# Chapter 9

# Ethical Issues in Supervision

- 9-11b Suggested Activities
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# 9-1 Introduction

**Supervision** (An integral part of your training as a helping professional and one of the ways in which you can acquire the competence needed to fulfill your professional responsibilities. Supervision provides a context for examining your beliefs and attitudes regarding clients and therapy) is an integral part of your professional training and is one of the ways in which you acquire the competence needed to fulfill your professional responsibilities. Textbook knowledge alone is not sufficient; you need guidance in putting your knowledge into practice. Supervision provides a forum for examining your beliefs, attitudes, personality characteristics, and behaviors as they affect your clients and the therapeutic process. Remley and Herlihy (2016) distinguish between administrative supervision and clinical supervision. *Administrative supervision* involves directions given by direct-line administrators to their employees. The purpose of administrative supervision is to see that counselors who are employed are doing their jobs competently. Administrative supervisors generally have direct control and authority over those they supervise. *Clinical supervision* involves a supervisor overseeing your professional work as a trainee with four major goals:

1. to protect the welfare of clients,
2. to promote supervisee growth and development,
3. to monitor supervisee performance and to serve as a gatekeeper for the profession, and
4. to empower the supervisee to self-supervise and carry out these goals as an independent professional (Corey, Haynes, Moulton, & Muratori, 2010; Falender, 2017).

Our discussion in this chapter is primarily concerned with clinical supervision.

As future practitioners, you can never know all that you might like to know, nor can you attain all the skills required to effectively intervene with all client populations or all types of problems. This is where the processes of supervision and consultation come into play, and why supervision remains a relevant process throughout your career. As mentioned in Chapter 8, professional competence is a developmental process. Being a competent professional demands continuing education and a willingness to obtain periodic supervision when faced with ethical or clinical dilemmas. By consulting experts, practitioners at all levels of experience demonstrate responsibility in obtaining the assistance necessary to provide the highest quality of care for clients.

Ethical and professional standards and guidelines for clinical supervision are an integral part of competent supervision. This chapter explores dilemmas frequently encountered in clinical supervision and provides guidelines for ethical and legal practice. Supervision is a required component of your training program, and you will obtain the maximum benefit from your experience in supervision if you understand the roles, functions, and responsibilities of supervision. Prepare to assume an active role in your supervision and develop a collaborative relationship with your supervisor. Ethical, legal, and professional issues are of primary importance in supervision. Know your rights and responsibilities as a supervisee, and learn what you can expect from your supervisor.

In this chapter we discuss both the supervisor's and the supervisee's perspectives. We address what it takes to be an ethical and competent supervisor, what is involved in being an active supervisee, and the ethical concerns students will encounter as they gain experience and competence in the field.

# 9-2 Ethical Issues in Clinical Supervision

LO1 - Identify ethical issues in clinical supervision

Effective and ethical supervision involves a fine balance on the supervisor's part between protecting clients' welfare and providing training for supervisees. Falender and Shafranske (2014) define effective supervision as "practice that encourages supervisee development and autonomy, facilitates the supervisory relationship, protects the client, and enhances both client and supervisee outcomes" (pp. 1031–1032). Supervisors are ethically and legally responsible to monitor the quality of care clients receive and to assist supervisees in learning the art and craft of therapeutic practice. Through supervision supervisees gain the experience necessary to become independent professionals.

The American Mental Health Counselors Association's (2015) ethics code addresses the commitment to clinical supervision:

Clinical supervision is an important part of the mental health treatment process. This purpose is two-fold: to assist the supervisee to provide the best treatment possible to counseling clients, through guidance and direction by the supervisor regarding clinical, ethical, and legal issues; and to provide training to the supervisee, which is an integral part of counselor education. Supervision is also a gatekeeping process to ensure safety to the client, the profession and to the supervisee. (III.B.)

When we take into consideration the dependent position of the trainee and the similarities between the supervisory relationship and the therapeutic relationship, the need for guidelines describing the rights of trainees and the responsibilities of supervisors becomes obvious. The Association for Counselor Education and Supervision addressed this early in the "Ethical Guidelines for Counseling Supervisors" (ACES, 1993, 1995) and more recently in "Best Practices in Clinical Supervision" (ACES, 2011). ACES now provides a comprehensive discussion of informed consent, goal setting, ongoing feedback for supervisees, effective supervision, the supervisory relationship, diversity and advocacy considerations, documentation, supervision format, and the supervisory role. These best practice guidelines support supervisors in their work and clarify most aspects of the supervisory process. The American Psychological Association's (2015) "Guidelines for Clinical Supervision in Health Service Psychology" are referred to throughout the chapter.

## 9-2a Informed Consent in Supervision

Many of the ethical standards pertaining to the client–therapist relationship also apply to the supervisor–supervisee relationship. **Informed consent in supervision** (Providing supervisees with adequate information about their rights and responsibilities at the beginning of the supervisory relationship) is as essential as informed consent in counseling practice (see Chapter 5). It is now considered the standard of practice to incorporate clear informed consent material for supervisees, both orally and in writing. In addition, it is the responsibility of supervisors to ensure that supervisees carry out an informed consent process with their clients prior to beginning a counseling relationship.

It is beneficial to discuss the rights of supervisees from the beginning of the supervisory relationship, in much the same way as the rights of clients are addressed early in the therapy process. Supervisors are expected to engage in sound informed consent practices in the initial supervision session and to clearly state the parameters for conducting supervision (ACES, 2011). When supervisees learn what to expect in all aspects of their supervision and what they need to do to achieve success, they are empowered to express expectations, make decisions, and become active participants in the supervisory process. In addition, misunderstandings are minimized and both parties are more likely to experience satisfaction in their respective roles. Glosoff, Renfro-Michel, and Nagarajan (2016) state that one way to establish and maintain a strong supervisory working alliance is for supervisors to engage in sound informed consent practices for the duration of the supervisory relationship. Supervisors need to remember that "the goal of the initial and ongoing process of informed consent is not simply to disseminate information to supervisees but also for supervisors to foster a collaborative, egalitarian supervisory working alliance" (p. 37). Bringing the supervisee into the conversation as a partner facilitates a collaborative spirit and helps build autonomy.

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## 9-2b Responsibilities of Supervisees

In addition to your rights as a supervisee, you have responsibilities, some of which are listed below:

LO2 - Delineate the responsibilities of supervisees

- Come prepared to each supervision session. Bring your files and notes as well as a written list of questions for your supervisor.
- Be an active participant and collaborate in your supervision. Own the power you have as a trainee and learner.
- Take the initiative to ask for what you need from your supervisor.
- Do related research and reading between sessions to enhance your work with clients.
- Pay attention to your interactions with clients and with your supervisor, and be willing to address any areas of concern you have.
- If you are having trouble with colleagues or fellow supervisees, bring these matters into supervision.
- Ask for feedback about both your strengths and areas where you need to improve.
- Be open to feedback from supervisors, fellow supervisees, and your clients.
- Try to critically evaluate feedback you feel is not constructive.
- Establish healthy boundaries for yourself in terms of what is asked of you by your clients and your supervisors.
- Let your supervisor know if you are feeling overwhelmed by your work with clients.
- Be open to various forms of supervision, including live supervision and videotaping.
- Talk about insecurities and anxieties you have that pertain to your work.
- Provide feedback to your supervisor about what you find helpful or unhelpful in your supervisory relationship.

- Pay attention to possible sources of countertransference, and in supervision explore how these reactions are affecting your work with clients.
- If you are not receiving adequate supervision and your efforts to communicate with your supervisor are not effective, reach out to a professor or another trusted adviser.

# 9-3 The Supervisor's Roles and Responsibilities

LO3 - Describe the roles and responsibilities of supervisors

You get the most from your supervision as a trainee when you understand the roles and responsibilities of those who supervise you. Supervisors must provide the training and supervised experiences that will enable supervisees to deliver ethical and effective services. To provide effective clinical supervision, supervisors must be competent both in the practice of supervision and in the area of counseling being supervised. Supervisors should provide supervision only after obtaining the needed education and training to ensure competence in this role, and only if they can devote the required time to provide adequate oversight (Barnett & Johnson, 2015).

Supervisors are ultimately responsible, *both ethically and legally*, for the actions of their trainees. Therefore, they are cautioned not to supervise more trainees than they can responsibly manage at one time. They must check on trainees' progress and be familiar with their caseloads. Just as practitioners keep case records on the progress of their clients, supervisors are required to maintain records pertaining to their work with trainees.

**Clinical supervisors** (Those who are responsible for training and evaluation of supervisees and who function in multiple roles as teacher, mentor, consultant, counselor, adviser, and evaluator) have a position of influence with their supervisees; they operate in multiple roles as teacher, mentor, consultant, counselor, adviser, administrator, evaluator, and documenter. Supervisors may serve many different functions during a single supervisory session. They might instruct a supervisee in a clinical approach, act as a consultant on how to intervene with the client, act as a counselor in helping the supervisee understand how countertransference could be affecting work with the client, and give evaluative feedback to the supervisee regarding his or her progress as a clinician. Falender (2017) states that "a skilled supervisor balances the multiple roles, giving ongoing feedback, positive and corrective, while also supporting the development of the supervisee and ensuring that the power differential is clear" (p. 213). Competent supervisors have a clear understanding of the role in which they are functioning in any given situation, why they are serving in that role, and what they hope to accomplish with the supervisee (Corey et al., 2010). It is important for supervisors to monitor their own behavior so as not to misuse the inherent power in the supervisor–supervisee relationship. Supervisors are expected to be aware of the power differential inherent in the supervisory relationship and to discuss the power dynamics in this relationship with supervisees. Supervisors should strive to minimize the power differential by establishing a collaborative relationship and encouraging open discussion, yet at the same time they must maintain appropriate authority (ACES, 2011). The complexity of the

supervisory relationship and the multiple roles and inherent power differential of supervision require specialized training in clinical supervision (Falender, 2017). Ethical supervisors seek their own supervision or consultation when faced with complex supervisory issues.

Supervisors are responsible for ensuring compliance with relevant legal, ethical, and professional standards for clinical practice (ACES, 2011). The main purposes for ethical standards for clinical supervision are to provide behavioral guidelines to supervisors, to protect supervisees from undue harm or neglect, and to ensure quality client care (Bernard & Goodyear, 2014). Supervisors can demonstrate their knowledge of these ethical guidelines through the behavior they model in the supervisory relationship.

## 9-3a Supervisor Responsibilities to Supervisees and Their Clients

Supervisors understand that client welfare is their main and highest responsibility (ACES, 2011; APA, 2015). Supervisors have the responsibility of monitoring each supervisee's conduct and competence. Supervisors have an ethical and legal obligation to provide trainees with timely feedback, monitor trainee's actions and decisions, teach trainees about due process and their rights, and guide their personal development as it pertains to their clinical competence (ACES, 2011). Supervisors must be fair in the process of evaluation and provide opportunities for supervisees to take remedial actions when their performance does not meet expected standards.

At times your supervisor may consult with faculty members regarding your progress, but personal information you share in supervision generally remains confidential. At the very least, you have a right to be informed about what will and will not be shared with others on the faculty. Supervisors should put ethics in the foreground of their supervisory practices, which is best done by treating supervisees in a respectful, professional, and ethical manner. One of the best ways for supervisors to model professional behavior for supervisees is to deal appropriately with confidentiality issues pertaining to supervisees.

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## 9-3b Methods of Supervision

The ethical standards of the APA (2010), NASW (1994, 2008), ACA (2014), and ACES (2011) require that supervisors demonstrate a conceptual knowledge of supervisory methods and techniques and that they are skilled in using this knowledge to promote the development of trainees. From an ethical perspective, supervisors must have a clearly developed framework for supervision and a rationale for the methods they employ. A variety of evaluative methods are typically employed in supervision. *Self-report* is one of the most widely used supervisory methods, but it is not the best representation of a student's performance. Digital recordings can augment self-report, which is otherwise limited by the supervisee's conceptual and observational ability. Verbal exchange and direct observation are the most commonly used forms of supervision. In verbal exchange, the supervisor and supervisee discuss cases, ethical and legal issues, and personal development. Direct observation methods involve a supervisor actually observing a supervisee's practice. Direct observation, even though it demands time and effort, provides a unique reflection of the skills and abilities of the supervisee.

The quality of the supervisory relationship is an important factor in determining supervision outcomes (Falender & Shafranske, 2014). The methods and techniques supervisors use are more likely to be helpful if an effective and collaborative working relationship with supervisees has been established. In much the same way that effective therapists create a climate in which clients can explore their choices, supervisors need to establish a positive relationship that encourages trainees to reflect on what they are doing.

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## 9-3c Philosophy and Styles of Supervision

You may require and benefit from different styles of supervision at different stages in your professional development. Although you may need more direction when you begin your training, it is a good idea to foster a reflective and questioning approach that leads to self-initiated discovery. An effective supervisor will promote autonomy without overwhelming the supervisee.

When we supervise, we focus on the dynamics between ourselves and our trainees as well as the dynamics between supervisees and their clients. We see a parallel process operating between a counseling model and a supervisory model. Supervisees can learn ways to conceptualize what they are doing with their clients by reflecting on what they are learning about interpersonal dynamics in the supervisory relationship. Although the trainee's ability to assess and treat a client's problems is important, in supervision we are equally concerned with the interpersonal aspects that are emerging.

As supervisors we oversee the work of our supervisees and help them refine their own insights and clinical hunches. We strive to help supervisees identify their own intuitions, perceptions, and struggles. Rather than using our words with clients, we expect that supervisees will find their own words and develop their own voice. Our style of supervision is reflected in the questions we explore:

- What direction do you think is most appropriate to take with your clients?
- How are you reacting to your clients? How is your behavior affecting them?
- What client issues trigger your countertransferences?
- How might our relationship, in these supervisory sessions, mirror your relationships with your clients?
- Are you feeling free enough to bring into these supervisory sessions any difficulties you are having with your clients?

# 9-4 Ethical and Effective Practices of Clinical Supervisors

LO4 - Recognize ethical and effective practices in supervision

A collaborative supervisory relationship, characterized by a strong working alliance, is a key component of effective supervision (ACES, 2011; APA, 2015; Falender, Shafranske, & Ofek, 2014; Shafranske & Falender, 2016). Supervisors regularly include constructive feedback on ethics when meeting with supervisees, and supervisors are well trained, knowledgeable, and skilled in the practice of clinical supervision. Effective supervisors recognize their responsibility to serve as role models for supervisees and conduct themselves ethically in the supervisory relationship (Barnett, as cited in Barnett, Cornish, et al., 2007). Supervisors regularly ask for feedback from their supervisees about the kind of supervision they are providing and use this feedback to improve their supervisory practices (APA, 2015).

In a study of the assessment of culturally competent supervision, counselor trainees indicated it was helpful to them when their supervisor initiated discussions of power dynamics in the supervisory relationship (Ancis & Marshall, 2010). This same study revealed that supervisors who made efforts to create a safe and open supervisory climate allowed trainees to be vulnerable and take risks that encouraged a discussion of various personal and professional issues. Many of these counselor trainees viewed their supervisors as open, accepting, and flexible throughout the supervisory experience, which enhanced both the supervisory relationship and relationships with their own clients.

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# 9-5 Competence of Supervisors

LO5 - Clarify the meaning of becoming a competent supervisor

Clinical supervisors are increasingly vulnerable and at risk for ethical and legal liability. Yet only recently has the standard for qualifying to be a clinical supervisor included formal coursework and supervision of one's work with supervisees. Currently, most psychology and counselor education programs offer a course in supervision at the doctoral level, but training for supervisors at the master's level is lacking. Many supervisors lack education and training in supervision. They may rely on their previous supervisory experience as trainees and their clinical knowledge to inform their practice as supervisors (Bernard & Goodyear, 2014; Shafranske & Falender, 2016).

From both an ethical and legal standpoint, supervisors are required to have the competence necessary to adequately carry out their roles. They provide supervision only for those supervisees and clients for whom they have adequate training and experience (ACES, 2011). The counselor licensure laws in a number of states now stipulate that licensed professional counselors who practice supervision are required to have relevant training experiences and coursework in supervision.

Competent supervisors must effectively deal with trainees who manifest problematic behaviors. Jacobs and colleagues (2011) reviewed cases in which trainees manifested problems of professional competence and found that supervisors often are not managing these situations effectively. Jacobs and colleagues contend that difficult conversations with trainees who have problems of professional competence are necessary and are an ethical responsibility.

In addition to specialized training in methods of supervision, supervisors must have an in-depth knowledge of the specialty area in which they will provide supervision. It is unethical for supervisors to offer supervision in areas beyond their scope of practice. When supervisees are working outside the area of competence of the supervisor, it is the responsibility of the supervisor to arrange for competent clinical supervision of the cases in question. It is extremely important that supervisors know their limits and accurately assess them; such self-evaluation reflects their own metacompetence (Falendar & Shafranske, 2007). In her thoughtful article about best practices in supervision, Borders (2014) emphasizes that supervisor expertise requires reflective knowledge "built during years of practice and is dependent on continual self-awareness, self-assessment, self-monitoring, and self-reflection, which are predominant characteristics of expert supervisors" (p. 161).

It is our conviction that the competence of supervisors is related to their personal qualities. Effective supervisors demonstrate the four A's—they tend to be available, accessible, affable, and able. The general picture of the good supervisor reveals an individual who is a technically competent professional with good human relations skills and effective organizational and managerial skills (Corey et al., 2010).

## 9-5a The Problem of Supervisor Incompetence

This discussion would not be complete without considering supervisor incompetence. At times, supervisors may be unable to effectively carry out their supervisory role due to personal or external factors or because of physical and psychological depletion. Similar to the case of incompetent therapists discussed in Chapter 2, incompetent supervisors can do harm to trainees.

Supervisor behaviors and attitudes that have the potential to be extremely damaging include boundary violations, misuse of power, sexual contact with supervisees, substance abuse, extreme burnout, or diminished clinical judgment. In some cases, supervisor incompetence may be a result of the supervisor's inexperience in the supervisory role, which can be improved with guided supervision. Other cases may reflect more serious problems such as personal or mental health issues that interfere with the supervisor's ability to competently carry out his or her supervisory duties.

According to Muratori (2001), it is critical to be aware of the reality that supervisors are in an evaluative position vis-à-vis their trainees, which limits trainees' options in deciding what to do in situations of incompetent supervision. Trainees need to consider the power differential inherent in the supervisory relationship, the personalities of both the supervisor and the supervisee, and their level of development as counselor trainees and the extent to which this influences their perceptions of their supervisor's competence. Supervisees need to carefully consider their course of action with an incompetent supervisor because of the possible consequences that could be associated with the supervisor's misuse of power.

Have you considered what you might do if you had to deal with a problematic supervisor? Put yourself in Melinda's shoes as you reflect on the following case.

**The Case of Melinda**

Melinda, a second year master's student, was thrilled when she found out she had been selected to do a 1-year internship at her college's counseling center. She hoped this experience would help launch her career as a college counselor upon completion of her degree. Unfortunately, a few weeks into the first semester Melinda began to suspect that her on-site supervisor, Kathy, was emotionally unstable. Although Kathy was personable at times, her mood seemed to fluctuate in an unpredictable manner. On several occasions Kathy berated Melinda during supervision for not taking her direction. Melinda was starting to develop autonomy as a counselor, which was appropriate at this point in her training. Nevertheless, whenever she expressed her own ideas, Kathy appeared to feel threatened and

angry. Not surprisingly, Melinda started to question her own abilities and felt reluctant to talk openly about her cases during supervision sessions. Aware that she had an ethical responsibility to provide her clients with an acceptable standard of care, she began to worry that the inadequate supervision she was receiving might compromise her ability to provide proper services to her clients. She asked herself, "Should I confront Kathy and tell her that I need more guidance from her? If I do that, will I compromise my chances of finishing the program because Kathy has the power to fail me? If I tell anyone about what's happening, will they think I am just being a difficult and rebellious supervisee?" Ultimately, Melinda took the risk of consulting with a professor in her program and transferred to a new supervisor. Although she felt angry that she received such poor supervision from Kathy, she reported factual information only to her professor and did not vent her negative feelings. Despite some fallout from this experience, Melinda was able to complete the program and pursue her career as a college counselor.

- How do you assess the way Melinda handled the situation?
- How would you determine that a supervisor is emotionally unstable or incompetent?
- If your supervisor appeared to be ineffective, what would you do? Would you confront the person directly, discuss the problem with other supervisors or professors, or try to ignore it and make the most out of a bad situation? Explain.
- If you took action, would you have any fear of retribution from your supervisor? How could you minimize the risks associated with taking action?

Commentary. This case illustrates the vulnerability of the supervisee. It would be difficult to fault any of the steps that Melinda took to take care of her supervision problem. She consulted with a professor in the program, and it then became the professor's responsibility to take action. Melinda could have confronted Kathy directly, but her experience with Kathy suggested that this would be unlikely to yield a satisfying outcome. We think Melinda handled the dilemma well. If Melinda's final evaluation from Kathy was clearly unfair or punitive, Melinda should file a formal grievance through her training program.

Supervisees assigned to an incompetent supervisor generally have fewer options than a client who has an incompetent counselor. Counselor educators and program supervisors have a responsibility to inform students about the courses of action open to them when they encounter supervisors such as the one described in this case. Speaking up about an incompetent or ineffective supervisor can be difficult, and doing so is not an easy decision to make. If you find yourself in a similar situation, seek the counsel of your faculty supervisor. If this individual is not available, talk to a trusted professor or adviser who can help you make the decision

that is best in your case. As with any ethical dilemma, do not make this decision in isolation.

# 9-6 Legal Aspects of Supervision

LO6 - Discuss legal issues in clinical supervision

Three legal considerations in the supervisory relationship are informed consent, confidentiality and its limits, and liability. First, supervisors must see that trainees provide the information to clients that they need to make informed choices. Clients must be fully aware that the counselor they are seeing is a trainee, that he or she is meeting on a regular basis for supervisory sessions, that the client's case may be discussed in group supervision meetings with other trainees, and that sessions may be recorded or observed.

Accountability requires an arrangement consisting of professional disclosure statements and contracts that outline the model to be used in supervision, the goals and objectives of supervision, and assessment and evaluation methods (Corey et al., 2010). Supervisors can make use of informed consent through contracting for supervision so that supervisees are informed of the potential benefits, risks, and expectations of entering into the supervisory relationship. A **supervision contract** (An explicit agreement between supervisor and supervisee that represents a vital, ongoing process of mutual understanding of the parameters of training) is an explicit agreement between supervisor and supervisee, and it can prevent problems that could arise (Westefeld, 2009). The contract is not merely a checklist; it represents a vital, ongoing process of mutual understanding of the parameters of training (Shafranske & Falender, 2016). "The contract is an outgrowth of the supervisory relationship in which the supervisor is respectful, collaborative, empathic, genuine, and explicit in articulating the power differential within which supervision occurs" (Falender, 2017, p. 213).

A supervision contract plays a key role in establishing and maintaining the supervisory alliance. It is a gold standard for best supervision practices, and it provides the groundwork for an effective supervision experience. Some topics a contract may address include legal and ethical requirements, methods to be used in supervision, expectations and parameters for supervision and the training experience, procedures for evaluation of job performance, feedback procedures, supervisor and supervisee roles and responsibilities, limits of confidentiality in supervision, documentation of supervision, and expectations for supervisee disclosures (Falender, Shafranske, & Ofek, 2014; Shafranske & Falender, 2016). Falender and Shafranske (2014) state that "the contract lays out the duties of the supervisor, including protection of the client as the highest priority, clarification of the supervisor's multiple and potentially conflicting roles of client protection and gatekeeper for the

profession, and [balances that] with the role of enhancing and facilitating the growth and development of competence of the supervisee" (p. 1036).

Second, supervisors have a legal and ethical obligation to respect the confidentiality of client communications. Supervision involves discussion of client concerns and review of client materials, and supervisees must respect their clients' privacy by not talking about their clients outside of the context of supervision. By their own behavior, supervisors model for supervisees appropriate ways of talking about clients and keeping information protected and used only in the context of supervision (Bernard & Goodyear, 2014). Supervisors must make sure that both supervisees and their clients are fully informed about the limits of confidentiality, including those situations in which supervisors have a duty to report or protect. The informed consent process should include information on all technology that might be used, as well as safeguards to protect the client and the supervisee (Glosoff et al., 2016).

Third, supervisors ultimately bear legal responsibility for the welfare of those clients counseled by their trainees. In addition to being ethically vulnerable, supervisors are legally vulnerable to the work performed by those they supervise. Supervisors are expected to understand the legal ramifications of their supervisory work. To carry out their ethical and legal responsibilities, supervisors are required to be familiar with all cases of every supervisee. Failure to do this invites legal action. Supervisors cannot be cognizant of all of the details of every case, but they should at least know the direction in which the cases are being taken.

Remley (2017) has identified a number of steps clinical supervisors can take to reduce their legal liability:

- Supervisors consider the relationship with a supervisee as educational rather than as being in control.
- Supervisors clarify their role with the supervisee and with other supervisors.
- Supervisors provide a written contract and discuss it with the supervisee.
- Supervisors communicate any concerns with the supervisee.
- Supervisors monitor the work of the supervisee.
- Supervisors instruct supervisees to follow the directives of the job supervisor.
- Supervisors provide suggestions for improvement rather than giving directives.
- Supervisors defer to the on-site supervisor's authority.

Bernard and Goodyear (2014) indicate that supervisors bear both direct liability and vicarious liability. **Direct liability** (Liability that occurs when supervisors are derelict in the supervision of their trainees, when they give trainees inappropriate advice about treatment,

or when they give tasks to trainees that exceed their competence) can be incurred when the actions of supervisors are the cause for harm. For example, supervisors may give trainees inappropriate direction about treatment or give tasks to trainees that exceed their competence. **Vicarious liability** (Pertains to the responsibilities that supervisors have because of the actions of their supervisees. Legal responsibility of supervisors for the negligent acts of supervisees if these acts are provided within the scope of the supervisory relationship) pertains to the responsibilities supervisors have to oversee the actions of their supervisees. Supervisors are liable for the actions of their supervisees due to their professional relationship with supervisees. From both a legal and an ethical standpoint, trainees are not expected to assume final responsibility for clients; rather, their supervisors are legally expected to carry the decision-making responsibility and liability.

Polychronis and Brown (2016) broaden the concept of vicarious liability by addressing the legal doctrine of strict liability as it applies to clinical supervision. The doctrine of **strict liability** (Holds clinical supervisors responsible for supervisees' actions in a professional realm without any need to establish that supervisors were negligent or careless) holds clinical supervisors responsible for supervisees' actions in a professional realm without any need to establish that supervisors were negligent or careless. "What is problematic about the strict liability standard is that it holds clinical supervisors responsible for unforeseeable and professionally indefensible actions of supervisees even if deliberately concealed from supervisory oversight" (p. 141). Even supervisors who provide exemplary supervision may bear legal responsibility for any wrong caused by a supervisee. This level of liability may contribute to the reluctance of some professionals to become supervisors. Supervisors who practice in jurisdictions that apply the strict liability standard to clinical supervision are especially vulnerable and need to engage in vigorous risk management strategies to protect themselves.

Corey and colleagues (2010) recommend an organized approach to managing the multiple tasks in the supervisory process. They identify the following risk management practices for supervisors:

- Don't supervise beyond your competence.
- Evaluate and monitor supervisees' competence.
- Be available for supervision consistently.
- Formulate a sound supervision contract.
- Maintain written policies.
- Document all supervisory activities.
- Consult with appropriate professionals.

- Maintain a working knowledge of ethics codes, legal statutes, and licensing regulations.
- Use multiple methods of supervision.
- Have a feedback and evaluation plan.
- Verify that your professional liability insurance covers you for supervision.
- Evaluate and screen all clients under your supervisee's care.
- Establish a policy for ensuring confidentiality.
- Incorporate informed consent in practice.

Supervisors rely on their supervisees to provide clear and truthful reporting of client progress and associated clinical issues. Just as therapists are vulnerable to clients who may decide to press forward with malpractice actions, supervisors are open to malpractice litigation against them by the supervisees' clients. Documentation of supervisory activity is of the utmost importance; if a supervisor is involved in a legal action, accurate documentation is necessary for a supervisor's defense. The APA (2015) guidelines state: "Supervisors maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development" (Guideline 5.). Supervisors should practice risk management in supervision much as they would in working with their own counseling clients.

# 9-7 Ethical Issues for Online Supervision

LO7 - Understand the ethical issues unique to online supervision

Few would argue that the recent proliferation of technology has truly changed the way people interact and communicate with each other. It may come as no surprise that the field of clinical supervision has been affected by these technological advances and trends as well. The number of technological innovations being used in clinical supervision has exploded in the past decade. Due to an international movement toward integrating technology into clinical supervision around the world, Renfro-Michel, Rousmaniere, and Spinella (2016) find that supervisors are independently experimenting with using technology to improve the breadth and depth of services offered to supervisees and clients. As cybersupervision and the use of electronic media in supervision have become more prevalent, ethical issues regarding confidentiality, informed consent, and the supervisory relationship have taken on added dimensions. A number of authors have addressed these issues in counseling and supervision (Barros-Bailey & Saunders, 2010; Chapman, Baker, Nassar-McMillan, & Gerler, 2011; Glosoff et al., 2016; Gordon & Luke, 2012; Haberstroh & Duffey, 2016; McAdams & Wyatt, 2010; Renfro-Michel et al., 2016; Rousmaniere, Abbass, & Frederickson, 2014).

Confidentiality in online supervision is fraught with potential problems such as the possibility of people hacking into confidential communications between a supervisor and supervisee and the risk of confidential content being sent to others in error. Although safeguards are often in place to secure electronic exchanges, such as encryption software or virtual private networks (VPNs), it cannot be assumed that the technology is foolproof and that confidentiality can be absolutely guaranteed. "Technology experts warn that even encryption-protected telecommunications systems remain highly vulnerable to intrusion and that cybertheft has reached epidemic proportions" (McAdams & Wyatt, 2010, p. 180). Therapists or trainees who are working with a supervisor online must clearly convey to clients the potential for inadvertent breaches of confidentiality. Despite ongoing philosophical debates about the legitimacy of technology-assisted practices in the field of counseling and clinical supervision, McAdams and Wyatt (2010) recognize that these new technologies are inexorably tied to the future of the counseling profession. As Rousmaniere and colleagues (2014) point out, "making the assumption that the 'old methods are best' may do the field a disservice by blinding us to new opportunities and alienating a younger generation of supervisees who identify with technology being integrated into every part of their lives" (p. 1092).

Haberstroh and Duffey (2016) emphasize that effective supervision involves supervisors and supervisees mutually integrating feedback and working through conflict. The maturity of both supervisees and supervisors has a great deal to do with the quality of the supervisory relationship and the success of the supervision experience. Haberstroh and Duffey believe that distance technologies can facilitate effective supervisory relationships: "When supervisors establish clear guidelines for distance communication, seek to be honest and compassionate, and take risks, supervisees who are invested in the process can certainly benefit from supervisory relationships at a distance" (p. 99).

# 9-8 Special Issues in Supervision for School Counselors

LO8 - Describe the special issues that arise when supervising school counselors

Faced with increasing threats of violence on school campuses and achievement gap issues that disproportionally affect students from low socioeconomic backgrounds, today's school counselors have a greater responsibility than ever before to meet the academic, social, and emotional needs of children and adolescents. As Wood and Rayle (2006) have observed, existing clinical/mental health models of supervision fail to meet the needs of school counseling trainees because these models do not address all of the tasks required of school counselors, which include leadership and advocacy. Schools must carefully examine ways to develop effective clinical supervision programs. Many school systems hire administrators to serve as the supervisors for school counselors; however, these administrators have no counseling background. Clinical supervisors for school counselors should be appropriately trained as both clinicians and clinical supervisors.

An excellent way to build supervision opportunities in school settings is to establish community linkages between local schools and university faculty. Faculty in counselor preparation programs are in a good position to advise and educate school counselors on innovations in counseling that can be applied to schools. Swank and Tyson (2012) point out that counselor education programs are well placed to help school systems understand the difference between supervision and evaluation. These programs explain how supervision can enhance the professional development, identity, and competency of both the school counseling supervisee as a prospective candidate for employment and the practicing school counselor as a site supervisor.

Few school counselors have received formal preparation in supervision, and web-based supervision training modules are now being designed to inform those functioning as on-site supervisors (Swank & Tyson, 2012). Even in cases where the clinical supervisor is appropriately prepared, he or she may not work in the same site as the counselor being supervised. This situation does not allow for direct observation of the counselor's performance. Most schools have only one counselor, or even a part-time counselor, which raises the issue of how realistic it is to hire a counseling supervisor.

School counselors generally do not choose their clinical supervisors. From a legal vantage point, it is unlikely that school counselors would be held accountable if a supervisor were to inappropriately disclose information about school-age children to teachers or administrators. However, in such situations school counselors have an ethical responsibility to address

concerns they have about their supervisor's actions. If a supervisor has evaluative authority with counselors, this can place these counselors in a vulnerable position.

Boundary issues in the supervisory relationship need to be considered. An example of a multiple relationship might involve the clinical supervisor also serving as the administrative supervisor for the school counselor. Another boundary issue pertains to including a discussion of the supervisee's personal concerns in the supervisory sessions. At times it may be necessary to address a supervisee's personal life, especially if these concerns are having an impact on his or her ability to work effectively with clients. When helping the supervisee to identify and understand how personal issues may be interfering with effectively delivering services, the challenge is to maintain appropriate boundaries so that the supervisory relationship does not become a therapy relationship.

# 9-9 Multicultural and Diversity Issues in Supervision

LO9 - Examine multicultural and diversity issues in supervision

Multicultural and diversity competence is an ethical imperative in clinical supervision (APA, 2015; Falender, Shafranske, & Falicov, 2014). A lack of diversity competence is likely to result in ineffective supervision (Falender, Shafranske, & Ofek, 2014). Diversity competence is an inseparable and basic component of supervision and involves relevant knowledge, skills, and values/attitudes (APA, 2015). Supervisors should include cultural and advocacy competencies in the supervisory contract and intentionally address these topics throughout the supervisory process. Furthermore, supervisors should encourage supervisees to infuse diversity and advocacy considerations in their work with clients (ACES, 2011). Barnett (as cited in Barnett, Cornish, et al., 2007) makes three key points:

- Attention to diversity issues in the supervision process is critically important.
- Effective supervisors are aware of their impact on the attitudes and beliefs of supervisees; they use the supervisory relationship to promote attention to, and respect for, the range of diversity of those they serve.
- Supervisors strive to increase their supervisees' awareness of how diversity is a factor with all their clients; diversity concerns become a major focus of discussion in the supervision sessions.

**Multicultural supervision** (Pertains to addressing in the supervisory relationship various concerns that includes race, ethnicity, socioeconomic status, sexual orientation, religion, gender, and age) encompasses the full range of cultural factors, including race, ethnicity, socioeconomic status, ability status, privilege, sexual orientation, spirituality and religion, values, gender, family characteristics and dynamics, country of origin, language, and age (ACES, 2011). Supervisors have an ethical responsibility to become aware of the complexities of a multicultural society (see Chapter 4). Ethical and competent supervision involves recognizing and addressing the salient issues that apply to multicultural supervision. Supervision involves an inherent power differential, and supervisors need to address power and privilege issues with supervisees. A supervisor's lack of awareness of the power, privilege, diversity issues, and multiple identities that operate in the supervisory relationship is likely to negatively influence the supervisory process (Falender, Shafranske, & Falicov, 2014).

Ancis and Marshall (2010) found that discussing and attending to cultural variables in the supervisory relationship results in a higher degree of satisfaction with supervision and an enhanced working alliance between supervisor and supervisee. If supervisors include multicultural issues in supervision sessions, Ancis and Marshall contend that trainees will have a basis from which to develop multicultural competence. Furthermore, supervisees tend to view such discussions as having a positive influence on their work with clients. The modeling of a supervisor is one of the best ways to give supervisees an appreciation for attending to cultural variables in their work with clients.

Supervisors need to ensure that all assessments, diagnostic formulations, counseling interventions, and the supervisory process itself are sensitive to the range of diversity that supervisees may encounter (Barnett & Johnson, 2015). In this section we take a closer look at some of these issues as they relate to supervision.

## 9-9a Racial and Ethnic Issues

There is a price to be paid for ignoring racial and ethnic factors in supervision. If supervisors do not assist supervisees in addressing racial and ethnic issues, their clients may be denied the opportunity to explore these issues in their therapy. The supervisor's recognition of racial issues can serve as a model for supervisees in their counseling relationships. Reflecting on racial interactions in supervision offers a cognitive framework for supervisees to be inclusive in their counseling practices.

When supervisors are working with trainees from a different ethnic or cultural background, it is important for supervisors to acquire knowledge and skills in culturally congruent methods and styles of supervision. Supervisors must use culturally appropriate modes of social interaction, and they need to recognize how their position of authority is likely to play out in the supervisory relationship.

### Multicultural Competence in Supervision

Westefeld (2009) urges supervisors to be concerned with multicultural competence in the supervisory process. He encourages supervisors to directly address multicultural issues as a way to help trainees achieve true multicultural competence in their professional practice. It is a mistake to assume that students will learn the skills they need in the single diversity course. Supervisors should integrate sensitivity to and understanding of diversity issues in all of their supervisory sessions and in all training activities.

To develop the knowledge and skills to work effectively in multicultural counseling situations, trainees need to understand their own level of racial and cultural identity. Furthermore, they need to recognize how their attitudes and behaviors affect their clients. Good supervision will enable trainees to explore the impact that diversity issues may have on their counseling style. Ancis and Marshall (2010) found that counselor trainees were more likely to engage in self-disclosure and discussion about their cultural background and values when their supervisors took the lead in being open and genuine in sharing something of their own cultural background, experiences, and biases. Being open, accepting, and flexible fosters a positive relationship with supervisees. In addition, multicultural discussions in supervision positively affect client outcomes.

Butler-Byrd (2010) emphasizes the importance of self-knowledge in the development of competence as multicultural counselors. In her view, self-knowledge consists of understanding one's historical and current cultural context and the numerous aspects of one's identity such as ethnicity, social location, class, gender, and ability. It also includes being cognizant of the impact one's behavior has on others and the need to change behaviors that are no longer promoting growth or healthy relationships. In helping trainees

to increase their self-knowledge and develop multicultural competence, Butler-Byrd supports students' "deliberate strengths-based preparation in multicultural counseling skills and consciousness-raising around critical social justice issues" (p. 12).

All of this occurs in the context of balancing the growth and development of the supervisee with competent and ethical treatment for the client. The issues to be addressed by supervisors increase in complexity when a conflict arises between a supervisee's culturally derived learning or communication style and the need of direct intervention with a client who is in crisis. Supervisors strive to be sensitive to the individual needs of their supervisees. However, in situations of immediate crisis, client welfare and safety are primary.

## 9-9b Spiritual Issues in Supervision

Spirituality, which is an aspect of culture, plays an important role in the lives of some clients and supervisees. Clients are oftentimes faced with spiritual matters as they go through the various stages of life, experience loss, and have chronic pain or other disabling conditions. Supervisors must be prepared to address spirituality or religious matters important to clients or supervisees in a culturally sensitive manner; however, supervisors often receive little training in these areas, which can be problematic. As noted by Shafranske (2016), "agreement with the client's spiritual worldview is not required to appreciate the role it serves; however, cultural humility is necessary to be receptive to client perspectives that are in variance with the supervisee's beliefs and ontological commitments" (p. 19). Supervisors must be mindful of their own spiritual or religious beliefs and values to ensure that they do not impose them on either supervisees or clients. It is an ethical imperative that mental health professionals be well prepared to understand, honor, and address spirituality and religious diversity.

Chapter 9: Ethical Issues in Supervision: 9-9b Spiritual Issues in Supervision
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## 9-9c Gender Issues in Supervision

LO10 - Understand how gender-role socialization affects clinical supervision

Gender bias of supervisees and the supervisor is often overlooked. Differences in culture, ethnicity, religion, age, gender, and sexual orientation could have a negative influence on the supervisory relationship if not understood and integrated (Russell- Chapin & Chapin, 2012).

### Implications of Feminist Supervision Theory With Male Supervisees

MacKinnon, Bhatia, Sunderani, Affleck, and Smith (2011) write about the intersection of feminist supervision theory and masculine psychology and state that supervisors need to open a dialogue regarding the impact of gender on the supervision process. More specifically, MacKinnon and colleagues believe supervisors who lack awareness of masculine psychology are at risk of providing ineffective supervision with male supervisees, which can have detrimental effects on their professional development. Many men place a high value on personal achievement and individual success, and during supervision discussions male supervisees are likely to focus on cases in which they are succeeding. This tendency may deprive male supervisees of the opportunity to explore the ways they may be struggling with clients. Thinking that they are surrendering their power, male supervisees may not be willing to engage in a conversation with their supervisor on clinical and relationship issues and may be unreceptive to feedback from the supervisor.

These principles and ideas apply equally with female supervisees. All supervisees should feel that it is appropriate for them to raise any concerns they have about gender differences in the supervisory relationship, issues of power, and how their gender-role socialization influences their ability to get fully involved in the supervision process. Regardless of the model a supervisor operates from, it is important to make the supervision relationship safe so trainees can gain the maximum benefit from clinical supervision. One way to create this safety is for supervisors to take the initiative in discussing gender issues that are operating in the supervisor–supervisee relationship.

# 9-10 Multiple Roles and Relationships in the Supervisory Process

LO11 - Grasp the multiple roles and relationships in the supervisory process

The ACES (2011) "Best Practices in Clinical Supervision" state that clinical supervisors are expected to possess the personal and professional maturity to play multiple roles. **Multiple-role relationships in supervision** (Exists when a supervisor has concurrent or consecutive professional or nonprofessional relationships with a supervisee in addition to the supervisor-supervisee relationship, and when these roles or relationships conflict) occur when a supervisor has concurrent or consecutive professional or nonprofessional relationships with a supervisee in addition to the supervisor–supervisee relationship. For example, your supervisor may be a clinician at your training site and also hold an administrative or leadership position wherein she or he makes employment decisions. The AMHCA (2015) ethical standard cautions supervisors to "avoid all dual relationships that may interfere with the supervisor's professional judgment or exploit the supervisee" (III.B.2.i.). The AAMFT (2015) code addresses exploitation: "Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation" (IV.4.1.).

Multiple roles and relationships are common in clinical supervision; some may be unavoidable and most can be beneficial (Falender, 2017). However, these relationships also have the potential to be problematic, and it is the ethical responsibility of supervisors to carefully manage these relationships so they do not result in harm to or exploitation of supervisees. It is critical for supervisors to possess both the personal and professional maturity to serve as effective role models in establishing and maintaining appropriate boundaries (Austin, Austin, Muratori, & Corey, 2017). Both faculty and supervisors play critical roles in helping counselor trainees understand how to balance multiple roles and manage multiple relationships. Dickens, Ebrahim, and Herlihy (2016) investigated doctoral students' experiences with multiple roles and relationships. All the doctoral students in their study acknowledged that multiple roles and relationships are an inevitable part of counselor education. Participants recognized both positive and negative effects of multiple roles and relationships on personal and professional levels. Many participants reported struggling with role confusion and emphasized a desire for ongoing, open conversations with faculty members. This study underscores the importance of faculty and supervisors providing clarity *before* students are asked or required to engage in multiple roles and relationships.

Barnett and Johnson (2015) believe going too far in avoiding all nonprofessional relationships (multiple relationships) may limit opportunities for appropriate relationships with supervisees and students. Kozlowski, Pruitt, DeWalt, and Knox (2014) claim that

supervisors who maintain rigid boundaries run the risk of depriving their trainees of deeper mentoring relationships as well as authentic emotional relationships that can assist supervisees in learning how to provide therapy. Although measures must be taken to avoid role confusion, some positive boundary crossings (PBC) can enhance the supervisory relationship (Kozlowski et al., 2014). One study showed that supervisees who experienced a PBC within the context of the supervisory relationship felt increased comfort and camaraderie and felt understood and cared for (Kozlowski et al., 2014). The participants of this study also reported that the PBC enhanced their training.

Supervisors need to clarify their roles and to distinguish between flexible and rigid boundaries. If the supervisor does not maintain objectivity, the supervisee will not be able to make maximum use of the process. As Herlihy and Corey (2015b) point out, unless the nature of the supervisory relationship is clearly defined, both the supervisor and the supervisee may find themselves in a difficult situation at some point in their relationship. The core issue of multiple-role relationships in the training and supervisory process is the potential for abuse of power. Like therapy clients, students and supervisees are in a vulnerable position and can be harmed by an educator or supervisor who exploits them, misuses power, or crosses appropriate boundaries. Both feminist supervision and multicultural supervision pay attention to the power dynamic in the supervisory relationship and try to reduce its impact. For example, instead of the supervisor telling supervisees what to do, the supervisor can help supervisees think about their clients in new ways, formulate their own interpretations, and devise their own interventions.

## 9-10a Sexual Intimacies During Professional Training

In their national survey on sexual intimacy in counselor education and supervision, Miller and Larrabee (1995) found that counseling professionals who were sexually involved with a supervisor or an educator during their training later viewed these experiences as being more coercive and more harmful to a working relationship than they did at the time the actual sexual involvement occurred. Perceptual changes took place over time with respect to how students were affected by becoming sexually involved with people who were training them, which raises questions about their willingness to freely consent to such relationships and how prepared they were to deal with the ethics of such intimacies. Moreover, it seems clear that educators and supervisors have professional power and authority long after direct training ends.

When supervisees first begin counseling, they are typically naive and uninformed with respect to the complexities of therapy. They frequently regard their supervisors as experts, and their dependence on their supervisors may make it difficult to resist sexual advances. Supervisees may disclose personal concerns and intense emotions during supervision, much as they might in a therapeutic situation. The openness of supervisees and the trust they place in their supervisors can be exploited by supervisors who choose to satisfy their own psychological or sexual needs at the expense of their supervisees. If the supervisory relationship evolves into a romantic one, the supervisory process will be ineffective, and sooner or later the supervisee will likely allege exploitation.

McMurtery, Webb, and Arnold (2011) examined the perceptions and attitudes of intimate behaviors in clinical supervision among licensed professionals in three fields: counselors, social workers, and psychologists. Although none of the participants in this self-report study admitted to engaging in a sexual relationship with a supervisee or supervisor during the supervisory relationship, a few respondents endorsed high-risk behaviors that could potentially lead down the slippery slope to sexual behavior. Engaging in sexual behavior with students and supervisees is contrary to the ethics codes of the various professional organizations and educational institutions (see the Ethics Codes box titled "Sexual Relations Are Prohibited Between Supervisor and Trainee").

Ethics Codes

**Sexual Relations are Prohibited Between Supervisor and Trainee**

**American Counseling Association (2014)**

Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in person and electronic interactions or

relationships. (F.3.b.)

**Commission on Rehabilitation Counselor Certification (2010)**

Rehabilitation counselors do not engage in sexual or romantic interactions or relationships with current supervisees or trainees. (H.3.b.)

**American Association for Marriage and Family Therapy (2015)**

Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. (4.3.)

**American Mental Health Counselors Association (2015)**

All forms of sexual behavior with supervisees, students, or employees are unethical. (III.A.3.)

**American Psychological Association (2010)**

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. (7.07.)

**The American Psychiatric Association (2013b)**

Sexual involvement between a faculty member or supervisor and a trainee or student, in those situations in which an abuse of power can occur, often takes advantage of inequalities in the working relationship and may be unethical because:

a. Any treatment of a patient being supervised may be deleteriously affected.

b. It may damage the trust relationship between teacher and student.

c. Teachers are important professional role models for their trainees and affect their trainees' future professional behavior. (4.14.)

Not only is sexual behavior in the supervisory relationship against the ethics codes, but it also creates a climate in which the supervisee can justify breaches in his or her own actions with clients or future supervisees. Just as counselors are prohibited from crossing sexual boundaries with their clients, supervisors must model appropriate behaviors and boundaries with their supervisees. Supervisors are in a position of power, and acting on sexual attractions with supervisees can lead to a multitude of negative outcomes for the supervisee, both personally and professionally. Supervisory relationships have qualities in common with instructor–student and therapist–client relationships. In all of these professional relationships, it is the professional who occupies the position of power. Thus, it is the professional's responsibility to establish and maintain appropriate boundaries and to

explore with the trainee (student, supervisee, or client) ways to prevent potential problems associated with boundary issues. If problems do arise, the professional has the responsibility to take steps to resolve them in an ethical manner.

Assume that you are a trainee. During your individual supervision sessions the supervisor is frequently flirtatious with you. You get the distinct impression that your evaluations will be more favorable if you respond positively to these advances. What course of action would you take in such a situation? Is there a difference between sexual harassment and consensual sexual relationships, or are all sexual advances in unequal power relationships really a form of sexual harassment? Can there ever be consensual sex in such a situation? Explain your answers.

**The Case of Augustus**

Augustus meets weekly with his supervisor, Amy, for individual supervision. With only 3 weeks remaining in the semester, Augustus confesses to having a strong attraction to Amy and says he finds it difficult to maintain professional distance with her. Amy discloses that she, too, feels an attraction. But she is sensitive to the professional boundaries governing their relationship, and she tells him it would be inappropriate for them to have any other relationship until the semester ends. She lets him know that she would be open to further discussion about a dating relationship at that point. Even though he will still be in the program, Amy says that she will no longer have a supervisory role with him, nor will she be evaluating his status in the program.

- Do you think Amy handled her attraction to Augustus in the most ethical way? Explain your response.
- If you were a colleague of Amy's and heard about this situation from another student, what would you do?
- Is the fact that Amy will no longer be supervising Augustus sufficient to eliminate the imbalance of power in the relationship?
- Do you think it would be appropriate for them to date each other while Augustus is still a student in the program? What about after he graduates? Why or why not?

Commentary. We wonder how Amy's sexual attraction toward Augustus affected her supervision. We also wonder about her motivation for disclosing her attraction. In our view, it is inappropriate for therapists to disclose their sexual feelings toward clients; in a like manner, we consider it inappropriate for supervisors to reveal their sexual attraction to a supervisee, especially given that they are role models.

Amy should have sought consultation once she became aware of her attraction. Amy's willingness to initiate a romantic relationship with Augustus immediately following the current supervisory rotation is contrary to guidelines in most ethics codes, which prohibit sexual relationships between professors and trainees as long as the trainee is enrolled in the graduate program. Even after Augustus has graduated, Amy will have to show that the relationship is not exploitive or harmful to Augustus in any way.

This case has implications for what supervisors teach their supervisees through what they model in the supervisory sessions. Trainees need to have a safe environment in which they can discuss sexual attractions they may be having for their clients. They need to be reassured that these feelings in themselves are human and harmless but that acting on them is always inappropriate and unethical. Supervisors who model clear personal and professional boundaries can competently address sexual attraction and boundary issues with supervisees. Supervisees can be encouraged to discuss reactions they have to clients with trusted colleagues. Seeking consultation from colleagues is a good practice to begin early in one's career and to continue throughout one's professional life.

**The Case of Chun Hei**

Chun Hei, a counseling psychology student, is attending graduate school in the United States to become a psychologist. Her family in Korea is proud of her for being accepted as a doctoral candidate at a prestigious American university. Being in a competitive educational environment, Chun Hei feels much pressure to do well in her program.

Chun Hei's recent interactions with her clinical supervisor have increased her feelings of anxiety. For the past few weeks, Chun Hei's supervisor, an older male faculty member who is supervising her practicum, has been making sexually inappropriate comments to her. Chun Hei has been taught to respect authority, which has left her feeling confused about how to handle her supervisor's comments. At first Chun Hei appreciated the attention she was receiving. She thought her supervisor liked her and was pleased with the progress she was making in developing her clinical skills. Because she comes from a different culture, Chun Hei wonders if she may be misinterpreting her supervisor's behavior. However, as her supervisor's comments became more overt and sexually explicit, she became very uncomfortable. Chun Hei wonders what her options are for dealing with this situation. She is afraid of jeopardizing her status as a graduate student in the program, and yet she is becoming aware that her supervisor is being inappropriate and is crossing some ethical boundaries.

- If you were in Chun Hei's position, how would you handle this situation?

- What might the consequences be if Chun Hei decides to report being sexually harassed by her supervisor?
- If Chun Hei decides to take no action at all, what consequences might result from her decision?
- If you were enrolled in the same practicum as Chun Hei and witnessed the supervisor making sexually inappropriate comments to her, what would you be inclined to do? As a bystander and a peer, what are your ethical responsibilities?

Commentary. Without question, this doctoral student is faced with a difficult decision. Chun Hei is forced to deal with the pain of being betrayed by someone she should be able to trust and respect. She is in training to learn how to create a safe space for clients' personal self-explorations, and the person who is supposed to be her mentor and role model is teaching her through his actions that he cannot be trusted. Chun Hei is left confused and disenchanted as a result of the unethical behavior of her supervisor.

Our concern is that out of fear of retribution Chun Hei may be inclined to tolerate this abusive behavior and say nothing about being sexually harassed. Once again, the power differential between supervisor and supervisee is a critical factor.

Our hope is that Chun Hei will reach out to people she considers safe and with whom she has established a trusting relationship. It is important that Chun Hei feel empowered to reach a decision about how to respond without feeling pressured. If Chun Hei decides to report her supervisor, with help, she can devise a plan for reporting him and for dealing with the potential repercussions she fears.

## 9-10b Ethical Issues in Combining Supervision and Counseling

LO12 - Address the ethical aspects of combining supervision and counseling

Supervisors play multiple roles in the supervision process, and the boundaries between therapy and supervision are not always clear. In the literature on supervision, there seems to be basic agreement that the supervision process should concentrate on the supervisee's professional development rather than on personal concerns and that supervision and counseling have different purposes. However, there is a lack of consensus and clarity about the degree to which supervisors can ethically deal with the personal issues of supervisees. Supervisory relationships are a complex blend of professional, educational, and therapeutic aspects. This process can become increasingly complicated when supervisors are involved in certain multiple roles with trainees. It is the supervisor's responsibility to help trainees identify how their personal dynamics are likely to influence their work with clients, yet it is not the proper role of supervisors to serve as personal counselors for supervisees. Supervisors play a key role in modeling the personal factors (beliefs, attitudes, life experiences, personality and interpersonal styles, and countertransference) that can affect a supervisee's professional practice. Developing awareness of these personal factors should be included in the supervision contract (Falender & Shafranske, 2014), and exploring supervisee's personal reactivity, or countertransference, should focus on the impact that has for engagement with the client (Shafranske & Falender, 2016).

In general, supervision should address trainees' personal dynamics to bring to their awareness any limitations or unresolved problems that could negatively affect their working relationships with clients. It is inappropriate to turn supervisory sessions into therapy sessions, but the supervisory process can be *therapeutic* in the sense that supervision involves dealing with supervisees' personal limitations so that clients are not harmed (Austin et al., 2017). Supervision could involve assisting the supervisee in identifying personal factors so that these concerns do not become the client's problem. The purpose is to facilitate the trainee's ability to work successfully with clients. When personal concerns, such as countertransference reactions, are discussed in supervision, the goal is to reinforce a supervisee's efforts to bring countertransference into awareness, not to solve the trainee's problem. A more in-depth exploration of the dynamics of countertransference is called for in personal therapy, which is beyond the scope of supervision. If the trainee needs or wants personal therapy to explore the dynamics of countertransference, the best course for a supervisor to follow is to make a referral to another professional. The supervisor also may want to normalize this process and explain that this can be common for beginning counselors. We now consider two specific cases.

**The Case of Hartley**

During a supervision hour, Hartley confides to his supervisor that his 5-year personal relationship has just ended and that he is in a great deal of pain. As he describes in some detail what happened, he becomes very emotional. Hartley expresses his concern about his ability to work with clients, especially those who are struggling with relationships. Here are four options for dealing with Hartley's concerns during supervision:

Supervisor A: I'm sorry you're hurting, but I feel the need to use this time to help you work with your clients. I can see no way for you to refer your clients at this point without serious repercussions for them.

Supervisor B: [*After listening to Hartley for some time and acknowledging his pain*] I know it is difficult for you to work with your clients. I know you are in therapy, and I encourage you to consider increasing the frequency of your sessions to give yourself an opportunity to deal with your own pain.

Supervisor C: That must be very painful. Do you want to talk about it? What is going on with you interferes with your ability to be present with clients, so I think it is essential that we work with your pain. [*The more the supervisor works with Hartley, the more they tap into other problems in his life. Three weeks later the supervision time still involves Hartley's hurt and crisis.*]

Supervisor D: You are obviously very affected by the changes in your life. I am glad that you can see how this may affect your work with clients. Can we spend a little time discussing how your experience may affect your dealings with clients? What specifically are you afraid may happen with you when helping clients with similar problems?

- Which of the four responses comes closest to your own, and why?
- How might you have responded to Hartley?
- Do you think any of these four responses crossed the boundary between supervision and personal therapy? Explain.

Commentary. All of the supervisors acknowledge Hartley's struggle, yet their strategies differ with respect to how they address his emotional pain in supervision. Supervisor B is not replacing supervision with therapy, but he is making sure that Hartley is working on his problems in his personal therapy. Supervisor D is allowing some time in supervision to explore how Hartley's struggle is likely to affect his clinical work, without converting supervision into therapy. We are inclined to attend to Hartley's pain, without exploring the historical roots of his problem. The supervisor in this case should continue to carefully monitor Hartley's clinical work during

supervision and take appropriate action should Hartley's emotional state begin to affect his ability to work with his clients effectively.

All of us are likely to experience personal problems and crisis situations from time to time. We must be able to recognize and manage aspects of our personal life so that these problems do not influence our ability to work effectively with clients. Although trainees may experience personal problems such as a relationship breakup, it is incumbent on them to seek resources to help them effectively cope with such personal difficulties. Having problems is not the problem; not dealing with our problems is the problem.

**The Case of Greta**

Ken is a practicing therapist as well as a part-time supervisor in a counseling program. One of his supervisees, Greta, finds herself in a personal crisis after she learns that her mother has been diagnosed with terminal cancer. Much of her internship placement involves working with hospice patients. She approaches Ken and lets him know that she feels unable to continue doing this work. He is impressed with her therapeutic skills and thinks it would be most unfortunate for her to interrupt her education at this point. He also assumes that he can more effectively deal with her personal crisis because of their trusting relationship. For the next four supervision sessions, Ken focuses almost exclusively on Greta's personal problems. As a result of his help, Greta recovers her stability and is able to continue working with the hospice patients, with no apparent adverse effects for either them or her.

- What are your thoughts on the problem and the solution Ken chose? Explain.
- What are your reactions to Ken blending the roles of supervisor and counselor?
- What potential ethical issues, if any, would you see if Ken had recommended that Greta temporarily discontinue her field placement and enter therapy with him in his private practice?
- If Ken recommended that Greta see another therapist for her personal therapy but she refused on the ground that he knew her best, would that make a difference?
- Do you see another way of dealing with this situation?
- Is it ever appropriate for supervisors to blend the roles of supervisor and therapist? Why or why not?

Commentary. Attending to the personal dynamics of trainees is a necessary part of supervision, and addressing countertransference is one of the central tasks of supervision. Greta is vulnerable to countertransference if she continues to see her clients at this time. If countertransference is not recognized and not managed, it will have a negative impact on both therapeutic and supervisory relationships. The exploration of countertransference is best accomplished on the foundation of a well-established supervisory relationship in which consideration of personal factors is encouraged and modeled by the supervisor. The counselor should attend to the pain that is triggered by Greta's work but not explore unfinished business Greta might have with her mother. Supervision typically focuses on the here and now. Past concerns are more appropriately explored in personal therapy.

Supervision sessions are generally time limited and often need to cover administrative, legal, ethical, and clinical issues. These time constraints pose a challenge for supervisors who are asked to deal with personal concerns that supervisees may want to address. Although Ken decided to flex the customary time boundary for a few sessions to help Greta address her personal crisis, he did so without neglecting supervision of her work. In our view, Ken could also have encouraged Greta to pursue personal therapy to more fully address her personal crisis.

# 9-11 Chapter Review

## 9-11a Chapter Summary

Counselors are often asked to assume the role of a supervisor. It is clear that special training is needed to effectively perform the many supervisory functions required in these activities. Some of the key ethical issues associated with supervision involve carrying out professional roles and responsibilities, maintaining clear boundaries between roles, and avoiding the problems created by dual or multiple relationships.

Supervision is one way in which trainees learn how to apply their knowledge and skills to particular clinical situations. It is essential that supervisees receive regular feedback so that they have a basis for honing their skills. Effective supervision deals with the professional as a person and as a practitioner. It is not enough to focus only on the trainee's skills. The supervisory relationship is a personal process, and the supervisee's dynamics are equally important in this process. Although supervision aims at honing the skills of trainees, the welfare of the clients served by trainees is the primary consideration. Supervisors must balance protection of client welfare with the secondary responsibility of increasing competence and professional development of the supervisee (APA, 2015). Supervisors have both legal and ethical responsibilities to clients, who have a right to competent service regardless of the supervisee's level of training (Welfel, 2016).

Supervisors must not exploit students and trainees or take unfair advantage of the power differential that exists in the context of training. Managing multiple roles ethically is the responsibility of the supervisor. Supervisors have a much better chance of managing boundaries in their professional work if they are able to take care of their boundaries in their personal lives. Supervisors who are able to establish appropriate personal and professional boundaries are in a good position to teach students how to develop appropriate boundaries for themselves.