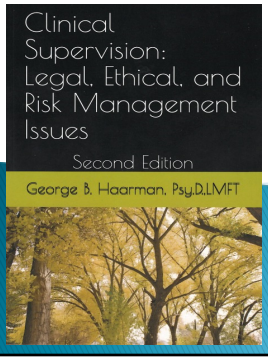
Clinical Supervision: Providing Effective Supervision, Navigating Ethical Issues, and Managing Risks



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Hirose and Associates

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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.
- 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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Clinical Supervision

COURSE SCHEDULE (Pacific Time)

8:30 – 10:00	Competency, Myths, Models, Formats, and Supervisory Contracts
10:00 – 10:15	Break
10:15 – 12:00	Common problems, Remediation Plans, and Evaluation
12:00 – 1:00	Lunch
1:00 – 2:30	Legal Issues, Standard of Care, Ethics Related to Supervision
2:30 – 2:45	Break
2:45 – 4:00	Dual Relationships, Risk Management,

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Competent and Effective Supervision

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Ten Myths about Clinical Supervision Campbell (2006)

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 supervisor's 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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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)

Supervision – A Unique Relationship

- What sets supervision apart from other relationships is the evaluative component.
- Any non-voluntary component surfaces issues of power, trust, safety, and control.
- Originally Supervision was a socialization process to train new professionals
- Now 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

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)

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: Consultation occurs between peers or between senior and junior professionals, whereas supervision is provided by an individual with the person responsible for the supervisees work (Canadian Psychological Assoc, 2000). 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)

- are trained in supervision and update skills.
- 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, 2013) and Haynes (2003)

- 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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PREVENTING PROBLEMS STRATEGY #1

- MEET ON A REGULARLY SCHEDULED BASIS

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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) Giordano, et al (2000)

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
- 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 #2

- PRESENT THE EVALUATION CRITERIA AT THE FIRST MEETING

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Models and Formats for Clinical Supervision

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Administrative 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, (2013)

" 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 (2009) 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 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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"The Chair"

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PREVENTING PROBLEMS STRATEGY #3

- WHENEVER POSSIBLE SEPARATE ADMINISTRATIVE SUPERVISION FROM CLINICAL SUPERVISION

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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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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.

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 give 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

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Models of Supervision

Interactional Model

- 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 (Shulman, 1993).
- Works well in situations where there is administrative supervision as well as clinical supervision.
- 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.

Relationship Model

- 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.
- Experienced supervisees view the supervisory relationship as the most important aspect of high quality supervision
- 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

Developmental Models

- *Supervisor Complexity Model* Watkins (1997), Inman and Ladany (2008), *Integrated Developmental Model* Stoltenberg and McNeil (1998 & 2009) and McNeil and Stoltenberg (2016) and *Discrimination Model* Bernard (1997)
- Based on the premise that the supervisor, supervisee, and supervisory relationship change over time
- Tailor supervision to the developmental needs of the supervisee
- Individualize the supervision plans

Holistic Model (Campbell, 2000, 2013)

- 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

Two Basic Approaches

Generic Models – not based on psychotherapy models but focuses on acquiring skills

– aids and techniques for learning and training of supervision in its own right

– overriding importance of the supervisory relationship

Psychotherapy Based Models – 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 in psychotherapy and practitioner experience

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Models of Supervision

Other Major Models of Supervision Currently in Use

- Psychodynamic Supervision (Sarnat, 2016)
- Competency-Based Supervision (Falendar & Shafranske, 2017)
- Feminist Psychotherapy Model of Supervision (Brown, 2016)
- Systems Approach to Supervision (Holloway, 2017)
- Critical Events in Psychotherapy Supervision Model (Ladany, Friedlander, & Nelson, 2016)
- Existential-Humanistic Therapy Supervision Model (Krug & Schneider, 2017)
- Cognitive-Behavioral Therapy Supervision Model (Newman & Kaplan, 2016)

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PREVENTING PROBLEMS STRATEGY #4

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

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Supervisory Formats and Techniques

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Individual Supervision

- Traditionally dating back to Freud
- Most typically one hour of individual face-to-face per week for 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

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Group Supervision

- 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, high 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
- Supervisors 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

- 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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Live Supervision

- Observational: sitting in, one-way mirror
- Interactional: co-therapy, phone-in, earbuds, 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

- 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 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
- With infinite possibilities comes the potential for additional issues and problems

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Telesupervision

Martin et al. (2017) 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.

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.
- 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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Documentation

- Never destroy or rewrite supervisory notes (state requirements for retention)
- Never alter records after the fact
- Have a note for each supervisory contact (including contact outside normal supervision)
- Document directives given to supervisees
- Be objective (assume that others might read them)
- Document factual details (particularly in bad outcomes)
- Document peer consultation sessions – Running it past Bill
- Document telephone calls, emails, post-its, unusual contacts or events

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 review
4. Supervisory directives or instructions. What is to be done on the case
5. Signature

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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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Clinical Supervision Contract

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Developing a Supervisory Contract

- 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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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 you 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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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 Responsibility

- 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 and the University.
- The supervisor agrees to 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

- 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 complete client documentation in a timely fashion and keep a supervision log of issues discussed in supervision and any directives given by the supervisor regarding the specific case.
- 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 (2010)*, 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 _____to help resolve the dispute or difficulty.
- 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.

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Sample Supervision Contract

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.

Supervisory Goals and Objectives

- ***Goal I: 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.
- **Supervisor_____Date_____**
- **Supervisee_____Date_____**

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Case Study I

Ned Newbie has just been hired by your community mental health agency and assigned to you for both administrative and clinical supervision working in a child abuse treatment program. He recently received his MSSW, 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 for caseworkers.

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 saw 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."

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 on to function on the job. He was willing to do "whatever you tell me that I need to do."

He identified that his strengths were 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 NASW *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 for his LCSW."

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Supervisory Contract

Supervisor Responsibilities

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

Supervisee Responsibilities

1. _____
2. _____
3. _____

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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 supervisee 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 EAP program and reach a decision about individual therapy by September 1, 2023.

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Problematic Issues in Supervision

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

- **Anxiety on part of Supervisee** – feedback, competence, evaluation, interaction
- **Duality of Relationship** – role conflict, role ambiguity, administrative control, 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
- **Burnout** – stress, unresponsiveness to clients, empathy fatigue

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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 Problematic Supervisees

- Depersonalize the issue by connecting it to client care
- Reiterate the purpose of goals and supervision
- Ask for supervisee's perception of the problem or issue
- Make the problem situational, not characterological
- Brainstorm actual solutions with supervisee
- 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

- 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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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_____, 2013

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/ 2012

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, 2013

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 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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Evaluation

- Supervisors are ethically bound to provide a fair, objective, and accurate evaluation of supervisees.
- Supervisees are entitled to receive a fair evaluation.
- Avoiding dealing with uncomfortable evaluation issues could have legal implications as it relates to employment or licensure. The lack of timely feedback has become the most 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 (Lehrman and Ladany, 2001)

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Evaluation

Evaluation Process Four-Step

- 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 roadblocks to a constructive experience
- Be clear from orientation about the process and methods of evaluation
- Utilize multiple formats, methods, and techniques
- 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
- Be realistic and allow for mistakes
- 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 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

Areas to Assess in Evaluation (Haynes et al, 2003)

- Assessment knowledge and skills
- Intervention knowledge and skills
- Relationships with staff and clients
- Responsiveness to supervision
- Awareness of limitations and knowing when to ask for help
- Communication skills
- Ethical and legal practice
- Multicultural competence
- Judgment and maturity
- Openness to personal development
- Compliance with agency policies and procedures

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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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Legal, Ethical, and Risk Management Issues

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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.

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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
- 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. (2025). 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
- The Association for Counselor Education and Supervision (ACES) Best Practices in Clinical Supervision Task Force (Borders et al., 2011)
  http://www.acesonline.net/wp-content/uploads/2011/10/ACESBest-Practices-in-clinical-supervision-document-FINAL.pdf

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PREVENTING PROBLEMS STRATEGY #1

- 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 beached that standard
- The supervisee 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 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 clients needs
- assigning tasks to supervisee's whom the supervisor knew, or should have known, was inadequately trained.

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PREVENTING PROBLEMS STRATEGY #2

- LISTEN CAREFULLY TO SUPERVISEES AND DOCUMENT SUPERVISION

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PREVENTING PROBLEMS STRATEGY #3

- 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 supervisees 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 supervisor's power to control the supervisee
- The supervisee's duty to perform the act
- 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.*
- *Pope and Tabachnick (1993) found that 11.6 % of respondents reported that at least one malpractice lawsuit or board complaint.*
- *Miller (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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Ethics for Clinical Supervisors

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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 (2010)	NASW (2008)
Beneficence/Nonmaleficence	Service
Fidelity/Responsibility	Social Justice
Integrity	Integrity
Justice	Dignity/Worth of Person
Respect for Human Rights	Importance of Human Relations
Dignity	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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Are You an Ethical Supervisor?

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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. The 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

- 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.

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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 #4

- 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 (2010), 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 (2010), 2.05
- "Supervisors should teach courses and supervise clinical work only in areas where they are fully competent and experienced." ACES (1995) 3.02
- Prior to offering supervision services, counselors are trained in supervision methods and techniques. ACA (2014) F2.a

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Competence

Competence for Supervising

- 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.
- AAMFT, NBCC, and AAPC have specific criteria that must be attained to be an approved supervisor. NASW 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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PREVENTING PROBLEMS STRATEGY #5

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

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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 #6

- 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 (2010) 7.06
- Supervisors are responsible for incorporating into their supervision principles of informed consent." ACA (2014) 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 (1995) 2.14
- "A written understanding should be signed by both the supervisor and supervisee (and the agency administrator when appropriate) at the beginning of supervision and amended or renegotiated to reflect changes." NASW (2008)

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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 (1998 & 2009)) and Falvey (2002) 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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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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Informed Consent

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, The American Association of Marriage and Family Therapists, and the Kentucky Psychological Association. 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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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 Theilard 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 a 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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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 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.

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 #7

- OBTAIN INFORMED CONSENT FOR SUPERVISION

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Multiple/Dual Relationships

- "(a) 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 in performing his or her functions as a psychologist, or otherwise risk exploitation 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 (2010) 3.05
- "Supervisors who have multiple roles with supervisees should minimize potential conflicts. Where possible, the roles should be divided among several supervisors. Where this is not possible, careful explanation should be conveyed to the supervisee as to the expectations and responsibilities associated with each supervisory role." ACES (1995) 2.09
- Supervisors consider the risks of extending current supervisory relationships in any form beyond the conventional parameters…taking appropriate caution to ensure that judgment is not impaired and that no harm occurs. ACA (2014) F.3.a
- "Members must not accept as supervisees those individuals with whom a prior or existing relationship could compromise the therapist's objectivity." AAMFT (2015)

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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 (2010) 2.05
- *"Social workers who function as educators or field instructors for students should not engage in any dual or 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,)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 (2010) 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) T

"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 (2010) 3.05

AAPC (1997) 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					

@George B. Haarman, Psy.D.

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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? K&m
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 and Catanzaro, 1998)

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.

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 (2007)specifically prohibits supervising family members.

- Supervisory role is inevitably a dual relationship due to power differential
- To what extent if any is the supervisors 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 relationship and power differential shifts as 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 #8

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

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Multiple/Dual Relationships

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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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 (2009) 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 client-therapist sex have also declined from about 12% in the 70's (Pope et al., 1979) to about 4 to 6 % (Lamb et al., 2003 and Pope & Vasquez, 1999)
- Rates of supervisor-supervisee sexual relationships 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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PREVENTING PROBLEMS STRATEGY #9

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

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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 #10

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

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PREVENTING PROBLEMS STRATEGY #11

- 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 (2010) 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 (2010) 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 #12

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

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PREVENTING PROBLEMS STRATEGY #13

- WHEN CONSIDERING SOCIAL INTERACTIONS WITH SUPERVISEES – CONSULT WITH ANOTHER SUPERVISOR

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Risk Management Strategies

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Risk Management Strategies

Top 10 Risk Management Strategies for Supervision (Falvey, 2002)

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

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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PREVENTING PROBLEMS STRATEGY #14

- CONDUCT PERIODIC FORMAL ASSESSMENTS OF THE SUPERVISEE'S SKILL LEVEL

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PREVENTING PROBLEMS STRATEGY #15

- MONITOR THE SUPERVISEE'S CASELOAD FOR CHANGES IN COMPLEXITY

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PREVENTING PROBLEMS STRATEGY #16

- INSURE THAT CLIENTS CAN HAVE DIRECT ACCESS TO THE SUPERVISOR

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Risk Management Strategies Systemic and Personal

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

- 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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PREVENTING PROBLEMS STRATEGY #17

- REQUEST A FORMAL APPLICATION FOR SUPERVISION

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PREVENTING PROBLEMS STRATEGY #18

- CONDUCT A BACKGROUND CHECK, PARTICULARLY WHEN WORKING WITH FAMILIES AND CHILDREN

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PREVENTING PROBLEMS STRATEGY #19

- DEVELOP A SUPERVISORY CONTRACT WITH SPECIFIC EXPECTATIONS

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PREVENTING PROBLEMS STRATEGY #20

- PARTICIPATE IN FORMAL TRAINING ON SUPERVISION

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PREVENTING PROBLEMS STRATEGY #21

- REGULARLY CONSULT WITH ANOTHER SUPERVISOR ABOUT YOUR SUPERVISION

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