services to our clients, and to insure the safety of clients, and to satisfy the clinical supervision requirement of the _____ University and _____.

Supervisor Responsibilities

- The supervisor agrees to provide clinical supervision to the supervisee for _____ hours per week of individual face-to-face supervision and _____ hours per month of group supervision for the Fall and Spring semesters as required by _____ University.
- The supervisor agrees to complete evaluation forms, time sheets, verification of supervision and other forms required by the University. A formal mid-year and final evaluation will be completed by the supervisor and a copy will be provided to the supervisee.
- The supervisor will conduct an on-site, formal case record review of 25 percent of all cases each quarter and provide the supervisee with the results of the review.
- The supervisor will make appropriate contact with University Supervisors at the specified intervals to provide them information as to the supervisee's progress.
- As supervisor I will make a recommendation as to the supervisee's grade, but responsibility for the final grade rests with the University.

As your supervisor, I am obligated to serve as a gatekeeper for the profession. Should you fail to demonstrate competency at a level consistent with your professional developmental level, I will inform the University, and a joint meeting will be held to discuss the specific issues and a plan for remediation will be developed. Should the supervisee fail to remediate these issues they may be removed from the site.

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Sample Supervision Contract

Supervisee Responsibilities (Continued)

- The supervisee agrees to take supervision seriously and professionally, come prepared to discuss specific cases, bring copies of the case file to be discussed, and have available a sample of videotape to be reviewed.
- The supervisee will maintain a caseload of 35 active cases for a period of 10 months.
- The supervisee will complete client documentation, therapy notes, and treatment plans in a timely fashion.
- The supervisee will keep a supervision log of issues discussed in supervision, and perform any directives given by the supervisor regarding a specific case.
- The supervisee will maintain client's confidentiality through secure storage of client records and information, refrain from discussing client information with others, and using password protection when sending digital transmissions of client data.
- The supervisee will foster and maintain healthy, appropriate, therapeutic relationships.
- The supervisee will act, dress, and conduct themselves in a professional manner, and to adhere to the ethical code for psychologists as outlined in the American Psychological Association's Ethical Code.
- The supervisee acknowledges that they have been provided a copy of the *Ethical Principles of Psychologists and Code of Conduct (2017)*, the Informed Consent Agreement, and Goals and Objectives for Supervision for the first semester. Goals and Objectives for Supervision will be revised at the beginning of the second semester.
- The supervisee agree to immediately bring to the supervisor's attention any issues or behaviors that may have an ethical component or legal implications.
- The supervisee understands that **Sexual contact and significant interpersonal relationships with clients of any kind is absolutely forbidden**; however sexual feelings toward clients is not uncommon and should be discussed with the supervisor.
- Any problems or disagreements in client care that develop between the supervisor and the supervisee will be discussed fully in supervision. In the event that those issues cannot be resolved satisfactorily, the supervisee understands that he/she has the availability of requesting a conference with the department director to help resolve the dispute or difficulty.

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Sample Supervision Contract

Supervisee Responsibilities cont.

- The supervisee agrees to act professionally at the site and to take responsibility to address any performance issues that may impact providing the clients with high quality professional services.
- The content of our sessions will be considered **private, but not confidential**, except for the following: 1) the completion of the summative evaluation in the format prescribed by the University; 2) any situation where the treatment of a client violates legal or ethical standards; 3) any situation when problems or disagreements between us do not seem resolvable and outside consultation is required; and 4) situations where disciplinary action or termination of the supervisee is being considered.

On-Site Supervisor Responsibilities

- The supervisor is not responsible for the supervisee's administrative performance or the number or types of cases being assigned by the on-site supervisor. The on-site supervisor will be responsible for directing the day-to-day activities and job requirements of the site. It is understood that the supervisor will consult with the on-site supervisor regarding specific job behavior and that performance issues may be a component of ongoing supervision as it relates to client care and the evaluation.

Supervision Goals and Objectives

- **Goal 1: The supervisee will increase knowledge, skills, and ability to conduct an initial interview.**
 - Objective 1: Supervisee will be provided opportunity to attend a workshop on interviewing techniques by January, 2021.
 - Objective 2: Supervisor and Supervisee will review at least two tapes per month of initial intakes and the supervisee will be provided appropriate feedback
 - Objective 3: Supervisee will read *Initial Intake Interview* by Jay Haley by March, 2021 and discuss it with the supervisor.

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Sample Supervision Contract

• **Goal II: The supervisee will increase his knowledge regarding substance abuse**

- Objective 1: The supervisee will meet every other week on Tuesday at 10:00 a.m with Dr. Quentin Tarentino to discuss current substance abuse treatment theory.
- Objective 2: The supervisee will attend the substance abuse treatment team meetings as an observer on Friday mornings at the designated time.

• **Goal III: The supervisee will improve case documentation**

- Objective 1: The supervisee will review agency policy and procedures regarding proper documentation and discuss this with the supervisor at regularly scheduled meeting on October 5, 2022.
- Objective 2: The supervisor will randomly select 10% of the supervisee's case files for documentation review each quarter and provide the supervisee a written report of the review.
- Objective 3: The supervisee will attend the agency risk management orientation within the first quarter of employment.

Supervisee _____ Date _____

On-Site Supervisor _____ Date _____

Supervisor _____ Date _____

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Case Study 1

Ned Newbie has just been hired by your community mental health agency and has been assigned to you for both administrative and clinical supervision working in a child abuse treatment program. He recently received his MA but has had very limited experience other than a practicum at a nursing home for senior citizens. Ned has always been a very good student and attained one of the highest scores on the State Personnel test.

Ned stated that he took the job because he wanted to "make a real difference and not just sit on the sideline." He talked about his childhood as being an unhappy one where his parents were "not physically abusive, but were emotionally distant and so committed to their careers that they were often absent and uninvolved in his life." He sees himself as wanting to "rescue these poor children from bad parents who were neglectful and abusive." He states that it really makes him "personally angry at seeing a child who is abused."

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Case Study 1 (continued)

Ned's concept of supervision is very limited and the supervision he received on his practicum was very primitive and not clinically focused. When asked what he wanted to get out of supervision, Ned was not very clear except that he hoped supervision would make him better at his job and enhance his ability to "keep kids from being abused." He had no idea what set of skills he needed to improve to function optimally on the job. He was willing to do "whatever you tell me that I need to do."

He identified that his strengths are his energy and enthusiasm, and he had a more troublesome time identifying weaknesses other than he didn't really know what the job would require. He also said that he was somewhat of a perfectionist and it was difficult for him to hear and accept that he might have made a mistake. He stated that he had seen the *APA Code of Ethics* in graduate school, but was not sure how that would play out in terms of "the main focus of keeping kids from being abused." He was willing to "go through supervision to meet the requirements of the licensing board."

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Supervisory Contract

Supervisor Responsibilities

1. _____
2. _____
3. _____
4. _____

Supervisee Responsibilities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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Supervision Goals and Objectives

Goal I: _____
 Objective I: _____
 Objective II: _____
 Objective III: _____

Goal II: _____
 Objective I: _____
 Objective II: _____
 Objective III: _____

Goal III: _____
 Objective I: _____
 Objective II: _____
 Objective III: _____

Goal IV: _____
 Objective I: _____
 Objective II: _____
 Objective III: _____

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Supervision Goals and Objectives

Goal I: To increase knowledge base regarding children's emotional development and functioning
 Objective I: Supervisor will provide an article each week in supervision regarding developmental psychology for the supervisee to read and discuss at next supervision meeting.
 Objective II: Supervisor and supervisee will identify a continuing education conference for understanding the impact of trauma in children to be attended by supervisee.
 Objective III: Supervisor will identify two books and five articles for Supervisee to read and discuss with supervisor regarding the provision of Child Protective Services by June 30, 2023

Goal II: To increase knowledge regarding services to children and families in abusive situations
 Objective I: Supervisee will sit in on 20 sessions provided by Sr. Clinician by March 31, 2023.
 Objective II: Supervisee will review and summarize 50 case files and discuss them with supervisor by May 1, 2023
 Objective III: Supervisee will accompany the Sr. Clinician on 20 home visits by May 1, 2023

Goal III: To identify any possible transference and countertransference issues that may impact service provision.
 Objective I: Through review of recordings of case work, supervisor and supervisee will identify possible transference/countertransference issues
 Objective II: Supervisee will complete a genogram of his own family by June 30, 2023 and identify possible transference and countertransference issues with supervisor.
 Objective III: Supervisor and supervisee will explore the possible benefit of individual therapy to be provided through the CAP program and reach a decision about individual therapy by September 1, 2023.

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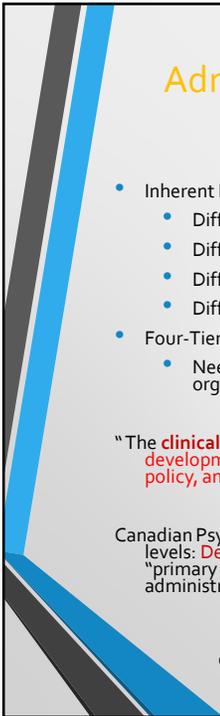


Module Four

Models of Clinical Supervision: Find the Right Fit for You and Your Setting

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Administrative (Managerial) Supervision vs. Clinical Supervision

- Inherent Dual Relationship
 - Different Purposes
 - Different Models
 - Different Goals
 - Different Rules
- Four-Tiered Relationship
 - Needs of supervisee, Needs of their clients, Needs of the Supervisor, and Needs of the organization Bernard and Goodyear, (2014)

"The **clinical supervisor** has a dual investment in the **quality** of services and **professional development**....**administrative supervisor** focuses on **communication, protocol**, personnel **policy, and fiscal** issues." Bernard & Goodyear (2009)

Canadian Psychological Association (2017) conceptualizes supervision as occurring on two levels: **Developmental** (Clinical) and **Administrative**. Developmental supervision has as its "primary objective facilitating **skill development** through education/training/mentoring. The administrative function is described as management that emphasizes **quality control**."

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Administrative (Managerial) Supervision

- **Fiduciary** Responsibility
- Operate on a **Business Management** Model
- Keep the **organizational system** functioning
- Hiring, firing, promotions, raises, productivity, workload, etc.
- Decisions are based on **good of the system**, not individuals
- Federal, State, Local labor laws, EEOC, regulations, contracts
- Evaluation is retrospective and **performance appraisal**

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Clinical Supervision

- Develop **skills**, increase **competency**, and practice **ethically**
- **Training, mentoring, monitoring** model
- Corrective **feedback for improvement**
- **Interpret** Laws and Ethics
- Evaluation is ongoing and **formative**

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PREVENTING PROBLEMS STRATEGY #4

- WHENEVER POSSIBLE
SEPARATE ADMINISTRATIVE
SUPERVISION FROM CLINICAL
SUPERVISION

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“The Chair”

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Non-Models of Supervision

The No-model Model

- ▶ Do with supervisees what **my supervisors did with me**.
- ▶ Depends on supervisee's ability to identify problems
- ▶ **Limited** attempts to monitor, no planning, goals or objectives, and no teaching or instruction, reactive – putting out fires/problems

Apprentice-Master

- ▶ Trainees **learned through observing skilled practitioners** and then practicing under tutelage. It was a socialization process where the apprentice learned **cultural norms and unwritten rules for profession**.

The Expert Model

- ▶ Medical model – follow the expert around
- ▶ Report and critique has a **"right-wrong" flavor** to it, selective to avoid critique
- ▶ **Supervision is for beginners** – additional supervision is punishment
- ▶ May be welcomed by beginners, but not experienced clinicians
- ▶ **Top-down model** of supervision

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Non-Models of Supervision

The One-Size-Fits- All Model

- ▶ Direct the activities of supervisees **regardless of experience or talent**
- ▶ Top-down model that treats everyone the same
- ▶ Ignores **individual or developmental needs** of supervisees

The Therapist-as-Patient Model

- ▶ Continue in a role (therapist) that we are comfortable with
- ▶ When mistakes occur, **we look for pathology in supervisee** (axis II)
- ▶ A model for **treatment of deficits** and not learning or development
- ▶ The focus should be on assisting the supervisee serve the client not on assisting the supervisee.

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Models of Supervision

A **Supervision Model** is defined as the systematic manner in which a particular approach and strategies are applied to clinical supervision (Borders et. al., 2014 & Basa 2017)

Two Basic Approaches (**Functional vs. Psychotherapy Based**)

Functional – not based on psychotherapy models but focuses on acquiring skills and the learning environment.

Psychotherapy Based – extensions of psychotherapy theories to the dynamics of supervision

Certain competencies become the focus and others are deemphasized when supervision is conducted along psychotherapy-based lines (Quiroz, 2022).

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Functional Models

Transtheoretical Model of Clinical Supervision (Prochaska & DiClemente, 1982, 1984, 1986)

Based on a general theory of change and how change occurs in individuals and systems

* **Six stages of Supervisee Stages of Change**
(Precontemplation, Contemplation, Preparation, Action, Maintenance, Termination)

* **10 Supervisor Processes of Change** (Consciousness Raising, Dramatic Relief, Self-Reevaluation, Environmental-Reevaluation, Self-liberation, Stimulus Control, Counterconditioning, Contingency Management, Social Liberation, & Helping Relationship) can be used to **encourage and facilitate supervisee movement through stages**

- aids and techniques for learning and training of supervision in its own right
- overriding importance of the **supervisory relationship**

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Functional – not based on psychotherapy models but focuses on acquiring skills and learning environment (continued)

Competency Based Model of Supervision (Falendar & Shafranske, 2021)

- Encourages self-reflection, maintaining therapeutic relationship, genuineness, congruency, acceptance, reflection-in-action, metacognition, and metacompetence
- Real-world application of knowledge**, “learning bundles,” disassembly of a competency, collaborative inquiry
- Acquisition of skill and understanding is established through **reflection, conceptualization, planning, and practical experimenting**
- Is deliberate about **setting goals and objectives** and the processes that leads to achievement of goals.
- Competencies must be relevant to contemporary clinical practice and should directly relate to **“real world” job requirements**.
- Competencies are “disassembled” (broken down as **knowledge, skills, and abilities**) into definable and measurable units.
- Collaborative inquiry** in which the supervisor and supervisee review the **content** of the session, **nature of the interaction**, **theoretical** perspective, and **alternative** approaches.
- Enhances reflecting, conceptualizing, planning, and experimentation skills

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Models of Supervision

Psychotherapy Based – extensions of psychotherapy theories

- psychodynamic, humanistic, behavioral, cognitive-behavioral, systemic, etc.
- Bernard and Goodyear (1998) argue that while there is significant **overlap between supervision and therapy**, there are substantial drawbacks as **therapeutic models are too narrow to structure and conceptualize supervision**
- draws on theory and research on psychotherapy and **practitioner experience** using a certain therapeutic approach

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Models of Supervision

Parallel Process Model (Isomorphism)

- ▶ Supervisee's experience with clients will be reflected in relationship with supervisor and vice versa (Storm and Todd, 1997, Frawley-O'Dea & Sarnat, 2001; and Yorke, 2005).
- ▶ Relationships on any given level **influence those on another level.**
- ▶ Whatever is going on between the client and the supervisee **will be reflected in the relationship between the supervisee and supervisor**

Interactional/Relationship Models

- ▶ Supervision is a reciprocal relationship based **on mutuality of needs** and having needs met in the supervisory relationship will result in needs being met in the client relationship.
- ▶ When supervisory relationship is going **well and meeting supervisee's needs clients will receive excellent service.**
- ▶ **Supervisory Working Alliance** (Bordin 1983) involves a collaborative relationship with agreed goals and objectives with strong emotional bond of caring, trust, and respect.
- ▶ Supervisory relationship is **the medium** by which supervision occurs
- ▶ Supervision is a relationship impacted by issues of **trust, safety, power, duality, culture, and contextual issues.**
- ▶ Kaiser (1997) identified four key elements to a supervisory relationship: **accountability, personal awareness, trust and power, and use of authority**

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Models of Supervision

Psychodynamic Model

Psychodynamic supervision draws on clinical data inherent to the theoretical model (**affective reactions, transference/countertransference, defense mechanisms, etc.**) (Frawley-O'Dea and Sarnat, 2001).

- ▶ **Patient-Centered** (Falendar and Shafranske, 2021) Supervisor is the **uninvolved expert** and focus is on client rather than supervisee or supervisor-supervisee relationship.
- ▶ **Supervisee-Centered** (Frawley-O'Dea and Sarnat, 2001) focuses on the content and process of the **supervisee's experience as counselor**. Attention is focused on the **psychological make-up of the supervisee**. Approach is more **experiential than didactic**. Ego psychology, Self psychology and Object Relations.
- ▶ **Supervisee-Matrix-Centered** (Haynes, Corey, & Moulton, 2003) Not only attends to material of the client and supervisee, **but expands to the relationship between supervisor and supervisee. Supervisor is no longer the uninvolved expert, but is a "participant"** reflecting on enactments, relational themes, and parallel processes.

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Models of Supervision

Developmental Models

Developmental Models emphasize different stages of a supervisee's development (novice to expert)

- ▶ **Supervisor Complexity Model** Watkins (1997), Inman and Ladany (2008), supervisee stages
- ▶ **Integrated Developmental Model (IDM) (Awareness, Motivation, Autonomy)** Stoltenberg and McNeil (1998 & 2009) and McNeil and Stoltenberg (2016) supervisees develop through three stages (Beginner (high anxiety), intermediate (seeks greater autonomy), and advanced (motivation solidifies))
- ▶ **Discrimination Model (Therapist, Teacher, Consultant)** Bernard (1997)
- ▶ **Stage-Based** model of development for supervisor and supervisee
- ▶ Based on the premise that the supervisor, supervisee, and supervisory relationship change and grow over time
- ▶ Tailor supervision to the developmental needs of the supervisee
- ▶ Individualize the supervision plans, **structure, autonomy, and personal/professional integration**

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Models of Supervision

Systems Approach to Supervision (SAS) (Holloway, 1995 & 2016)

- ▶ Five influences and relationships are taken into consideration (**the supervisory relationship, supervisor characteristics, organizational characteristics, client characteristics, and supervisee characteristics**)

The supervision process denotes five functions and five tasks. The 25 task/function combinations are built around the supervisory relationship, **the "heart" of supervision.**

The functions include: **monitoring/evaluating, instructing/advising, modeling, consulting/exploring, and supporting/sharing**

The tasks include: **counseling skills, case conceptualization, professional role, emotional awareness, and self-evaluation**

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Models of Supervision

The Double Matrix (or Seven-Eyed Model) (Hawkins & Shohet, 2006)

- ❖ Attends to the supervision process in seven areas
 1. Reflection on the **content of the therapy session**
 2. Exploration of supervisee's **strategies and interventions**
 3. Exploration of **the supervisee-client relationship**
 4. Supervisee's **subjective experiences** (e.g., countertransference)
 5. The **supervisory relationship**
 6. The **supervisor's subjective experiences**
 7. **Organizational/professional impact**

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Models of Supervision

Holistic Model (Campbell, 2000, 2021)

- ▶ Focus is on the relationship with supervisees. Establishing **trust and safety**
- ▶ **Positive regard, congruence, acceptance, trust, and authenticity**
- ▶ Systems approach emphasizing **parallel processes**
- ▶ **Strength based approach** and utilizes a developmental perspective
- ▶ Includes the supervisee as a colleague and **does not solely focus on problems**

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Models of Supervision

Cognitive-Behavioral Model (Newman & Kaplan, 2016)

- Emphasis on **Supervisory Relationship** and creating a "safe environment"
- Attempts to develop **Foundational** (professionalism, ethics, self-reflection and self-correction, and cross-cultural) and **Functional Competencies** (cognitive-behavioral assessment, collecting data, and designing and implementing CBT interventions).
- Guiding supervisees through **treatment protocols with a fidelity to CBT proscribed and manualized approach** with a minimum of "drift."
- Assist supervisees with **structuring therapy sessions for efficiency and delivering CBT techniques** (e.g., self-monitoring, cognitive restructuring, behavior planning, exposure to avoided experiences, relaxation, mindfulness, guided imagery, emotional self-regulation, homework assignments, and self-soothing).
- Training supervisees to "**think like a CBT practitioner**" in gathering data.

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Models of Supervision

Other Models of Supervision Currently in Use

- Psychodynamic Supervision (Sarnat, 2016)
- Competency-Based Supervision (Falendar & Shafranske, 2017)
- Feminist Psychotherapy Model of Supervision (Brown, 2016)
- Critical Events in Psychotherapy Supervision Model (Ladany, Friedlander, & Nelson, 2016)
- Existential-Humanistic Therapy Supervision Model (Schneider & Krug, 2017)
- Cognitive-Behavioral Therapy Supervision Model (Newman & Kaplan, 2016)
- Adlerian-Informed Supervision (McCarty et al., 2023)

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PREVENTING PROBLEMS STRATEGY #5

- BE ABLE TO IDENTIFY AND DEMONSTRATE TRAINING IN A PARTICULAR MODEL OF SUPERVISION

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Module Five

Individual versus Group Supervision: Adapting to Your Setting and Your Style

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Individual Supervision

- Traditionally dating back to Freud
- Review of Specific Cases and problems related to caseload
- Structured versus Non-Structured
- Most typically one hour (50 minutes) of individual face-to-face supervision per week is required by most licensure boards
- Supervisor provides the **structure and format** in consultation with supervisee – *How do you want to use your supervision time today? How can I be most helpful today?*
- Provide topical learning on specific issues (instructional)
- Overly problem focused – *What went right this week? What did you do well with that client?*
- **Advantages:** individualized, safer, more willing to risk
- **Disadvantages:** inaccurate view of supervisee, **supervisor bias, supervisee deception, repetitive/boring, over-reliance on self-report, may not satisfy the monitoring requirement of supervision**

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Group Supervision

Group Supervision has three distinct developmental stages:

1. Group Cohesion Stage (boundaries, reflecting, power over vs with)
 2. Developmental Stage (dynamic, evolving, successes and failures)
 3. Terminal Stage (find their own answers, reliance on internal supervisor)
- Common issues no matter what format: managing **group dynamics**, building **group cohesion**, establishing a **structure, rules/boundaries**, and **confidentiality**
 - Valuable as **adjunct** to individual supervision
 - Practical use of time and resources
 - Keep administrative supervision and clinical supervision **separate**
 - Emphasize the purpose of the supervision group as way to help clients
 - Same advantages, disadvantages, problems, and opportunities that apply to **group therapy** generally are issues for Group Supervision
 - Group Size – rule of thumb, **4 to 8, 15 minutes** per supervisee
 - **Composition** – Similarity of experience and background, similarity of client populations, advantages/disadvantages
 - **Allocation of Time** – rotating case presentation, dividing time, open-ended
 - **Confidentiality** – Complete confidentiality cannot be guaranteed to members or clients, Administrative Evaluation, **procedures for handling confidential information**
 - **Leadership Style** – Most **effective leader** may not be supervisor, **duality of supervisor participation**

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Team Supervision

- Can **diffuse the dual relationship** and prevent abuse of power or conflict
- Treatment team can watch tape or use mirror and provide feedback and direction
- **Rotations** through various settings
- Homogeneity of members from one discipline can lessen friction and conflict, but **limit creativity**
- **Advantages:** feedback from **different supervisors expands supervisee's** repertoire, **minimize conflict** or dual relationships, promote staff unity and cooperation, and generativity/revitalization
- **Disadvantages:** **time** commitment, **planning** intensive, transference/**countertransference** can impact supervision team

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Peer Supervision

- Provides opportunity for supervisees to work together
- Requires clear learning objectives and tight boundaries
- **Cannot be used as a substitute** for clinical supervision, but as an adjunct
- Leaderless, rotating leadership, assigned leadership, emerging leadership
- Requires **some degree of equality**, similarity of caseloads, level of experience and expertise
- **Advantages:** **defuse problems of power**, encourage independence and self-monitoring, **teamwork** and group cohesion, and buffer a conflicted situation with a supervisor.
- **Disadvantages:** loss of control, potential for misuse/**scapegoating**, and intensive **planning**/organizational effort (someone has to drive the bus)

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Case Consultation

- Typically based on verbal self-report of supervisee
- Supervisor's role is primarily to **ask questions, make suggestions**, and discuss options and plan interventions
- This is often an opportunity to ask thought-provoking, reframing questions to push for growth
- Case Consultation occurs among legal equals, **IS NOT SUPERVISION**
- **Advantages:** forces supervisee to **organize information, conceptualize** problems, make assessments, decide on interventions, consider larger context and ethics, develop a theoretical framework and integrate that into practice, process relationship issues, and promote self-awareness
- **Disadvantages:** **self-report** is subject to deception or distortion, depends on **conceptualization** and observational abilities of supervisee, expects supervisees to identify potential problems and share mistakes, vulnerabilities, and difficulties
- To avoid potential liability, must always be supplemented with some form of **direct observation**

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Module Six

Observation Methods: Pros and Cons

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Live Supervision

- Observational: sitting in room, one-way mirror
- Interactional: co-therapy, phone-in, earbuds, “bug-in-the-ear,” demonstrating/modeling
- Tips for Live Supervision
 - Explain to supervisee and **client the purpose** of the observation
 - **Gain permission** from the client
 - Ask supervisee and client what will **limit intrusion** (where to sit)
 - **Don't take over the session**
 - Plan time to **process the session immediately**
 - Limit criticism and **focus on strengths**
 - Consider **supervisee and client anxiety**

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Recording Sessions

- People may be excessively worried about **real life issues** of recording (court, privacy, access, etc.)
- Reviewing recorded sessions promotes **self-awareness** and self-correction
- Discuss thoroughly the issue of recording with client and obtain informed consent
- **Informed consent** should include how the recording will be used, who will see it or hear it, if it will be available in staffings or seminars, how the recording will be physically safeguarded, and a timetable for destruction of the media.
- When reviewing recordings of supervisees, have goals and structure for reviewing, respect confidentiality, and have supervisee provide a **context** for the session.

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Telesupervision

Supervision 2.0

- Computer technology presents a whole new set of confidentiality issues as well as supervisory innovation.
- Computer **security** of on-line data, storage, etc.
- Supervision via **e-mail** increases the possibility of miscommunication and missing non-verbal cues may not be acceptable
- With the outbreak of the COVID-19 global pandemic, supervisors were compelled to find solutions to continue meeting with clients and to provide supervision for trainees (Nadan et al., 2020)
- May not satisfy licensing and regulation requirements. Clear in advance. **Jurisdictional Issues if not Licensed in State of Supervisee**
- Infinite number of possibilities in terms of **additional perspectives and feedback** additional issues and problem

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Telesupervision

Advantages

- Eliminates some logistical problems or **hardships**
- Access to **national experts** (Watters & Northey, 2020).
- **No longer limited** to text or telephone, virtual reality
- Competencies of supervision may or may not be **adaptable to an internet world** (Watters & Northey, 2020).
- Recorded conversations can substitute for **documentation**
- **Confidentiality and security may actually be enhanced**, encryption, passwords, eye scans
- Supervisees reported **flexibility and convenience and saving time and money**, as the top two benefits of engaging in telesupervision during the pandemic. Supervisee perception of the **working alliance and attitudes toward telesupervision** were key in terms of supervisee satisfaction (Soheilian et al., 2023).
- Most teleconferencing platforms have "breakout rooms" where the supervisee and supervisor can consult in real time without client's presence (Nadan et al., 2020)

Disadvantages

- **Digital immigrants** miss the "personal touch"; **digital natives** do not identify the impermeable border between virtual and real (Watters & Northey, 2020).
- Need for **an alternative when technology fails** - wireless, facetime, alternate computers, cell phones, etc (Deane et al., 2015)

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Telesupervision

Martin et al. (2018) stated that while telesupervision offers an opportunity to overcome distance, access, and time, the improved access to technology and conductivity does not necessarily equate to high-quality supervision.

The Ten Commandments for Telesupervision.

1. Expectations and **goals** for telesupervision
2. There is no **one size fits all** to telesupervision.
3. Embed telesupervision into a **sound supervisory model**.
4. Focus on the supervisory relationship and meet **face-to-face before beginning** telesupervision
5. Formulate a plan to manage **technical problems**.
6. Pay attention to **communication**, use of silence, speaking etiquette
7. Rethink **continuity and availability** and ensure supervisor availability
8. **Security, safety, and confidentiality** – strong passwords, back-ups, and phishing attacks
9. Allow for **additional time** before supervision and after supervision to deal with technical issues
10. Review telesupervision arrangement regularly and **adapt as appropriate**

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The Telesupervision Relationship

Not necessarily same relationship as with **in vivo supervisory relationships**, but research suggesting it is as satisfactory as traditional, in-person supervision processes (Bernard et. al, 2020)

Expectations for **appearance and professionalism** (dress code, simultaneous activities, distractions, lack of planning and preparation).

Maintaining **confidentiality** at both ends.

Alternative formats for dealing with problems/ethics/ unique issues

Frequent **360 feedback sessions** (Aviram & Nadan, 2017)

Insure that telesupervision is covered in **Informed Consent**.

Documentation of telesupervision.

Periodic face-to-face meetings (assessment of skills, resolving issues or conflicts, logistics, performance improvement plans, etc.)

Consider Credentialing: **Approved Clinical Supervisor Telesupervision Credential CCE**

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Ethical Considerations with Telesupervision

- Telesupervision, relying on technology, adds another layer of supervisory ethical concerns that include 1) **confidentiality**, 2) **informed consent**, 3) **competency**, and 4) **regulatory issues** (Grames et al., 2022)
- Telesupervision takes place in cyberspace where there are **no 100% guarantees of privacy**. Even with encryption software, there are risks of security breaches. Use **HIPPA compliant websites** and cloud storage. Ensure that supervisor and supervisee **physical space is private**. Don't **verbalize** client's identity or last name.
- **Informed consent for both supervisee and client is required**. Clients are **informed that telesupervision is being utilized** and their information is **transmitted electronically** to the supervisor (APA, 2013)
- Supervisors are expected to be **competent in clinical issues and supervision**. Therefore, they are expected to be competent in the **ethics in providing clinical services online**.
- Jurisdictional issues. May require **a license in the supervisee's state**. May or may not be acceptable for **required hours for licensure**.

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Didactic Supervision

- The primary focus of supervision is **not teaching**, but teaching new **skills and improving service delivery**.
- Spending some part of supervision discussing "hot topics," particularly **ethical dilemmas** is appropriate.
- Maintaining a **list of discussion topics** as a "filler" for supervision time can be a way of **passing on** skills and insights.

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Issues Left From Yesterday

Therapist Evaluation Checklist

Falendar & Shafranske (2007) *Clinical Supervision*
Supervisee Developmental Questionnaire

Bernard & Goodyear (2014) *Fundamentals of Clinical Supervision*
Stoltenberg, C.D, Unpublished version of Supervisee Levels Questionnaire
30 question Likert Scale

- Self and Other Awareness, Motivation, Dependency vs Autonomy

Haarman template for Supervision Notes

1. Date of Supervision
2. Individuals present (came late or left early)
3. Actual cases discussed with summary of case
4. Supervisory directives or instructions. What is to be done on the case
5. Signature
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Module Seven

Dealing with Problems and/or Problematic Supervisees: Resolving Supervisor/Supervisee Tensions

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Problem Solving in Supervision: The 8000 Pound Elephant in the Room

- **Not uncommon for supervisees to feel harmed by supervision** – confrontational criticism, blaming and shaming, inappropriate feedback, unclear or hidden agendas, instructive rather than interactive, lack of supervisory competence (Grant et al., 2012).
 - **Duality of Relationship** – role conflict, role ambiguity, administrative control, sexual attraction
 - **Cultural, Age, and Gender Issues** – disciplines, theoretical perspectives, values
 - **Lack of clarity about supervision process** – goals, methods, techniques
 - **Personal Issues** – transference/countertransference, lifestyle and habits, professionalism
 - **Systems and Organizational Issues** – organizational climate, norms, regulations, religious views
 - **Burnout** – stress, unresponsiveness to clients, empathy fatigue (Schriger et al., 2023)

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Common Problems to Address in Supervision

- **Dress and Appearance** – focus on impact on client
- **Sexual Attraction** – supervisees may be reluctant to discuss
- **Documentation** – the Achilles Heel
- **Relational Difficulties** between Supervisee and Supervisor
 - Anxiety – power differential, safety, organizational change
 - **Transference and Countertransference** – authority issues
- Differences in **theoretical perspectives**
- Differences in **needs and goals** - paperwork
- Differences in personality and style – structure and monitoring
- **Multicultural Differences**
 - Supervisor's attitudes, beliefs, values, biases
 - Knowledge of diverse groups and sociopolitical influences
 - Skills, techniques, and **strategies for supervising diverse populations**
- **Environmental Factors and Organizational Climate** – tough world, putting out fires and not focusing on growth.
- **Stress, Burnout, Compassion Fatigue** – secondary trauma, disengagement, reframing *help*

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Dealing with Problems or Problematic Supervisees

- Address the issue in a timely fashion.
- Depersonalize the issue by connecting it to client care
- Reiterate the purpose of goals and supervision
- Four types of intervention strategies: Relational, Reflective, Confrontational, and Avoidant (Grant et al., 2012)
- Ask for supervisee's perception of the problem or issue
- Make the problem situational, not characterological
- Develop an action plan with specific steps to change
- Compartmentalize the problem – focusing on specific problems, not broad issues
- Ask the supervisee to brainstorm solutions to the problem
- Process anger, anxiety, resistance, apathy, and externalization in context of impact on services and on getting the most out of supervision

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Supervisee Limitations

Developing Self-Awareness

▶ One important aspect of clinical supervision is the development of self-awareness on the part of supervisees: how personal issues, beliefs, assumptions, and attitudes – particularly gender, culture, and race might affect client care. Griffith and Frieden (2000) used the term reflective thinking to describe a process of self-examination whereby therapists explore theories, beliefs, and assumptions to better respond to their clients.

Three Steps for Ethical Self-Exploration with Supervisees

- ▶ Promote self-exploration through utilizing a variety of "non-therapy looking" techniques such as journaling, genograms, videotaping, experiential exercises, etc.
- ▶ Connect any self-awareness to specific clients and issues with specific clients. Look for both positive and negative impact on clients.
- ▶ Prompt supervisees to explore options for change as a result of self-awareness outside supervisory context.

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Professional Development Plan

Name _____ Position _____ Date _____

Skill Requiring Improvement _____

Present Level of Competence: Circle One

Understands	Developing	Competent	Skilled	Master
1	2	3	4	5

Present a rationale for this rating _____

Expected Level of Competency to be achieved by _____, 2019

Understands	Developing	Competent	Skilled	Master
1	2	3	4	5

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List the knowledge, skills, and attitudes to achieve target competency

Knowledge _____

Skills _____

Attitudes _____

Behaviors necessary to achieve practice skills _____

Activities counselor will complete to achieve stated goals _____

How will progress be evaluated? How will proficiency be demonstrated?

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

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Professional Development Plan

Name **Josephine Doe** Position **Therapist I** Date **3/1/2022**

Skill Requiring Improvement
Assessment of potential for violence and suicide in substance abusing clients

Present Level of Competence: Circle One

Understands	Developing	Competent	Skilled	Master
1*	2	3	4	5

Present a rationale for this rating
Worker has failed to complete the CHR-21A (Assessment of Risk Form) on at least five recent cases. Form 21-A has been completed without appropriate rationale or justification in at least seven instances. Two case in which clients have acted in assaultive fashion were not documented at the time of resident review staffing.

Expected Level of Competency to be achieved by **July 1, 2022**

Understands	Developing	Competent	Skilled	Master
1	2	3*	4	5

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Professional Development Plan

Knowledge review the proper utilization of the 21-A and be able to identify risk factors

Skills Conduct a structured interview that addresses issues of risk for violence or suicide

Attitudes Sensitivity to issues of violence and suicide

Behaviors necessary to achieve practice skills Conduct an effective interview with clients that will allow satisfactory completion of Risk Assessment

Activities counselor will complete to achieve stated goals **Review policy and procedure manual regarding procedures of risk assessment. Ongoing discussions with supervisor about risk assessment.**

How will progress be evaluated? How will proficiency be demonstrated? **Be capable of explaining the use of risk assessment form and procedures. Accurately complete the Risk assessment in 95% of all cases. Review of interview tapes will result in satisfactory approval by supervisor. Conversations with supervisor will demonstrate an appreciation of the importance of completing Risk Assessment.**

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

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Case Study II

Peter Problematica has been assigned to you for supervision after he filed sexual harassment charges against his past supervisor. He refused to sign his annual evaluation from his prior supervisor "because it doesn't reflect my true value to the organization." He claims that the evaluation is biased because he "has a reputation as being a rebel and that his supervisor was trying to seduce him, so he would be more compliant on the job." He has been a therapist for 15 years and has gone through a number of theoretical shifts and changes, including Cognitive, Behavioral, EMDR, Systematic Desensitization, Rebirthing, Primal Therapy, Contextualism, and Structural therapy. He currently believes that Dialectical Therapy should be used on all clients.

Peter has a long history of "boundary issues" with staff, including walking into other people's offices while they were on the phone, chronically "borrowing" lunch money from other staff members, leaving work areas and the break room a mess, asking other therapists to cover his cases or take group for him, disclosing inappropriate personal information, and talking about other staff members to "keep things stirred up."

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Case Study II (continued)

There have been some instances of contact with clients socially outside of the work setting, and he started an on-line business with a former client. Case documentation and getting to work on time have been issues. He chronically runs over on therapy sessions and several clients have complained about having to wait up to 30 before he starts the sessions. Client feedback has been extreme with clients either being extremely dissatisfied or clients providing overwhelming accolades regarding his skills and techniques.

Case documentation has been a chronic problem with Peter, and he has had several administrative actions taken against him in the past for failure to provide precise and timely documentation. Even though the agency funding source requires strict eligibility for services, Peter has been disciplined for failure to gather factual information from clients about eligibility and there have been unsubstantiated claims that he "coached" clients to lie in order to make themselves eligible for services.

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Professional Development Plan

Name _____ Peter Problematica _____ Position _____ Date _____

Skill Requiring Improvement _____

Present Level of Competence: Circle One

Understands	Developing	Competent	Skilled	Master
1	2	3	4	5

Present a rationale for this rating _____

Expected Level of Competency to be achieved by _____, 2019

Understands	Developing	Competent	Skilled	Master
1	2	3	4	5

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List the knowledge, skills, and attitudes to achieve target competency

Knowledge _____

Skills _____

Attitudes _____

Behaviors necessary to achieve practice skills _____

Activities counselor will complete to achieve stated goals _____

How will progress be evaluated? How will proficiency be demonstrated? _____

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

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Day Two: Central Standard Time

- 9:00 – 9:30 Recap
- 9:30 – 11:00 Section I – Giving Effective Feedback: Having Hard Conversations
- 11:00 – 11:15 Break
- 11:15 – 12:30 Section II – When Problems Arise: Resolving Supervisor/Supervisee Tensions, Cultural Competence
- 12:30 – 1:40 Lunch
- 1:40 – 3:30 Section III – Ethical and Legal Issues in Supervision: Protect Yourself, Your License, Your Agency and Your Client
- 3:30 – 3:45 Break
- 3:45 – 5:00 Section IV – Ethical and Legal Issues in Supervision: Protecting Yourself, Your License, Your Agency and Your Client

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Incompetence and Gatekeeping: Handling an Incompetent Supervisee

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Incompetence

"Should a supervisor develop a significant concern about the abilities, philosophical beliefs, or practices of a trainee, the concerns **must be shared with the trainee and documented in writing** as early as possible." (AAMFT, 2015)

"The supervisor has the authority to enforce and can use sanctions such as a personnel evaluation, reporting to the regulatory body, **refusal to recommend for credentials**, and others (NASW, 2021) 2.08....." Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague **has not taken adequate steps to address the impairment** should take action through **appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organization.**" (NASW, 2021) 2.08The supervisor may need to take actions necessary within his or her scope of authority **to lead a social worker out of the profession.**" (NASW, 1994)

"Supervisors are encouraged to serve as **gatekeepers by monitoring for personal or professional limitations.....likely to impede future professional performance.**" (ACES, 2016)

"Regardless of qualifications, **supervisors do not endorse supervisees** who may be believed to be impaired in any way that would interfere with the performance of the duties associated with the endorsement." (ACA, 2016).

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Incompetence

- A Supervisor's task is to distinguish what is a **problem in learning versus incompetence**. Personal circumstances, academic deficits, mental health issues, or characterological issues can present obstacles to professional functioning (Ladany, Friedlander, & Nelson, 2016)
- Gatekeeping and dealing with the incompetent supervisee **is a critical, albeit challenging, aspect of a supervisor's responsibility** (Johnson et al., 1995)
- Supervisors may experience role conflict, ambiguity, and anxiety about how to respond to trainee competence problems. Psychologists engaged in the education, training, and credentialing of trainees are ethically and professionally obligated to balance their developmental and gatekeeping roles with respect to trainees (Johnson, et al., 2008)
- Olheiser and Fine (1990) distinguished **four types of professional incompetence**: lack of **knowledge**, inadequate clinical **skills** or technical skills, poor **judgment**, and disturbing **interpersonal attributes**.

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Incompetence

Distinguishing Incompetence vs Impairment

- ❑ Do not use the word *impairment* to refer to supervisee **competence problems**
- ❑ The term *impairment* has become synonymous with the **Americans with Disabilities Act (ADA)**
- ❑ Using the word *impairment* indicates that you are perceiving the supervisee as having disabilities and invokes the Act
- ❑ Instead of *impairment*, state the **specific competencies and behaviors that are not up to performance standards.**

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Incompetence

- Lamb et al. (1990) defined impairment as “**an interference in professional functioning**” that is reflected in one or more of the following ways:
 - (a) an inability or unwillingness to acquire and integrate **professional standards** into one’s repertoire of professional behavior;
 - (b) an **inability to acquire professional skills** to reach an acceptable level of competence;
 - (c) an **inability to control personal stress, psychological dysfunction and/or excessive emotional reactions** that may affect professional functioning.”

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Incompetence

Lamb et al. (1998) further differentiated incompetent supervisees:

- (a) the problematic intern (supervisee) **does not acknowledge, understand, or address the problem** when it is identified,
- (b) the problem is **not merely a reflection of a skill deficit,**
- (c) the quality of the **services delivered** by the intern (supervisee) is **consistently negatively affected,**
- (d) the problem is **not restricted to one area** of professional functioning,
- (e) a **disproportionate amount of time** by training personnel is required, and
- (f) the intern's (supervisee's) **behavior does not change as a result of feedback, remediation, and/or time.**

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Incompetence

Strategies for Dealing with an incompetent Supervisee

- -remediation
- -leave of absence
- -written remediation plan
- -due process rights
- -consultation with other colleagues

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Module Eight

Giving Effective Feedback: Having Hard Conversations

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Constructive Feedback

Constructive feedback is more than just simple **praise or criticism**. It should be based on **factual** observations, **data sets**, **not personal feelings** or **preferences**, and addresses **specific** issues or concerns.

Constructive feedback should **strengthen working relationships** because its intent is **positive**.

The purpose of constructive feedback is to **raise awareness** of an individual's behavior in a way that will lead to **improvement**.

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Constructive Feedback

The Supervisor From Hell Provides Constructive Feedback To The Problematic Supervisee

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The supervisor has received a formal client complaint from an African American mother of four about the services received from a worker. The complaint alleges that the worker is always 15-20 minutes late for formal appointments, favors the daughter's opinions and undermines the mother, refers to the two male children as "boys," and did not turn in the paperwork for one of the young men to obtain accommodations at school.

The client alleges that the worker appears to be racist and did not really seem interested in working with the family from the beginning. She came to this conclusion when the worker made a comment about "you people" just need to work harder. The client wants to have the worker disciplined, her case reassigned, and all her co-pays refunded.

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Role Play

Supervisor Giving Non-Constructive Feedback

1. Attack the supervisee's personality or attitude
2. Don't make any specific recommendation
3. Be as negative as possible (no positives)
4. Compare them to other supervisees
5. Drag up the past
6. Don't ask for their input (monologue)
7. Use lots of tone and attitude
8. Use the "I am in charge" and "I have more experience argument"

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Role Play

Supervisee Receiving Feedback

1. Don't make eye contact, look uninterested and bored
2. Be as defensive as possible
3. Blame it on client, the supervisor, the weather, or others
4. Be self-righteous and express no desire to change or learn
5. Become emotional and attack supervisor's ethics, professionalism, taste in clothes, and body odor

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Role Play

Thanks to the Actors

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Constructive Feedback

More Tips for Providing Constructive Feedback

- ❖ Constructive Feedback is honest, but not delivered in a **harsh or bitter way**
- ❖ Constructive Feedback **is positive** without being “fluffy” or pulling punches - *
- ❖ Constructive Feedback makes the work better **without destroying morale**
- ❖ Constructive Feedback redirects work to **client service, not selfish interests**
- ❖ Constructive Feedback offers genuine advice and **feedback** on all ideas
- ❖ Constructive Feedback provides a defined **direction and expectations**

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Constructive Feedback

More Tips for Constructive Feedback

- ❖ Speak as if you are addressing someone that **you deeply admire** and respect
- ❖ It's not about **character, it's about behavior**. "you are not detailed oriented" is an attack vs. "an important detail was overlooked" **avoid the word you**
- ❖ Be focused. **No hinting or generalizing**. Be specific
- ❖ Don't ask for too much change. The **next proximal stage** of development in comparison to experience
- ❖ Be a guide. Supply feedback and **suggest a course of action**. Allow for **conversation, dialogue and ownership**
- ❖ Don't make **comparisons** to other people. Compare past performance to present performance

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Constructive Feedback

Structuring

- Define the **objective** you are trying to achieve
- Have a **plan** and follow it
- **Practice or rehearse** with a mentor or colleague
- The most positive feedback is **corrective suggestion**. People want to be evaluated
- The most negative feedback is **"atta boying or atta girling"** which is perceived as disingenuous
- **Redirecting feedback** is **presenting ideas** to someone else about something they **are not doing well**, something they **need to start doing**, or something they **are not handling optimally**.

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Constructive Feedback

Structuring

Set the tone through **regular meetings**, not just crisis meetings.

If the **vast majority of those meetings are positive**, generating **constructive ideas** and solutions, and provide **positive feedback**, when corrective feedback is necessary it is **not a big deal**.

Bring up the issue; have them **describe it**; have them **analyze** the situation; and ask them what they think they **ought to do about it**. They'll usually come up with a plan for resolution.

The military utilizes **"After Action Reviews"** to generate refinement of existing approaches and brainstorm other alternatives

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Constructive Feedback

The Ten Commandments For Constructive Feedback

1. Keep your **personal feelings under control**. Any frustration or anger will come across in tone and body language and undermine your message. **Video yourself - Bill**
2. Focus on tasks or **behaviors, not personality**
3. **Avoid personal comments** that can turn constructive feedback into a negative experience.
4. Only comment on behavior that the **supervisee can do something about** (appearance, decisions made by managers or board). Resentment and frustration. Whiny Voice. Ancient History
5. Be specific about examples of what **was done right and what can be improved**.

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Constructive Feedback

The Ten Commandments For Constructive Feedback

6. Give feedback in a timely fashion. **48 hour rule**. Don't put off or avoid dealing with an issue. If you are **too hot to deal** with it effectively take some time to cool off. **Sleep on it.**
7. Be direct. Lots of "ifs," and "buts" can confuse the message. **Be clear, straightforward, and sincere.** Don't blow smoke
8. Ask for the other person's view and then listen, **don't debate.** **"Do not interpret my silence as agreement."**
9. **Agree on desired outcomes.** Timelines, measurements, methods
10. **Catch people doing something right** and provide feedback as often as you catch the negatives or mistakes

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Constructive Feedback

- It's **not about character**, it's about **behavior**. Don't attack the person, suggest how behavior can be changed
- No hinting or generalizations. Be specific and use concrete examples
- **Don't ask for too much change.** Set realistic goals. No more than **three things** to improve.
- **Be a guide**, not a dictator. Offer concrete suggestions but allow for collaborative solution
- Don't make **comparisons to other staff** members. Make them their **own norm.**

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Constructive Feedback

Six Helpful Tips

1. Use the **Feedback Sandwich** -PIP
 - a) Start by finding something positive in situation
 - b) Provide the critique or need for improvement
 - c) Positive results to be obtained if acted on
2. Focus on the **Situation**
 - a) Detach the situation from the person
 - b) Comment on the issue not the person
 - c) No personal attacks
 - d) Don't use active voice, use passive voice **could have been handled differently**

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Constructive Feedback

Six Helpful Tips

3. **Be Specific** with Feedback
 - a) Focus on objective points rather than subjective opinions. Provide **specifics**, who, what, when, etc
 - b) Don't do global feedback, break it down into key points
 - c) Make the **specific "ask"** in what actions you need
4. Only Comment on Things that Can Be **Actionable**
 - a) Only criticize things they can do something about
 - b) Actionable items are about improvement
 - c) **Non-Actionable items are just about making the person feel bad**

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Constructive Feedback

Six Helpful Tips

5. Give **Recommendations on How to Improve**

- a) Giving a **specific recommendation** adds specificity to what you want
- b) Your recommendations provide a direction and call to action

6. Don't Make **Assumptions**

- a) Provide an opportunity to clarify the situation
- b) Ask them to **summarize what is needed for success**

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Constructive Feedback (Lohani & Sharma, 2023)

Four Types of Feedback and Their Impact on Self-Esteem

1. **Motivating (Positive + Specific)** improves self-esteem

"I appreciate the extra hours you put in on the project"

2. **Corrective (Negative + Specific)** sustains self-esteem

"I can see by your time sheet, you were late three time this week"

3. **Flattering (Positive + Vague)** creates suspicion and mistrust. Negatively impacts self-esteem

"You are the best worker in this unit"

4. **Provocation (Negative + Vague)** reduces self-esteem

"I knew from the first day that you would have problems and we would have issues"

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Constructive Feedback

Improving Your Constructive Feedback Skills

1. Refine your feedback skills through seminars, books, critique, and coaching
2. Ask your staff for feedback on how you give feedback
3. When you give feedback, make sure you have thought it through clearly
4. Give concrete examples rather than abstract generalizations
5. Don't exaggerate to make a point "always, never, most, worst"
6. When giving feedback, stop in the middle to ask for their take on what you are saying

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Constructive Feedback

Improving Your Constructive Feedback Skills

- Supervisors need to be careful when providing negative feedback
- It needs to be done constructively, so as not to demoralize
- Acknowledge positives first to prevent them from shutting down and not listening
- Dish out negative feedback in small, comprehensible doses
- Don't throw the kitchen sink or a grocery list at them, small manageable chunks
- Schedule regular "check-ins" that focus on strengths and weaknesses and becomes a non-event

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Constructive Feedback

Improving Your Constructive Feedback Skills

- When giving constructive feedback, **get to the point**, avoid beating around the bush. A rambling boss is a turn-off
- Avoid giving constructive feedback through phone or e-mail, **speak face to face**
- Constructive feedback occurs in **private**, doing it in public or with other team members is an **opportunity to "shame."**
- Try to get to the **"WHY"** performance is deficient by asking for their **perception of the problem**
- Avoid jumping to conclusions, **have the facts**
- Use a **tone of voice** that communicates concern for them and services, not anger, frustration, or disappointment
- Provide feedback as **close to the event as possible**, not weeks or months later

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Unhelpful or Non-Constructive Feedback

When "Constructive Feedback" Is Not Helpful

- ❖ **Vague**, lacking in specifics
- ❖ **Inconsistent** with earlier feedback
- ❖ Lacking support for judgment
- ❖ **Unfairly critical or belittling**
- ❖ Does not provide **specific tasks or skills** to be improved
- ❖ **Forcing a defense or justification** - cross-examination questions

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Unhelpful or Non-Constructive Feedback

When “Constructive Feedback” Is Not Helpful

- ❖ **Unclear feedback** fosters a sense of helplessness and hopelessness because it offers **no clues as to how to improve**
- ❖ You can't improve if you don't know **what was deficient** or wrong
- ❖ You can't improve if you don't know what the **“new and improved version” looks and sounds like**
- ❖ If all you know from the feedback is **that you failed**, that results in helplessness and demoralization

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Unhelpful or Non-Constructive Feedback

When “Constructive Feedback” Is Not Helpful

- ❖ **Poorly thought through** feedback diminishes a supervisor's credibility.
 - “Winging it” when giving feedback runs the risk of losing the **supervisee's respect and trust**
 - Not having the facts or thinking it through **calls your judgment into question**
 - As we are critiquing them, **they are critiquing us**. Do we know what we are doing

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Unhelpful or Non-Constructive Feedback

When “Constructive Feedback” Is **Not Helpful**

❖ **Inaccurate or ungrounded feedback leads to resentment**

- When feedback is poorly given, supervisees feel unfairly criticized and resentful
- **Resentment** can lead to **conscious or unconscious sabotage, less commitment to the utilize supervision, less willingness to expend extra effort or work**
- Consider those times **you felt unfairly treated** and how that impacted your motivation

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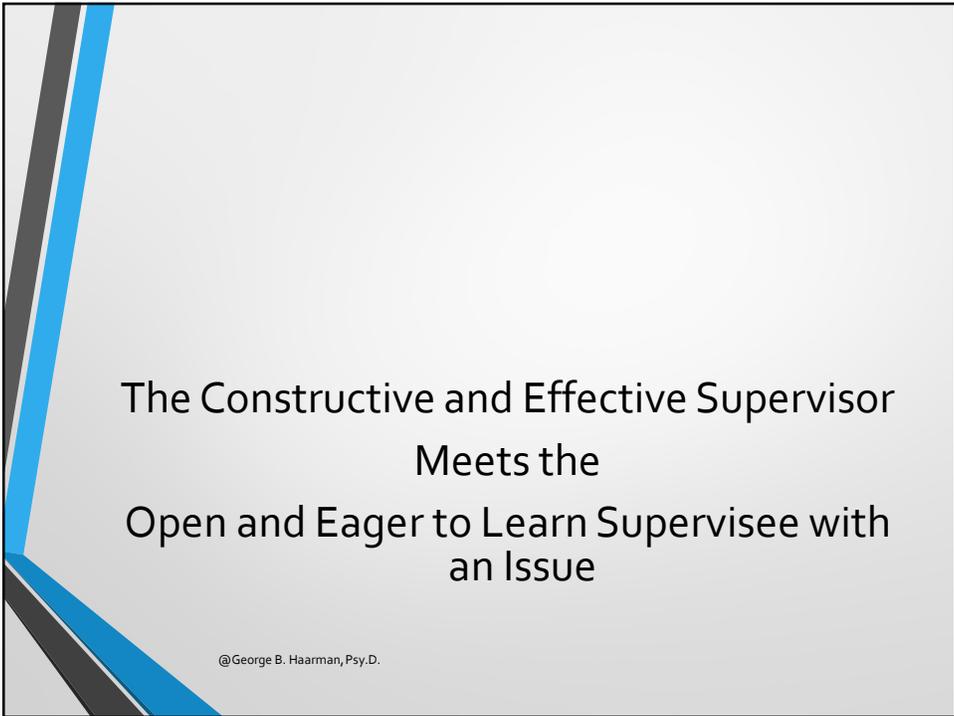
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Establishing A Frame for a Supervisee to Receive Feedback

- Supervisee maintains **openness and a listening** attitude
- Supervisee **restates** what they are hearing, even if they don't **agree**
- Supervisee **takes notes** about what is being said for self-assessment and later review
- Supervisee is **non-defensive, avoids attack mode**
- Supervisee asks for **details and specific directives**
- Supervisee identifies both the **positive and negative** aspects of the feedback

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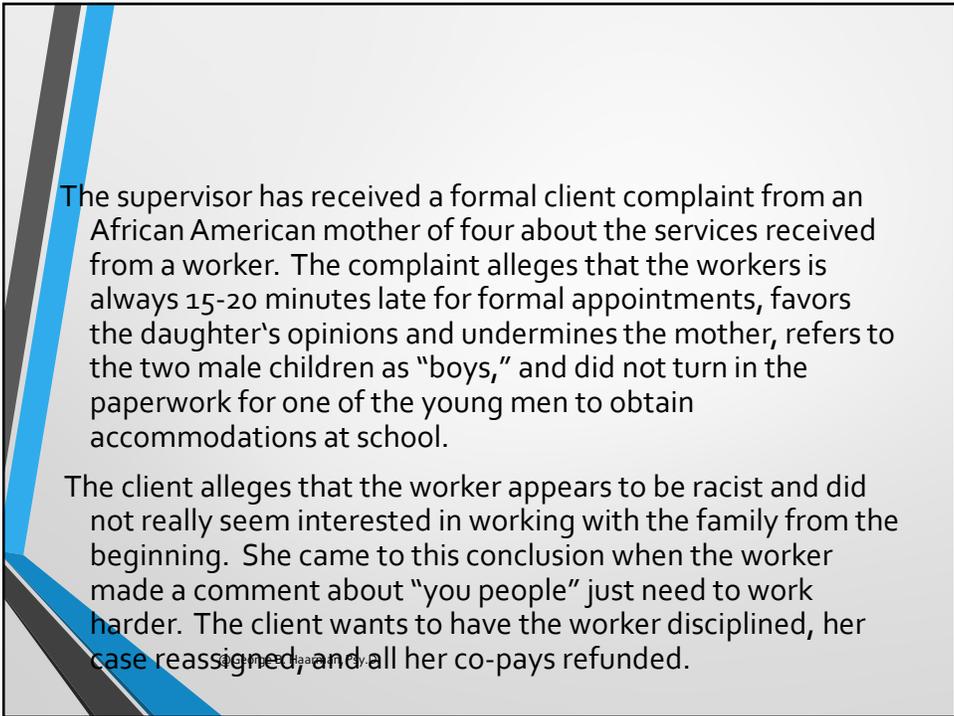
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The Constructive and Effective Supervisor Meets the Open and Eager to Learn Supervisee with an Issue

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The supervisor has received a formal client complaint from an African American mother of four about the services received from a worker. The complaint alleges that the worker is always 15-20 minutes late for formal appointments, favors the daughter's opinions and undermines the mother, refers to the two male children as "boys," and did not turn in the paperwork for one of the young men to obtain accommodations at school.

The client alleges that the worker appears to be racist and did not really seem interested in working with the family from the beginning. She came to this conclusion when the worker made a comment about "you people" just need to work harder. The client wants to have the worker disciplined, her case reassigned, and all her co-pays refunded.

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Role Play

Supervisee Receiving Feedback

1. Be open and maintain listening attitude
2. Summarize or restate what you hear
3. Take specific notes
4. Be non-defensive
5. Ask for specific details and/or directives
6. Reflect on past both positive/negative

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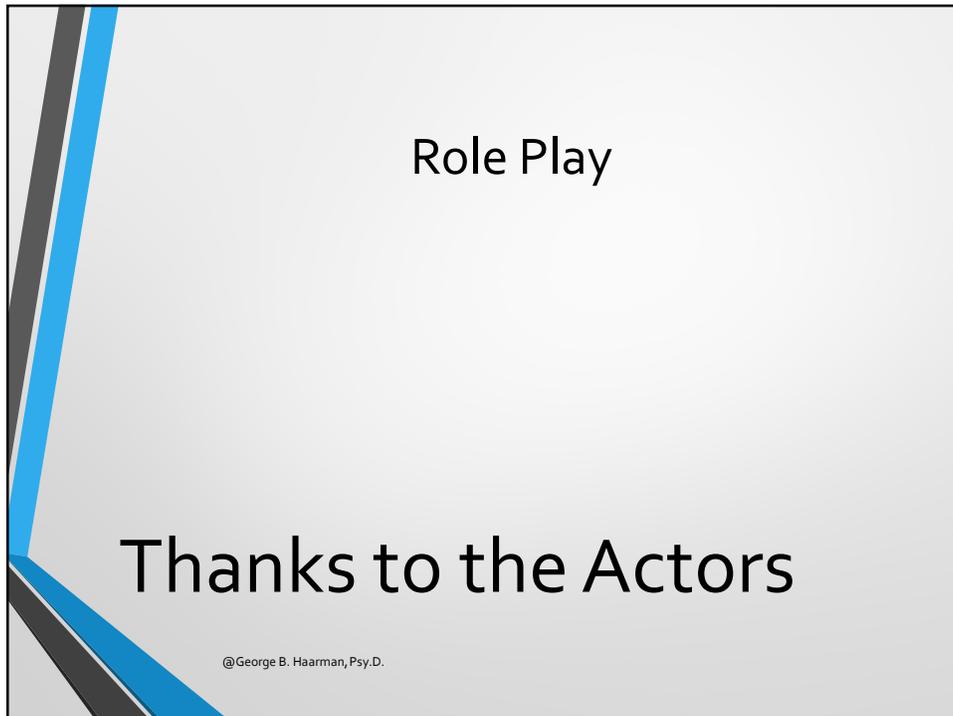
Role Play

Supervisor Giving Constructive Feedback

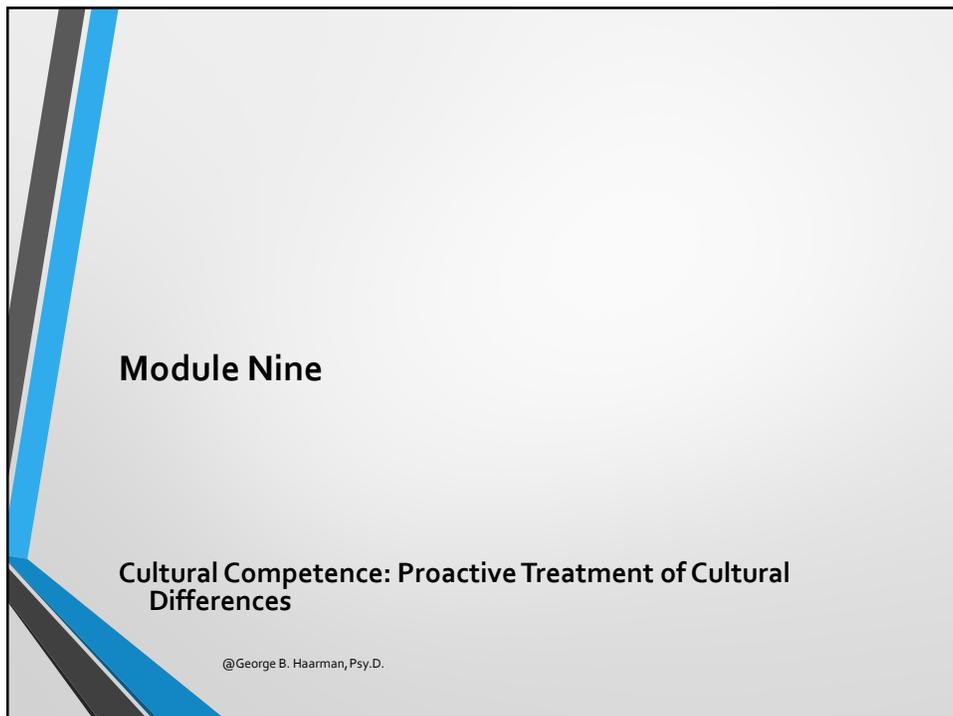
1. Structure the Feedback Intro, setup, their perception, listening, response
2. PIP – Positive, Improvement, Positive
3. Client focus/ not power or control
4. Incremental Change
5. After Action Review and Not Reprimand
6. Clear expectations for the future

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Appreciation of Diversity

- " **Cultural competence** refers to the ability to **honor and respect** the **language**, interpersonal **styles**, and **behaviors** of individuals in those who are **receiving** services and those who are **providing** services. Cultural competence is a dynamic, ongoing, developmental process that requires a commitment and is achieved over time." (U.S. Department of Health and Human services, 2003)
- Incorporation of **self-awareness** both supervisor and supervisee in an **interactive process** utilizing both of their diversity identities. It entails awareness, knowledge, and appreciation of **the intersection between the supervisor and supervisee's values, biases, expectations, and worldviews** (Falendar & Shafranske, 2014)
- Were bad at this, but we think we were good at it; we overestimate our multicultural competence and when we have competence, we don't always use it
- An examination of the multiculturally competent supervisor interventions revealed that supervisors frequently facilitated exploration of specific cultural issues, discussed culturally appropriate therapeutic interventions and skills, facilitated supervisee cultural self-awareness within supervision, and challenged and encouraged cultural openness of supervisees (Soheilian et al., 2014).

We report that we discuss multicultural issues with our supervisees, but our supervisees **say that we don't, and that they usually have to initiate** these conversations (Duan & Roehlke, 2001; Jernigan et al., 2010).

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Multicultural awareness includes **more than just race and ethnicity**. Diversity includes many factors, such as: **culture, race, ethnicity, age, gender, sexual orientation, ability, religion, social economic status, geographic region, education, family role, income, appearance, ability/disability, and politics.**(Curry, 2015).

- No matter how much we have in **common with the supervisee, we also have our differences.**
- As we increase **ownership of our own identity**, we all need to learn to accept our own identity while also accepting supervisees **for who they are**, no matter how similar or different they may be.
- **Cultural competence is a journey, not a destination.**
- It's less about whether you **know as much as someone else does** and more about your **willingness to learn more as you have opportunities to do so.**
- Rather it is about asking yourself if you are on the road to cultural competence. Not all supervisors are on the road. They may be content with staying where they are, **without feeling the need to learn more about the experiences of others.**

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Cultural Competence

- There are two crucial questions for the supervisor to consider regarding multicultural differences. First, **how do multicultural differences affect the supervisory relationship** and how should the supervisor **respond** to those differences. Second, do the same **multicultural issues affect client care**, and if they do, how, and how should the supervisor respond." (Campbell, 2000)
- The majority of attention to diversity has been devoted to culture - just one particular aspect - rather than the broader construct. **Diversity includes culture in all its aspects, as well as social economic status, race, religion, disabilities, age, gender, and sexual orientation.**
- **Intersectionality** identifies the discrimination and power dynamics within relationships and society and is particularly relevant to clinical supervision. An intersectional lens can be applied to consider the multiple and layered experience and identities of supervisees and clients and the power and privilege in the supervisory relationship (Tarshis & Baird, 2021).

Supervising in the Age of #MeToo (Thomas, 2018)

Applies to all relations where power differential exists (supervision)

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Cultural Competence

"Where scientific or professional knowledge and the discipline of psychology establishes that an **understanding of the factors** associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or social economic status is an essential or effective implementation of their services or research, psychologist obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals" (APA, 2017).

"Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and **culturally sensitive boundaries.**" (NASW, 2021, 3.01).

"Supervisors and educators are aware of and address **the role that culture and diversity issues play in the supervisory relationship**, including, but not limited to, **evaluating, terminating, disciplining, or making decisions regarding supervisees or students.**" (AAMFT, 2015).

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Cultural Competence

It is a given that the **culturally competent supervisor is cognizant of his or her own cultural background**, it's strengths, and the unique perspectives it casts on his or her own worldview. Can we reasonably expect **to be competent in any culture other than our own**? Not at all. Neither can we rest on the fact **that as long as we don't intend to offend that it won't feel offensive to our supervisees and erode the supervisory working alliance.**

Three Reasonable Cultural Competence Goals

1. Learn to accept inevitability of offense.

No matter how much you learn about yourself or others, **it may not be possible to completely avoid cultural offenses.** There are simply too many people in this world to learn everything. Even when you learn about a particular group of people, **over time you discover that not everyone within that group is the same, and the rules can change over time.** Instead, accept that despite our best efforts, **unavoidable offenses will occasionally occur and the question is ;how do we repair the damage?**

2. Make intentional efforts to reduce the frequency of the offenses that will inevitably occur.

Your mindful effort to try to avoid cultural offenses **may help reduce the likelihood** that something will be experienced as offensive.

3. Make intentional efforts to repair relationships damaged by cultural offenses

When cultural offenses occur, **reassure your supervisees of your openness and willingness to take steps to make further experiences together will be better.**

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Why should we increase our cultural competence

- the world is **changing**
- our **comfort zones** must expand
- **professional bubbles** no longer match caseloads and clientele
- the **ethical mandate** to maintain cultural competence
- cultural competence leads to **greater supervisee satisfaction and rapport**
- **ignorance** is not bliss
- professionals may still be **limited by their personal** experiences
- knowledge and experience are both essential
- multicultural competence is **synonymous with supervision competence**
- cultural awareness influences **assessment and diagnosis** and avoids inaccurate evaluation, incorrect diagnosis, and poor treatment outcomes
- Wing & Sue (2008) suggest that a strong working alliance is essential to addressing multicultural issues in supervision

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What Helps and What Hinders in Cross-Cultural Clinical Supervision (Wong et al., 2013)

The most frequently cited **positive** themes were subsumed in five key areas:

- (a) Personal attributes of the supervisor,
- (b) Supervisor competence
- (c) Mentoring – promote professional development
- (d) Relationship – respect, trust
- (e) Multicultural supervision competencies,

The most frequently reported **negative** themes were grouped into five areas:

- (a) Language and cultural barriers,
- (b) negative personal attributes of the supervisor,
- (c) lack of a safe and trusting relationship -traps
- (d) lack of multicultural supervision competencies,
- (e) lack of supervision competencies –disorganized and lacking in expertise

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Cultural Competence

- Falendar and Shafranske (2004) stated cultural competencies required for supervisors are:
 - Possesses a working **knowledge of the factors that affect worldview**
 - Possesses **self identity, awareness, and competence** with respect to diversity in the context of **self, supervisee, and client** stimulus value
 - Exhibits competence in **multimodal assessment** of the multicultural competency of trainees
 - **Models diversity and multicultural** conceptualizations throughout the supervision process
 - **Models respect, openness, and curiosity** towards all aspects of diversity and **its impact on the supervision process**
 - **Initiates discussion** of diversity factors in supervision
 - The supervisory relationship **includes an inherent power differential** and it is important to pay attention to this disparity, particularly when the supervisee and the supervisor are **from different cultural groups**

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Dressel et al. (2011), identified successful multicultural supervision behavior as:

1. Creating a **safe environment** for the discussion of multicultural issues, values, and ideas.
2. **Developing self-awareness** about cultural and ethnic identities, biases, and limitations
3. Communicating acceptance of and **respect for supervisees' culture** and perspectives.
4. **Validating integration** of supervisees' professional and racial/ethnic identities and helping to explore potential blocks
5. Discussing and supporting multicultural perspectives as they relate to the **supervisees' clinical work**.
6. Providing supervisees a **multiculturally diverse caseload** covering a breadth of clinical experience
7. Attending to racial/ethnic cultural differences reflected in **parallel process issues**.
8. Discussing realities of racism/oppression and **acknowledging that race is always an issue**.
9. **Acknowledging, assessing, and respecting racial/ethnic multicultural similarities and differences** between supervisor and supervisees, and exploring feelings concerning these issues.

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Introducing the Topic of Multicultural Differences in Individual Supervision

We do not leave our identities as **raced, classed and gendered bodies outside the door when we engage in supervision**: instead, our personal histories, experiences, cultural and class backgrounds and social, cultural and national locations remain present (some might say omnipresent). Culture, politics and history matter in supervision (Manathung, 2011).

"Unaddressed **racial, cultural, and ethnic silence** within the supervisory relationship can limit the trainee's learning experience, and limit the trainee's relationship with clients" (Powell, 2018).

"As clinicians and supervisors, we are **reluctant, afraid, embarrassed and ashamed** in not knowing what to do when race enters the clinical or supervisory relationship (Powell, 2020)

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Introducing the Topic of Multicultural Differences in Individual Supervision

- "**Broaching** in the context of clinical supervision refers to a clinical supervisor initiating and/or engaging in discussions **concerning similarities, differences, and the impact of the sociocultural identities in the supervisor-supervisee relationship**" (Jones & Branco, 2020).
- "I'm thinking about the fact that you are Black and I am White (or male and female, or straight and gay, etc.) What impact do you think this will have on our relationship? Do you have any concerns about that?"
- "At what point **did you notice the client's** race, gender, sexual orientation, ethnicity, etc.?" What thoughts or feelings did you have and what did you do as a result? How do you imagine the client is thinking or feeling about you? As a result of your race, gender, ethnicity, etc? TFB
- "How do you **want to handle communication** when you feel that I don't understand you as a result of our differences in race, gender, ethnicity, or sexual orientation?"
- "It might be as big a mistake to counsel someone according to the **group classification** as it is to counsel someone **without regard to their group identity**. How do we address that in supervision."

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Introducing the Topic

• Introducing the Topic of Multicultural Differences in Group Supervision

Ask about how cultural differences will influence **case presentations**

- **Normalize the existence of differences** in the group and encourage supervisees to explore the differences
- Use **self-disclosure** to highlight the effect of differences
- Bring up the issue of multicultural differences at the **start of the group**
- Playing the **devil's advocate** to disclose bias towards certain clients will provoke awareness Dog/Cat people

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From Insensitivity to Competence

We develop cultural competence by moving through a series of stages, beginning with ethnocentrism, and ultimately progressing to cultural advocacy (Fisher, 2021)

Ethnocentrism

Ethnocentrism involves seeing the world certain way based on **one's personal experiences**, instead of realizing there is a **world with different experiences**

Diversity Denial

Supervisors **acknowledge differences in cultural** experiences but **deny that they hold any significant difference** in how we interact with others.

Initial Awareness

Individuals become aware of and accept their ethnocentrism. This stage is the beginning of learning and acceptance that the **world, as they know it, is not the same as others experienced it.**

Increased Self-Awareness

For individuals to increase their awareness of multicultural differences, it is beneficial to **increase their own awareness of their own cultural identity.**

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From Insensitivity to Competence

Internal Conflict

Individuals begin to **learn about experiences other than their own** and realize **the impact that their lack of sensitivity and humility can have on others.**

Appreciation of Diversity

With new knowledge **of cultural differences** comes the responsibility to enhance **relationships rather than hurt them.**

Increased Accountability

Supervisors must make intentional efforts to learn about **the experiences, needs, and comfort zones of those from similar and different backgrounds.**

Cultural Advocacy

One way to be a part of the solution to this problem is to discover **a personal style of advocating for appropriate sensitivity to other cultures.** involves taking your increase knowledge and awareness of culture and **applying it to areas that within the scope of your practice.**

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From Competence to Cultural Humility

Cultural Humility it is actually a shift away from "competence." Instead of "ways of doing." (Competence), it focuses on "ways of being." (Hook et al., 2014).

"The development of *cultural humility* is a willingness and openness to reflect on oneself as an embedded, cultural being and guarding against culturally unfounded, and automatic assumptions, cultural humility involves being open to hearing and striving to understand aspects of another's cultural background and identity" (Watkins et al., 2018).

Jones & Branco (2020) emphasize not only that cultural humility and broaching are interconnected, but that broaching is cultural humility in action. Perhaps broaching should be thought of as the premier intervention in Multicultural Supervision.

Broaching allows us to invite our supervisees to enter into and explore the world of culture and its treatment/supervision effects and, then, progressively strive to increasingly integrate matters of culture into the whole of treatment/supervision

The combination of broaching and cultural humility allows for the creation of a "Cultural Third." The possibility emerges for a new and nuanced supervisor–supervisee relational/cultural connection and understanding, where ideally . . . the supervisory dyad becomes able to generate new cultural meanings that would not be accessible to each individual party in supervision. (Watkins & Hook, (2016).

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Cultural Humility

- Cultural humility is a **way of being** rather than a cognitive acquisition
- An interpersonal stance that is **other oriented** rather than **self oriented**.
- **Maintaining awareness of the limitations** of understanding another's culture
- **Curiosity, interests, and openness** to exploring the person's culture and experience
- Recognition that there are **multiple valid ways of viewing the world**
- **Attending to and eliciting cultural opportunities** in the work
 - There are **decision points** where we choose to engage in a discussion of cultural identities
 - when we choose not to engage in discussions around culture, we may be communicating that the supervisee's identity, culture, or experience is **invalid or unimportant**
- **Becoming more comfortable** with discussing culture

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	Cultural Competence	Cultural Humility
Goals	understanding other cultures	encourage personal reflection and growth around culture
Shortcomings	The idea that we can be "competence" in a culture other than our own Based on academic learning, rather than the experience Can reduce cultures to stereotypes	Can be challenging and uncomfortable for those used to having power No end result. You cannot excel cultural humility. You can only keep learning never achieve
Values	Knowledge, training	Introspection, co-learning
Strengths	Promotes skill building Allows striving for goals Hook, et.al 2016	Encourages lifelong learning and growth Encourages a mutually beneficial relationship and diminishes power dynamics

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Cultural Humility

CULTURAL HUMILITY identifies a core of critical features that have been consistently identified as capturing cultural humility's essence: (a) openness; (b) willingness and ability to accurately assess one's own personal characteristics, and (c) ability to recognize one's own imperfections, mistakes, and limitations; and (d) an other-orientation (Watkins et al., 2018).

1. Be nonjudgmental	8. Assume complexity
2. Be flexible	9. Tolerate the stress of uncertainty
3. Be resourceful and look for alternatives	10. Have patience
4. Personalize observations	11. Manage personal biases, stereotypes
5. Pay attention to your thoughts and feelings	12. Keep a sense of humor
6. Listen carefully	13. Show respect
7. Observe attentively	14. Show empathy

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Microaggressions

Microaggressions- no matter how much effort you invest in reducing micro-aggressions, we must accept the inevitability of offense. Indications that a micro-aggression or cultural offense may have occurred between a supervisor and supervisee might include some of the following:

1. abrupt changes in rapport
2. excessive resistance or passive aggressiveness
3. noncompliance with directives
4. Withdrawal

Microaggressions, over time can create serious consequences for supervisees, in terms of a hostile environment, perpetuating stereotypes, impair relationships, and cause psychological distress.

Supervisors who engage in microaggressions may be inadvertently attempting to increase the power differential as a method of control.

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Module Eleven

The Evaluation Process: The Key to Effective Supervision

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EVALUATION

Three major purposes of evaluation: **diagnostic, formative, and summative** (Basa, 2021)

- **Diagnostic**

Supervisor evaluates current skills, knowledge, and learning needs.

Supervisor and supervisee develop a **developmental plan**

- **Formative**

Ongoing skill acquisition, awareness of self and clients, learning from supervisor's evaluation, client evaluation, and work samples

A **balance between challenge and support** is foundational to growth

- **Summative**

A judgement of supervisee's **professional fitness and competence**

Cause anxiety for supervisee and supervisor due to **power differential**

Knowledge, skills, and abilities versus personal characteristics

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Evaluation

- ▶ Supervisors are ethically bound to provide a **fair, objective, and accurate** evaluation of supervisees.
- ▶ Supervisees are **entitled** to receive a fair evaluation.
- ▶ Supervisors avoid the "**tyranny of niceness**" whereby they avoid being anything other than positively supportive and thus avoid giving the supervisee **clear, direct constructively critical feedback essential to professional growth** (Flemming et al, 2012).
- ▶ A "**no news is good news**" approach can give the mistaken impression of adequacy and competence.
- ▶ Avoiding dealing with uncomfortable evaluation issues could have **legal** implications as it may relate to employment or licensure. **The lack of timely feedback** has become a common basis for a **formal ethics complaint** regarding supervision (Koocher and Keith-Speigel, 1998)
- ▶ Evaluation is an **ongoing process** not an event. Performance Appraisal is an **event**.
- ▶ Evaluation provides opportunities for **remediation**, specific **criteria** for successful completion, methods of assessment, and a **time frame** for improvement or completion.
- ▶ How the evaluation/feedback is handled is **core to a positive supervisory experience** (Ladany et al., 1999)

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Evaluation

Evaluation Process Four-Steps

- Establish **Goals and Objectives** for Supervision
- Provide **ongoing feedback** in supervision
- Provide more formal feedback **at set intervals**
- Final evaluation formalizes performance for a **specified time period**

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Evaluation

Examine your **own experiences of evaluation** and identify blocks to a constructive experience

Be clear from orientation about the **process and methods of evaluation**

Goal-setting and feedback practices that enhance the evaluation process include (a) a stronger **working alliance**, (b) enhanced trainee **perception of supervisor influence**, and (c) increased **trainee satisfaction** with supervision (Lehrman-Watterman & Ladany (2001)

Supervisee is informed about **who will be involved** in the evaluation and **who will receive** information from the evaluation

Supervisee receives **periodic and ongoing informal feedback** about progress to achieving criteria

Supervisee is provided with opportunities to fail, opportunities to be successful, and constructive feedback and suggestions toward meeting criteria (a **developmental perspective**)

Describe in behavioral terms what supervisee is being evaluated on.

Focus on behavior, not personality

Include information from other sources, particularly if there is any duality of relationship

Focus on *mastery, obstacles, options, improvements, growth opportunities*

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Evaluation

Formative Feedback versus Summative Assessment (Falendar & Shafranske, 2004)

Formative Evaluation

- Assist in skill refinement
- Identification of issues that impede clinical practice
- Corrective feedback

Summative Evaluation

- Objective assessment of competence
- Rating of performance on specific goals

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Evaluation

Formative Feedback (Freeman, 1985)

- **Ongoing:** occurs throughout the period of supervision
- **Informal:** not formally documented
- **Systematic:** consistent, objective, reliable
- **Timely:** provided in close proximity to event
- **Clear:** explicit and objective criteria
- **Descriptive:** behaviors and actions
- **Tentative:** offered for consideration rather than mandated
- **Constructive:** suggestions or alternatives
- **Selective:** developmentally appropriate for experience level

Summative Feedback increases liability issues as they are often the basis for employment, promotion, tenure or credentialing. Formal evaluations **incur ethical and legal liability for supervisors.**

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Evaluation

Steps for Handling a Negative Evaluation

- Make sure **criteria for success** has been clearly defined
- Give and **document frequent formative feedback** and assistance
- Utilize **multiple methods** - more than self-report and case consultation
- **Consult with another supervisor** – supervision of supervision
- Advise them in advance of a **probable negative outcome**
- Be prepared for a negative reaction by the supervisee, particularly in terminations – **gauge your reaction and limit comments – how would this appear in court**

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Module Twelve

Legal Issues in Supervision: Protect Yourself, Protect Your License

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Legal Primer for Mental Health Practitioners (Falvey, 2001)

Standard of Care - The normative or expected practice performed in a given situation by a given group of professionals.

Statutory Liability - Specific written standards with penalties imposed, written directly into the law.

Negligence - When one fails to observe the proper standard of care.

Direct Liability - Being responsible for your own actions or authority and control over others.

Vicarious Liability - Being responsible for the actions of others based on a position of authority and control. "The demonstration of negligence may abet a successful complaint that has no relation to negligence but that – even when the other complaint has no basis in fact – if it confirms inadequate and/or unprofessional clinical supervision" (Martin & Turner, 2019).

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Standard of Care

Standard of care is emerging from case law, but there is no clear definition within professions or between professions. Saccuzzo (1997) identified five major principles that were repeatedly found in statutes, case law, ethical codes, and professional literature:

- Competence
- Confidentiality
- Dual Relationship
- Welfare of Consumer
- Informed Consent

Standards of Care for Supervision that can be extracted from case law, ethics, statutes, and clinical practice include:

- Supervising only within your area of competence
- Providing appropriate feedback and evaluation
- Consistently monitoring and controlling supervisee's activities "vigilant watchfulness"
- Accurately documenting supervisory activities
- Providing consistent and timely supervision.

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Professional Standards for Clinical Supervision

❖ AAMFT

http://www.aamft.org/imis15/Documents/Approved/Approved_Supervisor_handbook.pdf

❖ APA

American Psychological Association. (2015). *Guidelines for clinical supervision in health service psychology*. *American Psychologist*, 70,33-46.

❖ NASW

National Association of Social Workers and Association of Social Work Boards. (2013). *Best practice in social work supervision*.

<http://www.socialworkers.org/practice/naswstandards/supervisionstandards2013.pdf>

❖ ACA

The Association for Counselor Education and Supervision (ACES) Best Practices in Clinical Supervision Task Force (Borders et al., 2014) <http://www.acesonline.net/wp-content/uploads/2011/10/ACESBest-Practices-in-clinical-supervision-document-FINAL.pdf>

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PREVENTING PROBLEMS STRATEGY # 6

- ONLY SUPERVISE ACTIVITY WITHIN YOUR PROFESSIONAL COMPETENCE

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Negligence/Malpractice

Malpractice is professional negligence and is therefore a *tort*. To establish that a supervisor has acted negligently, there are four legal criteria:

- **Duty** – established by nature of relationship or statute
- **Breach** – violation of a duty or standard of care that was foreseeable and unreasonable
- **Causation** – breach of duty or care was direct or proximate cause of the injury
- **Damage** – physical, financial, or emotional injury as a result of foregoing three criteria
- A **preponderance of evidence** is essential for a successful malpractice suit and must demonstrate the “four D’s” **Dereliction of a Duty Directly causing Damages**.

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Negligence/Malpractice

Supervisory malpractice involves lawsuits filed for allegedly violating professional practice standards by a supervisee or a client against a supervisor. Failure to **adequately supervise students or assistants** is one of the ten most common causes of malpractice. (Stromberg and Dellinger, 1993).

Disciplinary actions by state boards reported that inadequate or improper supervision ranked **fifth** in frequency among violations (Reaves, (1998), Harris (2003)).

Bennett et al. (1990) described four criteria of malpractice. Guest and Dooley (1999) expanded these concepts in the context of supervision:

- A professional **relationship was formed** between the supervisor and supervisee
- There is a demonstrable standard of care, and the supervisor **breached that standard**

The supervisee or client suffered demonstrable **harm or injury**

The supervisor’s breach of duty to practice within the standard of care was the **proximate cause (reasonably foreseeable)** of the supervisee’s or client’s injury

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Direct versus Vicarious Liability

Legal Liability (Johnson, 1995; Saccuzo, 2002) permeates all three areas of supervisory responsibility: **client welfare, professional development, and gatekeeping.**

"The supervisee is legally an agent of the supervising psychologist."
(Knapp & Vandecreek, 2006).

Direct Liability is based on erroneous actions or omissions on the part of the supervisor. Harrar, Vandecreek, and Knapp (1990) summarized direct liability as:

- dereliction in carrying out supervisory responsibility of a supervisee's work
- giving a supervisee **inappropriate treatment recommendations** that the supervisee implements to the client's detriment
- failure to listen carefully** to a supervisee's comments, therefore failing to comprehend the client's needs
- assigning tasks to supervisees whom the supervisor knew, or should have known, was **inadequately trained.**

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PREVENTING PROBLEMS STRATEGY # 7

- LISTEN CAREFULLY TO SUPERVISEES AND DOCUMENT SUPERVISION

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PREVENTING PROBLEMS STRATEGY # 8

- ONLY ASSIGN SUPERVISEES
TASKS THAT THEY ARE
COMPETENT TO PERFORM

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Direct versus Vicarious Liability

- Supervisors are held **directly responsible** for negligent supervisory practices, which may include the following:
- ▶ Allowing a supervisee to practice **outside your and his/her scope** of practice
 - ▶ Not providing **consistent time** for supervision
 - ▶ Lack of **emergency coverage** and procedures
 - ▶ Not providing clear expectations or a **supervisory contract**
 - ▶ Lack of appropriate **assessment** of the supervisee and/or clients
 - ▶ Lack of **monitoring** of the supervisee's practice and/or documentation
 - ▶ Lack of consistent **feedback** prior to evaluation
 - ▶ Violation of professional **boundaries**

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Vicarious Liability

Vicarious Liability is based on the concepts of *respondeat superior*, *borrowed servant rule*, or *enterprise liability*.

Respondeat Superior – liability for a supervisee's actions attaches because the supervisor has **authority and control** even if they lack specific knowledge about the case. Liability attaches whether or not the supervisor breaches a duty. "One who occupies a position of authority or direct control over another (such as a master and servant, employer and employee, or supervisor and supervisee) can be held legally liable for the damages of another suffered as a result of the negligence of the subordinate." (Disney and Stephens, 1994).

Borrowed Servant - liability attaches to the person who had **control** of the supervisee at the time of the negligent act. There is debate regarding the amount of control (indirect or clinical supervisor versus direct or administrative supervisor).

Enterprise Liability – liability attaches to the extent that the supervisor or organization benefits or **profits from the work** of the supervisee.

(California Board of Psychology, 2008) prohibition of **supervision for pay** of prospective licensees). ASPPB (2003) "**payment** for supervision by the pre-doctoral supervisee is not acceptable.

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Vicarious Liability

Vicarious liability holds that supervisors are liable for their supervisee's actions because a) they are in a position of **responsibility and authority**, b) the supervisee was under the **direct control of the supervisee**, and c) the extent to which a supervisor **may profit from the actions of their supervisees**. Three conditions must be met for vicarious liability:

1. supervisees agree to work under the direction and control of the supervisor
2. supervisees must be acting **within the defined scope** of the tasks being supervised
3. supervisor must have the **power to control and direct the work**

Disney and Stephens (1994) clarified factors that aid in the determination of whether the supervisee's negligence implicated the supervisor included:

- The time, place, and purpose of the act
- The motivation of the supervisee for the act
- Whether the supervisor could have reasonably expected that the supervisee would commit the act

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Vicarious Liability

- *Simmons v. United States* held that supervisors assume direct responsibility for their response to supervisee sexual transgressions with clients. Supervisors have responsibility for overseeing the counseling relationship between the supervisee and client and **should know** what is taking place. As a supervisor you may be legally vulnerable if you fail to take appropriate actions. *Andrews v. United States* The supervisor confronted the supervisee but court ruled that they did not go far enough and found for negligent supervision.
- *Pope and Tabachnick (1993)* found that **11.6 %** of respondents reported that at least one malpractice lawsuit or board complaint.
- *Hickson et al. (2002)* stated that the possibility of an adverse disciplinary event is **10 to 15% during a 15-year career**
- Licensing boards can discipline professionals for improper conduct without harm having been inflicted and have a much **broader range of admissible evidence** (hearsay and prior acts) than do courts

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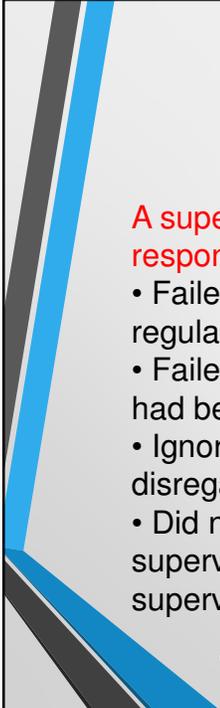
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A supervisor is less likely to be held responsible in court if:

- 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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Module Thirteen

Ethical Issues in Supervision: Protect Yourself, Protect Your License

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Ten Activities Required for Ethical Supervision (Campbell, 2006)

- ▶ Be trained; be **competent**
- ▶ **Orient** supervisees
- ▶ **Informed Consent** Agreement
- ▶ Know current **ethical codes**
- ▶ Have **goals** for supervision
- ▶ Create plans and **structure** for supervision
- ▶ Plan for **evaluation criteria** and methods
- ▶ Dialogue about **dual relationships** and **multicultural issues** (Lowe, 2010)
- ▶ **Document**, document, document, document.....
- ▶ Regular **supervision of supervision**, not crisis consultation

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Core Ethical Principles

APA (2017)

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

NASW (2021)

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

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Disciplinary Actions by State Boards of Psychology (Pope and Vasquez, 1998)

- ▶ 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%)

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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 (Cimiño et al., 2013, January et al., 2014)

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Supervisory Ethical Violations

- ❑ Hansel (2018) in a survey of over 100 Predoctoral interns indicated that up to **three-quarters of participants** had perceived at least **one ethical lapse** of best practices by their previous supervisor.
- ❑ The most frequently reported areas of supervisor non-adherence to ethical standards were: **direct observation of clinical work, e.g., live supervision, monitoring of client progress, use of familiar treatments, and use of a supervision contract** (Barnett, 2017 and Barnett & Molson, 2014)
- ❑ HIPAA Privacy Rules protect the privacy of individually identifiable health information. **Supervisors must ensure the confidentiality** of information between them and the client when they provide clinical supervision. Supervisors must be **familiar with state confidentiality laws and any agency policies** regarding protection of individually identifiable health information (Bradley, 2022 and Durham, 2017).

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PREVENTING PROBLEMS STRATEGY # 9

- INSURE THAT YOUR ETHICS ARE IMPECCABLE

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Major Ethical Issues Related to Supervision

The Big Five

- Competence
- Due Process
- Informed Consent
- Confidentiality
- Multiple/Dual Relationships

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Competence

- ▶ "Psychologists provide services, teach and conduct research...within the **boundaries of their competence** based on their education, training, supervised experience, consultation, study, or professional experience." APA (2017), 2.01
- ▶ "Marriage and Family Therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies." AAMFT (2015) 3.10
- ▶ "Psychologists who delegate work to supervisees...take reasonable steps to ... (2) authorize only those responsibilities that such persons can be **expected to perform** competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided and (3) **see that such persons** perform these services competently." APA (2017), 2.05
- ▶ Social workers who provide supervision or consultation (whether in-person or remotely) should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence. (NASW, 2021) 3.01
- ▶ "Supervisors should teach courses and supervise clinical work only in areas where they are **fully competent and experienced**." ACES (2016) 3.02
- ▶ Prior to offering supervision services, counselors are **trained in supervision methods and techniques**. ACA (2016) F2.a
Counselor supervisors, trainers,have theoretical and pedagogical foundations for their work; have knowledge of supervision models. ACA (2016)

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Competence

- ▶ Ellis et al. (2018) surveyed for the occurrence of inadequate and harmful supervision. Based on a sample of 363 supervisees, 93.0% were currently receiving inadequate supervision and 35.3% were currently receiving harmful supervision. Over half of the supervisees had received harmful clinical supervision at some point.
- ▶ Supervising was grounded in assumptions that a) a trained therapist was a good supervisor and b) having been supervised qualifies one to supervise.
- ▶ Definition of competency to supervise varies from discipline to discipline, but most have three common components 1) formal education, 2) professional training, and 3) carefully supervised experience. The legal standard of competent practice within a discipline is matching the performance of an average fellow professional in good standing under similar circumstances.
- ▶ Although competence in supervision had been inferred, multiple international studies reveal high frequencies of unethical, inadequate, and harmful supervision (Falendar, 2020).
- ▶ AAMFT, NBCC, and AAPC have specific criteria that must be attained to be an approved supervisor. NASW (1994) guidelines spell out 13 specific qualifications that must be attained by someone providing supervision including: three years post masters experience, not under sanctions of any kind, demonstrating ongoing professional development, clinical expertise, and understanding of issues related to diversity.

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Competence

Competence in Supervision contains at least four elements

- ▶ Training and experience in supervision
- ▶ Appropriate credentials
- ▶ Clinical experience in area being supervised (practicing within the boundaries of their competence)
- ▶ Multicultural competence
- ▶ Pope & Vasquez (1998) distinguish between *intellectual competence*, i.e., education, knowledge, critical thinking, and conceptualization versus *emotional competence*, i.e., knowledge of self, self-monitoring, areas relevant to self-care

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PREVENTING PROBLEMS STRATEGY #10

- HAVE THE APPROPRIATE EDUCATION, TRAINING, AND EXPERIENCE TO SUPERVISE

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PREVENTING PROBLEMS STRATEGY # 11

- EXERCISE SELF-CARE IN ORDER TO BE EMOTIONALLY CAPABLE OF SUPERVISING

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Due Process

- ▶ Ensuring that **supervisee's rights** are not violated
- ▶ Providing clear understanding of **requirements and expectations**
- ▶ Knowledge of **evaluation tools and criteria**
- ▶ Definition of what signifies successful **completion**
- ▶ Proper **notice** and opportunity for a hearing, defense, and appeal

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Informed Consent

- ▶ “(a) In academic and supervisory relationships, psychologists establish a timely and **specific process for providing feedback** to students and supervisees. Information regarding the process is provided to the student or supervisee at the **beginning of supervision**. (b) Psychologists evaluate students and supervisees on the basis of their **actual performance** on relevant and established program requirements.” APA (2017) 7.06
- ▶ Supervisors are responsible for incorporating into their supervision principles **of informed consent**. ACA (2016) F.4.a
- ▶ “Supervisors should incorporate the principles of **informed consent** and participation; clarity of **requirements, expectations, roles, and rules, and due process** and appeal into the establishment of policies and procedures for their institution, program, courses, and individual supervisory relationships.” ACES (2016) 2.14

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Informed Consent

Informed consent requires providing potential supervisees with information about the supervision that reasonably might influence their ability to make sound decisions about participation (Thomas, 2010).

Informed Consent allows for 1) elucidating expectations, 2) identifying mutually agreed goals, 3) anticipating likely difficulties, and 4) identifying problem solving processes in advance. (Guest & Dooley, 1999).

Bernard and Goodyear (2009) and Falvey (2001) suggest that informed consent takes place on multiple levels:

- Client's consent to treatment by supervisee under supervisors direction
 - Supervisor and supervisee consent to the supervisory responsibility
 - The institution or agency consents to comply with clinical, legal, and ethical requirements
 - Client's consent to supervision of their case by a named individual
- Client consents that confidential information will be shared with the supervisor

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Multiple/Dual Relationships

"A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness.... Or harm to the person with whom a professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk of exploitation or harm are not unethical." APA (2017) 3.05

"When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role.... they clarify role expectations and the extent of confidentiality as changes occur." APA (2017) 3.06

"Supervisors who have multiple roles with supervisees should minimize potential conflicts.. Where possible the roles should be divided among several supervisors." ACES (2016). 2.09

"Counseling supervisors avoid nonprofessional relationships with current supervisees.... They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship." ACA (2016) F.3.a.

"Members must not accept as supervisees those individuals with whom a prior or existing relationship could compromise the supervisor's objectivity.... Examples of such relationships include, but are not limited to, those individuals with whom the supervisor has a current or prior sexual, close personal, immediate family, or therapeutic relationship." AAMFT, (2015) 4.3

"Supervisors should not engage in any form of social contact or interaction which would compromise the supervisor-supervisee relationship." ACES (2016) 2.10

"Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student, including dual relationships that may arise while using social networking sites, or other electronic media.... Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries." NASW, 2021, J3.02

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Multiple/Dual Relationships

"Psychologists who delegate work to ...supervisees...take reasonable steps to....avoid delegating work to such persons **who have a multiple relationship with those being served** that would likely lead to exploitation or loss of objectivity." APA (2017) 3.05

"The supervisor is obliged to extend to supervisees the utmost **respect and regard**. The relationship should be entered into in an **orderly manner**. The supervisor's position of authority should not be used to exploit the supervisee in any way, including sexual harassment or exploitation." Social workers who function as supervisors or educators should not engage in sexual activities or contact (including verbal, written, electronic, or physical contact) with supervisees, students, trainees, or other colleagues over whom they exercise professional authority. NASW (2021, 2.06, 3.02).

Supervisors make every effort to avoid conditions and multiple relationships with supervisees that **could impair professional judgment or increase risk of exploitation**examples of such relationships include, but are not limited to **business or close personal relationships with supervisees or the supervisee's immediate family**..... Supervisors **do not engage in sexual intimacies during the evaluative period or training relationship**. AAMFT (2015) 4.2, 4.3, & 4.6

"Psychologists do not engage in **sexual relationships** with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have **evaluative authority**." APA (2017) 7.07

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Multiple/Dual Relationships

A multiple/dual relationship exists when a supervisor has a **concurrent or consecutive personal, social, business, or professional** relationship with a supervisee in addition to the supervisor – supervisee relationship, and these roles **conflict or compete**." (Kitchner, 1988) TD

"A multiple relationship occurs when a psychologist is in a **professional role with a person** and (1) at the same time is in **another role** with the same person, (2) at the same time is in a relationship with a person **closely associated with or related** to the person.... or (3) **promises to enter** into another relationship in the future a person closely associated with or related to the person." APA (2017) 3.05

AAPC (2009) acknowledges (and therefore allows) that supervision **may occur between individuals who have social and collegial relationships**, "but supervisors are directed to structure the interactions so as not to interfere with successful fulfillment of the supervisory contract."

APA Ethics Committee (2008) reported that over 60% of all ethics cases opened included multiple relationships as one factor

"Application of these principles to **small communities, rural settings, religious groups, gay, feminist, and ethnic minorities** may be more complex and problematic." Campbell, 2006)

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Attitudes about Dual Relationships with Supervisees (Barbara Herlihy)

Is it Ethical	Never	Rarely	Unsure	Usually	Always
1. Barter with supervisees for services					
2. Provide therapy to a supervisee					
3. Accept a gift of <\$10					
4. Accept a gift of >\$200					
5. Invite a supervisee to a party or social event					
6. Accept a supervisee's invite to party or event					
7. Become friends with a supervisee after termination					
8. Engage in sexual behavior with a supervisee after termination					

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Discussion Questions

1. Which categories of dual relationships do you feel strongly about?
2. Which categories of dual relationships are unclear?
3. How do your ratings affect your approach to supervision?
4. Can you think of an example in your experience where a dual relationship with a supervisee became problematic? How did you handle the situation?
5. Can you think of an example where either you or a supervisee violated a boundary that was not unethical?

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Multiple/Dual Relationships

"A boundary is the defined "edge" of appropriate or professional behavior, transgression of which involves the therapist stepping out of the clinical role." a 'slippery slope' refers to seemingly insignificant erosions in boundaries that may transform into significant violations...the erosion or benign boundary crossings may be either a precipitant or a predictor of a sexual relationship that ensues." (Lamb et al., 2003)

A **boundary crossing** is a non-pejorative term that describes departures from commonly accepted clinical practice that may or may not benefit the supervisee. Boundary crossings may be harmless, nonexploitative, or supportive (Haddad et al., 2019)

Boundary crossings should be viewed as potentially high-risk behaviors and may include money, place and space, gifts, services, clothing, language, self-disclosure, and physical contact.

A **boundary violation** is a clear departure from acceptable practice that places the supervisee or the supervisory process at serious risk.

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Multiple/Dual Relationships

Boundary Issues in Supervision

To what extent if any is the supervisor's judgment impaired by the dual relationship. AAMFT (2015) specifically prohibits supervising family members.

- ▶ Supervisory role is inevitably a dual relationship due to power differential Falendar, 2017
- ▶ To what extent if any is the supervisor's judgment impaired by the dual relationship
- ▶ What is the risk that supervisee will be exploited based on power differential
- ▶ Duality cannot be avoided completely, but can be managed
- ▶ Therapy vs. personal and professional growth (how does this impact relationship with client? Is the supervisee impaired?)
- ▶ Sexual boundaries (supervisors may need to examine their own needs and life situation)
- ▶ "Once a client, always a client" may not apply as rigorously in supervisory relationships as the power differential may or may not change as the supervisee becomes more of a colleague
- ▶ Be proactive in raising dual relationship issues with supervisees both up and down (supervisor and clients)

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PREVENTING PROBLEMS STRATEGY #12

- AVOID BOUNDARY CROSSINGS WITH SUPERVISEES, AS THEY CAN LEAD TO BOUNDARY VIOLATIONS

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Supervisor – Supervisee Sexual Relationships

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Multiple/Dual Relationships

Supervisor – Supervisee Sexual Relationships

**The Simple Answer is –
What Part of “No” Don’t
You Understand!**

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**PREVENTING PROBLEMS
STRATEGY #13**

- UNDERSTAND THE ARTIFICIAL INTIMACY CREATED IN SUPERVISION –ADDRESS SEXUAL ATTRACTION

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Multiple/Dual Relationships

Ethics codes have specific prohibitions regarding sexual contact with supervisees and students (AAPC, ACA, APA, ASPPB, CPA, AAMFT, NASW) and do not allow for exceptions. **Some codes extend this to electronic interactions.**

American Psychiatric Association (2013) states that sexual contact between a supervisor and a trainee or student "may be unethical."

Prevalence of Sexual Misconduct

- ▶ **17% of female** members of APA Division 12, Clinical Psychology, had sexual contact with psychology educators/supervisors as graduate students (Glaser and Thorpe, 1986)
 - ▶ 31% reported having experienced **seductive behavior** with educators/supervisors while they were graduate students
 - ▶ By 1996 (Hammel, Olkin, and Taube, 1996) reported rates had dropped to **10 % and this seems to be sustained** (Lamb and Catanzaro, 2003).
 - ▶ Rates of **supervisor-supervisee sex** have been found to be consistent between 1.5 to 4 %. Lamb and Catanzaro (1998) place the rate of supervisor – supervisee sexual contact between 3% and 8%.
- Zakrewski (2006) reported rates of **2%**, but sample included male and female students. Women were 2.5 times more likely to have had sexual contact with a supervisor than men.

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Multiple/Dual Relationships

Impact of a Dual Relationship on the Supervisory Process

"Because of the power differential and the supervisee vulnerability implicit in supervisee/supervisor sexual relationships, **completely voluntary consent is impossible** in supervisee/supervisor sexual relationships. Thus, to argue that such a relationship is consensual may be fallacious." (Koocher & Keith-Spiegel, 1998).

The power differential in a supervisory dyad can "create unique vulnerabilities for supervisees." (Gottlieb, Robinson, & Younggren, 2007)

- ▶ Supervisee is **no longer as comfortable** confronting or disagreeing with the supervisor.
- ▶ Supervisor's ability to **objectively evaluate** the supervisee is severely compromised
- ▶ What **started as "consensual"** often evolves into what feels like coercion and harm (Glaser and Thorpe, 1986)
- ▶ **Legal jeopardy** attaches because of inadequate supervision or the accusation of unfairness of evaluation after the dual relationship ends.
- ▶ **Isolation** from the work group, perceived **preferential** treatment, and questioning of professional **judgment** may occur
- ▶ **Poor modeling** for other professionals and doubt about the profession as a whole

Supervisees who were sexually involved with supervisors are **more likely to be offenders** themselves (Bartell and Rubin, 1990 and Pope et al., 1979)

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Multiple/Dual Relationships

Risk Factors and Boundary Issues

- **Self Disclosure, money, and touch** are described as the primary slippery slopes to boundary violations and dual relationships
 - **Generally Unacceptable Self Disclosure**
 - Details of current life stressors
 - Dreams and Fantasies
 - Relational Circumstances
 - Sexual Circumstances
 - Financial Circumstances

The Seven Deadly Boundary Crossings : Guthell & Gabbard (1993)

1. Time
2. Place
3. Money
4. Gifts, Favors
5. Clothing
6. Language
7. Physical Contact

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PREVENTING PROBLEMS STRATEGY #14

- **BE DILLIGENT ABOUT MAINTAINING BOUNDARIES AROUND SELF-DISCLOSURE, MONEY, AND TOUCH**

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PREVENTING PROBLEMS STRATEGY #15

- AVOID THE SEVEN DEADLY
BOUNDARY CROSSINGS

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Multiple/Dual Relationships

Requiring inappropriate self disclosure from supervisees may be unethical unless understood and agreed upon in advance.

“Psychologists do not require students or supervisees to disclose personal information in course – or program related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with peers, parents, spouses, or significant others except if (1) the program or training facility has clearly identified this requirement in its admission and program materials or the information is necessary to obtain professional assistance” APA (2017) 7.04

Another Dual Relationship issue is the boundary between supervision and therapy. Blurring of boundaries between supervision and therapy may create unwarranted personal disclosure or unrealistic expectations about confidentiality, loyalty, or future interactions.

▶ “Supervisors do not provide therapy to current students or supervisees. AAMFT (2015) 4.2

▶ “(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (b) Faculty who are or are likely to be responsible for evaluating students’ academic performance do not themselves provide that therapy.” APA (2017) 7.05

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Multiple/Dual Relationships

Although sexual boundaries are the most egregious, they certainly aren't the only ones. Navin et al. (1995) reported that 25 percent of field-based supervisors were aware of **social interactions** between supervisors and supervisees that may be incompatible with supervisor's duties. Collegial nature of supervision may cause supervisors to lose sight of their evaluation responsibilities.

- **Mentoring** is a dynamic way of teaching, but can involve many activities or meetings outside of the normal supervisory process.
- **Socializing** may appear to be benign or even beneficial, yet pose some ethical risks. The core ethical question is: How does the socialization enhance or inhibit the professional relationship?

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Multiple/Dual Relationships

Haynes et al (2003) pose questions to consider before making decisions about socialization.

- Could the socializing impact my ability to give a negative evaluation or terminate a supervisee?
- Can I **explain and justify** my decisions around socializing to an ethics board?
- What advice would I give a **colleague** in a similar situation?
- In my setting, how appropriate is socializing and what is the **professional maturity** of my supervisees?
- How might other supervisees react knowing that I am socializing with some supervisees, but not all of them?
- How comfortable am I with my actions **being known publicly** or by my boss?
- What is the **worst possible scenario** that could emerge from my decision to socialize with a supervisee?

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PREVENTING PROBLEMS STRATEGY # 16

Carefully look at how social interactions
might impact the supervisor-supervisee
relationship

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PREVENTING PROBLEMS STRATEGY # 17

WHEN CONSIDERING SOCIAL
INTERACTIONS WITH SUPERVISEES –
CONSULT WITH ANOTHER
SUPERVISOR

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Models 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

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Models for Ethical Decision Making

Knapp et al., (2015) outline a clear decision-making process that is based on three practical strategies:

1. The ethics acculturation model to help therapists incorporate personal ethics into their professional roles
2. The quality enhancement model for dealing with high-risk patients who are potentially harmful
3. The ethical choice-making strategies to make the most ethical decision in a situation where two ethical principles conflict.

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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's 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 Alicia and Eloise see each other at AA meetings, as both are in recovery.

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

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Step 1: Parameters and Circumstances

Step 2: Ethical Issues

Step 3: Legal and Ethical Guidelines

Step 4: Rights and Responsibilities of parties

Step 5: Alternatives

Step 6: Consequences of each decision

Step 7: Optimal Decision

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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 Dialectical-Behavior Therapy 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.

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Step 1: Parameters and Circumstances

Step 2: Ethical Issues

Step 3: Legal and Ethical Guidelines

Step 4: Rights and Responsibilities of parties

Step 5: Alternatives

Step 6: Consequences of each decision

Step 7: Optimal Decision

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Module Fourteen

Risk Management Strategies

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- 
- ### Top 10 Risk Management Strategies for Supervision (Falvey, 2001)
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**
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Risk Management Strategies - Systemic

Serving as a supervisor **elevates your legal risks**. You are responsible for the work product of supervisees who legally become the “**hands and legs**” (agent) of the supervisor. You should take supervision seriously because of the risks that it creates for you. Supervisors can reduce their legal risks by client **screening and assessment**

- The supervisor should conduct an **initial assessment** of supervisee and clients prior to assigning cases to supervisees – competence
- Evaluate whether supervisee’s skills are adequate to handle the case
- **Monitor** supervisee’s caseload and changes in complexity of the case
- Only accept cases for your supervisee that **you are competent** to supervise
- Insure that clients can have **direct access** to the supervisor
- **Review treatment plans** regularly to insure that supervisee can provide appropriate standard of care
- Develop a sound **supervisory contract**

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Risk Management Strategies - Systemic

Supervisors can reduce their legal risks by prudent “**hiring,**” planning, and monitoring.

- Require a **formal application** process with documentation
- Ask about employment **gaps** or discontinuity in training
- Conduct a **background check**
- Check their ability to get along with others and accommodate to rules – avoid “loose cannons” and “**walking lawsuits.**”
- Clarify their **expectations** and yours.
- Develop a formal **Supervision Contract** and **Informed Consent**

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Risk Management Strategies - Personal

Individualized Strategies

- Meet on a **regular basis**
- Correct ongoing problems
- **Respond** to requests for help or concerns
- Keep **supervisory notes**
- Participate in **formal training on supervision**
- Do not harm, exploit, disrespect, manipulate, or have sexual contact with supervisees
- Obtain regular **consultation on your supervision**
- Use **multiple methods** of supervision.

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Module Fifteen

Questions and Discussion: Evaluation and Feedback

You will receive an email with the evaluation and once completed you can print your own certificate for CEU's

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