Ethical Issues in Clinical Supervision

Presentation/Discussion
PPA Continuing Education and Ethics
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Overview of the session

- Introduction
- Post doctoral requirements
- Multiculturalism
- Informed Consent
- Competence
- Dual Roles
- Privacy
- Supervision v. Psychotherapy
- Evaluation
- Due Process

Introduction

- Language Conventions (Su, Th, Cl)
- Discussion Format
- About the presenters (jamills@iup.edu; sam@papsy.org)
- Reviewing Overarching principles
  - autonomy
  - Beneficence
  - Nonmalefescence
  - Justice
  - Fidelity
Defined

- Hierarchical (senior and junior members)
- And evaluative
- It is not the same as consultation

Goals of Supervision

- To monitor quality of services
- To promote professional development of trainee
- To act as a gatekeeper into the profession

Core Competencies

- Assessment/diagnosis
- Intervention
- Consultation
- Research/evaluation
- Supervision
- Management-administration
PA State Board of Psychology

- Post doctoral supervision,

- “Beginning December 1, 2015, complete either a course in supervision from a psychology doctoral program or 3 hours of continuing education in supervision”

- 49 PA Code 51.53 (c) (1)

Definition of State Board (1)

- Primary supervisor: “a currently licensed psychologist having primary responsibility for directing and supervising the psychology resident”

- Secondary (delegated) supervisor

Definitions of the State Board (2)

- Psychology intern: “a student participating in an internship as part of a doctoral degree program”

- Psychology resident: “an individual who has obtained a doctoral degree and is fulfilling the supervised requirement”

- Psychology trainee: either a psychology resident or intern
Post doctoral requirements

- See handout—
- Hours and time
- Content
- Time limits
- What does not qualify
- Waivers
- Qualifications of supervisors
- Obligations of supervisors

Standards for Supervisors

- See handout

- Must be accessible, provide, opportunity to learn, control and monitor work product, create reports and evaluate trainee

Follow APA Ethics Code

- See handout

- Relationships with supervisees
- Supervisee relationships with patients
- Other standards
Problems

- Getting licensed in another state
- Percentage of hours in direct service
- Length of time at internship site
- Number of hours of supervision
- Informing patients of supervised status
- Reimbursed as member of another profession
- Etc.

Interaction Elements Common to Models of Supervision

- Focus on the Supervisory Alliance
- Focus on the therapeutic process
- Exploration of feelings
- Focus on CT
- Attend to parallel process
- Focus on Th self-efficacy
- Contextualizing experience – developmental, multiculturalism
- Focus on specific skill
- Assessing knowledge
- Evaluation

Multiculturalism

Overview

- Increase in awareness
- Changing demographics
- Proximity remains a limitation
- Th more trained than some Su
Multiculturalism

Overview

• Little empirical work
• much on gender and race
• no support for matching on demographics
• tendency to have an inflated perception
• Su will transmit limitations
• People are in oppressed or privileged group

Constantine & Ladany (2001)

Th multicultural competence
1. self awareness
2. general knowledge about multicultural issues
3. multicultural self-efficacy
4. understanding of unique client variables
5. effective working alliance
6. multicultural psychotherapy skills

Ancis & Ladany (2001)

Six Domains of Supervision Competency
1. Su-focused personal development
2. Th focused personal development
3. Conceptualization
4. Skills/interventions
5. process
6. outcome/evaluation
Informed Consent

Overview

• Supervisee Development
• Theoretical Perspectives
• Clinical Population(s)
• Relation to Agency
• Relation to Training Program
• Dimensions of Supervisee Voluntariness
• Evaluation Component
Informed Consent

Professional Practice Statement

• Name, title, business address, phone numbers
• degrees, credentials, licenses
• general areas of competence
• discussion of training in supervision
• models of supervision, role of Su, typical objectives & goals
• limits of privacy/privilege/confidentiality

Competence

• Competence as Th =/= Competence as Su
• Competence as Su without Competence as Th?
• Supervise only in your areas of expertise?

Competence

Standards from APA

• Effective Therapist
• Personal characteristics
• Ethics
• Conceptual knowledge of Su relationship
• methods and techniques
• counselor development process
• case conceptualization and management
• oral and written communication
• evaluation of Th performance
• research knowledge
Dual Roles
Overview
• General standard from professional ethics
• Are they really avoidable in supervision?
• Pearson & Piazza (1997)
  – Circumstantial multiple roles
  – structural multiple roles
  – shifts in roles
  – Personal & professional role conflicts
  – predatory professional role

Dual Roles
Overview2
• The Supervisor should initiate discussion (Th not likely because of power imbalance) – lack of doing it can cause passivity, false compliance, concealment increased strategic self-presentation
• Huge impact on supervision relationship.
• Are they really avoidable in supervision?
• What are your experiences of dual role problems?

Dual Roles
Role Conflict and Role Ambiguity Inventory
(Olk and Friedlander, 1992)

Sample Conflict Items
• My orientation to therapy was different from that of my supervisor. She or he wanted me to work with lcient using her or his frameowkr, and I feudt aht I should be allowed to use my own approach.
• My supervisor told me to do something I perceived to be illegal or unethical, and I was expected to comply.
Dual Roles
Role Conflict and Role Ambiguity Inventory
(Olk and Friedlander, 1992)

Sample Ambiguity Items
- I was not certain about what material to present to my supervisor.
- I wasn’t sure how autonomous to be in my work with clients.
- The criteria for evaluating my performance in supervision were not clear.

Dual Roles
Talking about Sex in Supervision

Where can it occur?
- Th attraction to Cl
- Cl attracted to Th
- Th attraction to Su
- Su attraction to Th
- Su attraction to Cl

ALWAYS A POWER ISSUE connected

What is the evidence for issues?
What to Do?
- Exploration of feelings
- assessing knowledge
- normalizing/contextualizing the experience
- focus on Countertransference
- focus on therapy process

Privacy

- Th conduct about information
- Loyalty?
- What are the obligations of the supervisor?
- Consistency with due process, informed consent, evaluation
A Note on Supervision Records

- Contract/Consent/Disclosure statement
- Th background
- evaluations
- notation of Su sessions
- cases discussed and significant results
- significant problems and the results

Supervision v. Psychotherapy

Overview

Significance of Theory
Boundaries
Informed consent

Evaluation

Overview

- Timing
- Su as representative of an external perspective

- Impairment v. Disability
  - must accommodate, but
  - must be able to perform the “essential functions” of the position they hold
Conditions favorable to Evaluation

- Su respects relationship power imbalance
- Dimensions of culture are honored
- Su “owns” and “expresses” administrative & clinical roles
- Role clarity is maximized
- Evaluation procedures were spelled out well in advance
- Th subjectivity is embraced
- Th individuals differences addressed openly
- Evaluation is mutual & continuous
- There is a firm, thoughtful, & clear administrative structure
- Su optimizes evaluation timing
- Su must always keep an eye to the relationship.
- Su embraces the process of enhancing broad supervisee development

- - adapted from Bernard & Goodyear (2004)

What is in an adequate evaluation measure?

- the mode(s) of therapy to be evaluated
- domain of Th behavior to be considered
- competence areas (Therapy, assessment)
- evaluation data, methods (recordings, report review, etc)
- portion of caseload to be evaluated
- who is contributing to the eval (all staff, just the Su)
- expected level or comparison group
- evaluation instrument & source of it

- - adapted from Ladany & Muse-Burke (2001)

Trouble in River City

- Problems:
  - Impairment
  - Incompetence
  - Unethical behavior
- ON-going or a deflection from typical performance?
- Work-related distress
  - Vicarious traumatization
- Su might be a conduit for agency issues with a Th
- Psychopathology
  - Character – style v. disorder
  - Addiction
Evaluation

What to do with Trouble

- Consult
- Conceptualize
- Determine the level of interference (don’t forget do no harm)
- Challenge/Collaborate with Th
- Follow due process

Due Process

Overview

- documented in informed consent document or things to which IC document refers.
- Should include
  - timing and content of evaluation
  - Th allowed response to eval
  - definition of due process
  - define inadequate progress
  - how does a Th appeal or grieve decisions
  - is there a non-supervisor advocate?

- Adherence to informed consent, competence, confidentiality, due process, duty to warn, document the process

- Do what is reasonable under a particular set of circumstances
Closing Thoughts & Recommendations

Power --
Be active. Take a lead -- consultation, attention to Th, learn yourself. something outside the field (Bugental recommendation)
Role Model – we don’t know much about this, but

Prioritizing Themes in Supervision
Hierarchy of Supervision Priorities

Some Preliminary Considerations

- Any particular behavior can be a manifestation of any level of the hierarchy
- Usefulness of the hierarchy is based on a contract and an alliance
- More significant in relationship-emphasized work and work in which there are difficulties
- The hierarchy pertains to significance, not sequence

Hierarchy of Supervision Priorities

Overview

- Non-corrective or learning-enhancing material
- between session acting-out
- manifestations of supervisory relationship resistance
- deviation from the supervision contract
- In-supervision acting out
- dishonesty or deliberate withholding in supervision
- threats to supervision continuity
- elements of therapist conduct that are near or below minimum standard for significant professional conduct
- Client lethality

Hierarchy of Supervision Priorities

Learning-Enhancing Material

The bulk of the supervision experience

Includes, but not limited to:

- Skill development
- Imparting Professional content
- Discussion of theoretical and technical issues
- Broader Mentorship
Hierarchy of Supervision Priorities
Between Supervision/Therapy Acting-Out

Behavior external to immediate professional activities

personal v. professional – when the outside behavior of the professional impinges on the professional role

Pipes (2005) reviewed issues with this distinction – “a reciprocal and causal relationship between the two”

What is the underlying principle for the

Hierarchy of Supervision Priorities
Supervisory Relationship Resistance

Resistance that is within & related to the supervision relationship

Comparable to transference work – when the reaction of the therapist interferes with effective conduct of supervision or therapy

Realistic or situational ??

Hierarchy of Supervision Priorities
Deviation from the Contract

Work here is based on clarity of contract

Directives vs. Suggestions

The institutional context
<table>
<thead>
<tr>
<th>Hierarchy of Supervision Priorities</th>
<th>In-Supervision Acting Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions by the therapist within the supervision activity represent unspoken motives that are contrary to expectations</td>
<td></td>
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<tr>
<td>Substitutions for immediate experience</td>
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<thead>
<tr>
<th>Hierarchy of Supervision Priorities</th>
<th>Deliberate Dishonesty</th>
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</thead>
<tbody>
<tr>
<td>Omissions, failures to report, evasion</td>
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<tr>
<td>A version of &quot;acting out,&quot; but more serious</td>
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<tr>
<th>Hierarchy of Supervision Priorities</th>
<th>Threats to Supervision Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threats to the alliance and/or contract</td>
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<tr>
<td>Situational or professional</td>
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</table>
Hierarchy of Supervision Priorities

Significantly Substandard Conduct

- Professional conduct that is serious enough to warrant more than educational or other routine supervisory intervention
- Below minimum standards
- Beyond reasonable interpretations of the contract or institutional or broader professional standards

Hierarchy of Supervision Priorities

Client Lethality

the most basic element of “do no harm”
more than on-going processes of self-harm among client that receive adequate attention
insufficient therapist action

Hierarchy of Supervision Priorities

Some Final Thoughts

Is the hierarchy worth further consideration?
practice questions
empirical questions
Multitude of different supervisory phenomena - their placement in the hierarchy is always debatable
Some themes might need more detail
The scope of each theme could bear revision
The ranking of themes has not been discussed/debated