

ETHICAL SUPERVISION FOR COUNSELING

SEPTEMBER 1, 2016

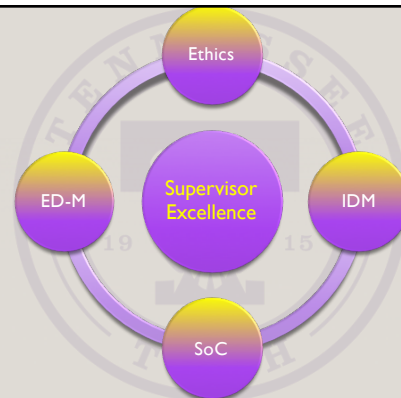
CHAD LUKE, TENNESSEE TECH UNIVERSITY

WELCOME!

- Greetings from TLPCA, Upper Cumberland Region
- Program Updates – Dr. Mark Loftis
- Tech CMHC Faculty
- Plan for the Morning

OBJECTIVES

1. IDM Model of Supervision and its application to professional counseling
2. Roleplay difficult supervision scenarios to assist supervisees in protecting clients
3. Ethical Decision-Making models in Supervision



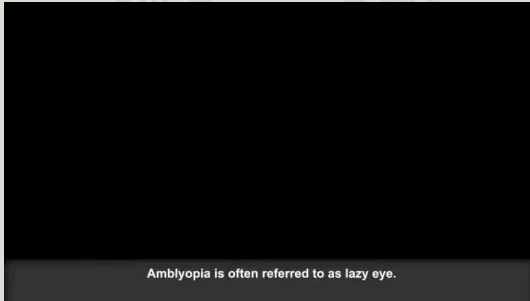
REASONS FOR SITE SUPERVISOR: 1

I cnduo't bveiee taht I culod aulacty uesdtannrd waht I was rdnaieg. Unisg the icndeblire pweor of the hmuam mnid, aocdcnrig to rseecrah at Cmabrigde Uinervtisy, it dseno't mtttaer in waht oderr the lterets in a wrod are, the only irpoamtnt tihng is taht the frsit and lsat ltteer be in the rhgit pclae. The rset can be a taotl mses and you can sitll raed it whoutit a pboerlm. Tihs is bucseae the huamn mnid deos not raed ervey ltteer by istlef, but the wrod as a wlohe. Aaznmig, huh? Yaeh and I awlyas tghhuot slelinpq was ipmorantt! See if yuor fdreins can raed tihs too.

REASONS FOR SITE SUPERVISOR: 1

I couldn't believe that I could actually understand what I was reading. Using the incredible power of the human brain, according to research at Cambridge University, it doesn't matter in what order the letters in a word are, the only important thing is that the first and last letter be in the right place. The rest can be a total mess and you can read it without a problem. This is because the human mind does not read every letter by itself, but the word as a whole. Amazing, huh? Yeah and I always thought spelling was important! See if your friends can read this too!

REASONS FOR SITE SUPERVISOR: 2



RESISTANCE CONTINUED

Vision & Blind Spot

The physical blind spot in action- please refer to your handout and follow the instructions below to "see" your blind spot.



• Close your right eye. Hold the image about 20 inches away. With your left eye, look at the +. Slowly bring the image (or move your head) closer while looking at the +. At a certain distance, the dot will disappear from sight...this is when the dot falls on the blind spot of your retina. Reverse the process. Close your left eye and look at the dot with your right eye. Move the image slowly closer to you and the + should disappear.

2014 ACA CODE OF ETHICS, SECTION F

- | | |
|---|---|
| F.1. Counselor Supervision and Client Welfare | F.7. Responsibilities of Counselor Educators |
| F.2. Counselor Supervision Competence | F.8. Student Welfare |
| F.3. Supervisory Relationships | F.9. Evaluation and Remediation of Students |
| F.4. Supervisor Responsibilities | F.10. Roles and Relationships Between CEs and Students |
| F.5. Student and Supervisee Responsibilities | F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs |
| F.6. Counseling Supervision, Evaluation, Remediation, and Endorsement | |

ACA (2014) - F.I.A. CLIENT WELFARE

A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the ACA Code of Ethics.

ACA - F.2.A. SUPERVISOR PREPARATION

Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.

ACA – F.7.I. FIELD PLACEMENTS

Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.

INTEGRATED DEVELOPMENTAL MODEL OF CLINICAL SUPERVISION

- Cal Stoltenberg
- Ursula Delworth
- Brian McNeill

8 DOMAINS

1. Intervention Skills- confidence and ability to...
2. Assessment Techniques- psych. testing
3. Interpersonal Assessment- session dynamics
4. Client conceptualization- meta-diagnostics

8 DOMAINS

5. Individual Differences- Multiculturalism (anthropological and individual)
6. Theoretical Orientation- therapeutic framework
7. Treatment Plans and Goals- organized effort
8. Professional Ethics- professional assimilation

CASE EXAMPLE

- John, a white male intern supervisor, found himself choosing not to offer challenging but necessary feedback to his female African American supervisee. He was concerned that the practicum student would view him as "racist, or trying to be superior." In discussing this problem with his own supervisor, the intern acknowledged the ethical demand of fidelity, that is, his obligation to provide honest and timely feedback to his supervisee. With the ethical issue clear, he and his supervisor were able to discuss possible approaches to convey the feedback.

Stoltenberg, C. D., McNeill, W. J. *Supervision: An Integrative Developmental Model for Supervising Counselors and Therapists*, Third Edition, Routledge, 2011. Kindle eBook file.

3 OVERARCHING STRUCTURES

1. Self and Other Awareness- cognitive and affective
2. Motivation- interest, investment and effort
3. Autonomy- dependence vs. independence

CASE EXAMPLE

Alice, an experienced supervisor, evaluated her practicum student supervisee as not providing the quality of treatment necessary for effective work with a particular client. At the same time, the supervisee was clearly learning a great deal in working with this client. Here the principles of beneficence and nonmaleficence required that the supervisor balance the achievement of positive goals and the avoidance of harm. Thus the supervisor needed to assess the possible and probable harm, the good to the client, and the potential growth of the therapist. Justice was also a concern here, that is, the client's right to treatment that meets acceptable standards of care. In this situation, it was possible for the supervisor to work as a co-therapist with the practicum student, a solution that allowed for effective treatment as well as development for the supervisee.

Stoltenberg, C. D., McNeill, W. J. *Supervision: An Integrative Developmental Model for Supervising Counselors and Therapists*, Third Edition, Routledge, 2011. Kindle eBook file.

3+ LEVELS OF COUNSELOR DEVELOPMENT

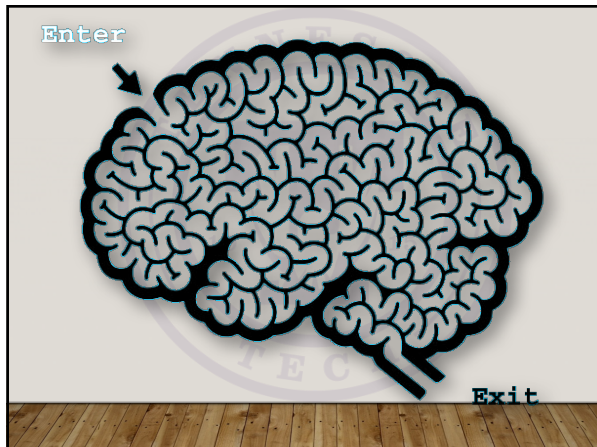
Pre-Level 1: Missing Basic Competencies

1. Level 1: Scared but Excited Novice
2. Level 2: Less Scared but More Overwhelmed Novice
3. Level 3: Confident but still seeking

Level 3i: Making all of the Connections (don't look to be here in the first 20 years or so)

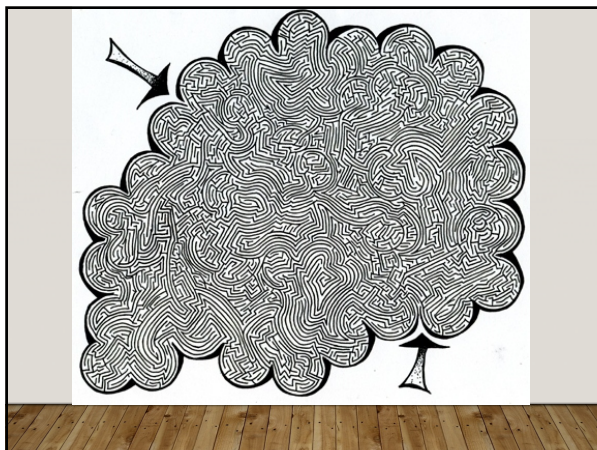
LEVEL 1 COUNSELOR

"the Level 1 therapist is characterized by a predominant self-preoccupation, a strong motivation for learning how to become as proficient as other professionals, and a desire to be instructed and nurtured by a more experienced clinician."



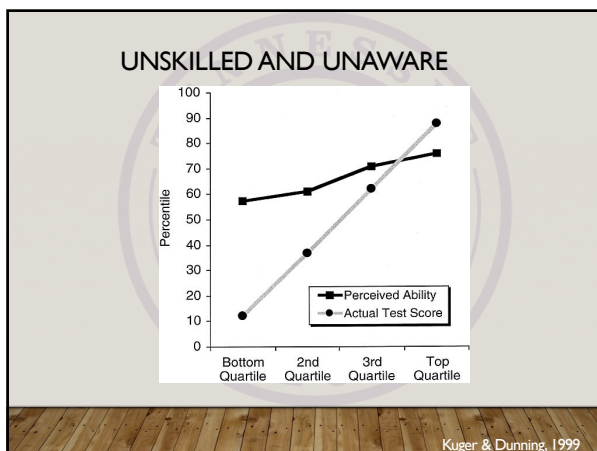
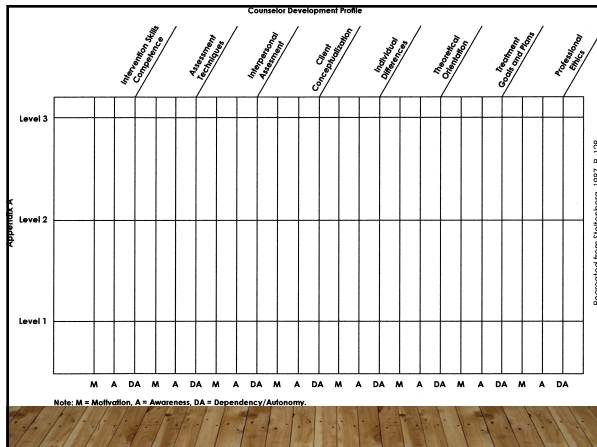
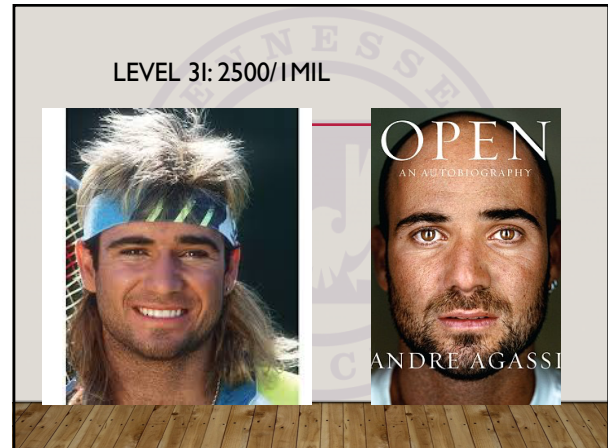
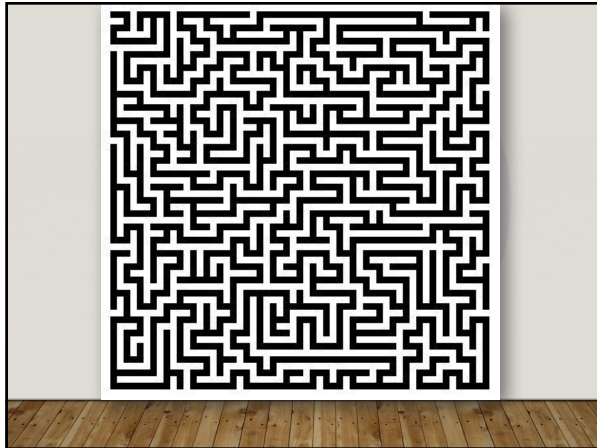
LEVEL 2 COUNSELOR

"greater depth and breadth of understanding of the client's world can be quite useful to the trainee in developing more adequate case conceptualizations. On the other hand, this wealth of information, with all of its idiosyncratic nuances, can present real problems for the therapist in wading through the data and reducing the information down to a concise conceptualization or diagnosis."



LEVEL 3 COUNSELOR

"therapist is more able to use insightful self-awareness in addition to the awareness of the client's experience developed during Level 2...giving a depth and breadth of perspective to the therapist."



SUPERVISION STAGES OF CHANGE

- Think of a behavior that might limit your supervisee's effectiveness as a counselor, both clinically and professionally.
- Examples?
 - Paperwork?
 - Social/Relational Skills?
 - Clinical Instinct/Judgment?
 - Punctuality?

SUPERVISION STAGES OF CHANGE

- Think of a behavior that might limit your effectiveness as a supervisor.
- Examples?
 - Confrontation?
 - Countertransference?
 - Time?
 - Others?

ASSESSMENT: STAGES OF CHANGE

- **Precontemplation** - The supervisor/supervisee is both unaware of the problem, and especially unaware of their role in it.
- **Contemplation** - The supervisee/supervisor has moved into some awareness that there is a problem, but is, at best ambivalent about taking responsibility for the problem or the change that is needed.

ASSESSMENT: STAGES OF CHANGE

- **Preparation** - The supervisee has moved into greater ownership of both the problem and their role in it. They are beginning to explore options for change.
- **Action** - As the name implies, the supervisee is actively taking steps for change that reflect personal responsibility for choices.

ASSESSMENT: STAGES OF CHANGE

- **Maintenance** - Making a change at a specific point in time (saying no to that donut that's calling your – my – name) is one thing; committing to making a change over time is a completely different one (when the donut follows you around, and having to repeatedly say no).
- **Relapse** - Specific to the substance and process addiction groups, this stage acknowledges that re-engaging an old behavior is a part of the process of growth.

RESOLVING ETHICAL DILEMMAS IN CLINICAL SUPERVISION

GOTCHA

RESOLVING ETHICAL DILEMMAS IN SUPERVISION

Problem-Solving Models (Corey et al., 2007):

1. Identify the problem or dilemma
2. Identify the potential issues involved
3. Review the relevant ethical guidelines
4. Know the applicable laws and regulations
5. Obtaining consultation
6. Consider possible and probable courses of action
7. Enumerate the consequences of various decisions
8. Decide on the best course of action

SCENARIO #1

Jan's supervisor had noted that she was assuming too much responsibility for her clients. She was a new student in the program in her first practicum in the clinic. Although it was not particularly uncommon for new trainees to become perhaps too involved with their clients, Jan seemed to take more of an active role in "mothering" her clients than was apparent in the work of others in her class. Upon exploring this issue in supervision, Jan explained that she felt an inadequate childhood was the primary reason her clients were experiencing difficulties: "If they can just find the kind of nurturing that they should have gotten from their parents, I'm sure they will be fine. My own parents didn't give me the love and support I needed, and I'm not going to let that happen to my clients."

Scotzenberg, C. D., McNeill, W. J. M. Supervision: An Integrative Developmental Model for Supervising Counselors and Therapists, Third Edition. Routledge, 04/2011. ViziaBook file.

SCENARIO #2

Laura is a first semester intern who seems reticent about "jumping in" at the site. You've challenged her to be proactive in getting involved, but she continues to hang back, preferring to do administrative and case management work instead. These case management duties are immensely helpful, but you know that Laura's clinical skills are not being put to the test.

SCENARIO #3

Jack had spent years struggling to overcome a serious addiction to alcohol. His past was a series of starts and stops concerning his dependency on alcohol. He began his training program after having stayed sober for three years. It was obvious that he was a bright and motivated student who had made great strides toward reaching his goal of abstinence and success. The major problem with Jack's professional development was his reliance on his perspective that "an addictive personality" was at the root of most of his clients' problems and that the 12-step approach was always the best way to address these problems. Jack's supervisor was constantly exploring this perspective with Jack and discouraging him from referring most of his clients to Alcoholics Anonymous, Narcotics Anonymous, and other twelve-step programs whether or not substance abuse appeared to be a predominant problem.

Scotzenberg, C. D., McNeill, W. J. M. Supervision: An Integrative Developmental Model for Supervising Counselors and Therapists, Third Edition. Routledge, 04/2011. ViziaBook file.

SCENARIO #4

Jill had experienced a life-changing shift in her understanding of the world through a course in women's studies and interactions with a faculty member who had become a role model for her. Her relationship with her father had been poor. The perspective she gained from her class concerning how women have been oppressed by men and how this continues in present society angered and activated her. In work with her female clients, the focus of therapy always quickly went to how her clients have been and are being oppressed by the men in their lives and the institutions in which they exist. For her male clients, the emerging focus was challenging them to understand their privileged position in society and how they are oppressing women in their lives (including the therapist). Jill's supervisor experienced frustration in helping her focus on the client's experience without always moving so quickly to a victim-perpetrator frame of reference.

Scotzenberg, C. D., McNeill, W. J. M. Supervision: An Integrative Developmental Model for Supervising Counselors and Therapists, Third Edition. Routledge, 04/2011. ViziaBook file.

SCENARIO #5

Jim is a supervisee of Native American descent. He has made excellent progress in his counseling program and is poised to begin internship. After a few months, you hear from Jim's site supervisor that Jim's second client reported to her that they are uncomfortable working with "people like him". The client reported had a bad experience with "Mexicans".

RESOURCES

- Faculty Supervisors

- Program Coordinator: Dr. Mark Loftis mloftis@tntech.edu
- Practicum: Dr. Tony Michael tmichael@tntech.edu
- Internship: Dr. Chad Luke cluke@tntech.edu