

Counselling Supervision

Lecture 10

Ethical Issues in Counselling Supervision

Dr. Ngure Jane

Ethical Issues in counselling supervision

Lecture One Outline

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10.1 Introduction

In this lecture, we will explore ethics in the context of counselling supervision, we will discuss the various ethical issues in counselling supervision and identify the best practice in supervision. We will describe the ethical decision making process.

10.2 Expected Learning Outcomes

By the end of this lecture, you should be able to:

- a) Discuss the various ethical issues in counselling supervision.
- b) Identify the best practice in supervision.
- c) Describe the ethical decision making process.

10.3 What is Ethics?

Ethics is a philosophical discipline that is concerned with human conduct and moral decision making; focusing on principles and standards that govern relationships between individuals such as those between counsellors and clients or counsellors and their supervisors. Any counsellor is faced with ethical dilemmas on a regular basis. These dilemmas are exacerbated for a beginning counsellor. There is also the concern that ethical issues such as informed consent can be complicated by problems arising out of counselling (Falls, 2006).

The counsellor's ability to cope with these and other issues is dependent, to a large degree, on their ability to weigh up the inherent risks and benefits of a multiplicity of options and make a moral and principled decision. Principles are informed by personal and professional values. The Code of Ethics adopted by the American Counselling Association (2005) sees these values as deeply ingrained in the counsellor and developed out of personal dedication, rather than the mandatory requirement of an external organization.

10.4 Ethical Principles

Kitchener (1999) discussed the five moral or ethical principles which form the cornerstone of ethical guidelines. These principles; justice, autonomy, beneficence, nonmaleficence and fidelity help in clarifying and resolving conflicting issues which counsellors face daily and which may not be adequately addressed in the guidelines.

1. Beneficence—the obligation to help others and do good through all our professional decisions and actions.
2. Nonmaleficence—the need to avoid exploitation and harm of others in our professional activities and relationships.
3. Fidelity—our obligations to others that can be explicit such as are articulated in the informed consent agreement, and implicit obligations of all mental health professionals such as to be honest and caring.
4. Autonomy—to promote each client or supervisee's independent functioning over time and to not engage in actions that will promote their dependence on us.

5. Justice—the fair and equitable treatment of all and providing all individuals with equal opportunities for and access to needed care.

6. Self-care—the need to take adequate care of ourselves on an ongoing basis to help prevent burnout and resultant problems with professional competence while promoting psychological wellness which is needed to be able to effectively implement the first five ethical ideals (Barnett and Molzon, 2014).

Ethical supervisors will promote their own psychological wellness by actively practicing self-care strategies, and working to keep a balance between various professional obligations and between their professional and personal lives. Doing so will not only help ensure their ongoing competence but also model these ethical practices for supervisees. Similarly, ethical supervisors should regularly address issues of psychological wellness, self-care, distress, burnout, and problems with professional competence in supervision to help ensure supervisees are proactively addressing these issues, both at present and to develop career-long habits and behaviors (Bernard & Goodyear, 2014).

10.5 Ethical Issues in Counselling Supervision

The American Counseling Association and the Association for Counselor Education and Supervision developed ethical guidelines for counselling supervisors that address major ethical issues in supervision such as informed consent, supervision agreements, supervisor competence, confidentiality concerns, supervisory relationships, client welfare and rights, supervisory role, diversity considerations, due process, and multiple roles and responsibilities in supervision (Borders and Brown, 2005).

The greatest clinical and ethical challenge of supervision is that the supervisor must attend to the best interests of the client and supervisee simultaneously. Thus balancing the rights of clients, the rights and responsibilities of supervisees, and the responsibilities of supervisors to both supervisees and their clients. Supervisors must discuss the rights of supervisees from the beginning of the supervisory relationship in much the same way the rights of clients are addressed early in the therapy process. When this is done, the supervisee is invited to express expectations, empowered to make decisions, and encouraged to become an active participant in the supervisory process.

Competence of Supervisors

It is essential for supervisors to be knowledgeable and skilled in the practice of clinical supervision. The topic of supervisor competence is addressed in the ACA Code of Ethics (2005): “Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. It is essential that supervisors have the education and training to adequately carry out their supervisory roles. The provision of counselling supervision requires competence both in the specific areas of counseling practice and in the practice of supervision. Supervisors without specific training in supervision may lack needed competencies and be at risk for harming trainees and their clients (Barnett & Johnson, 2010). The skills used in counselling are not necessarily the same as those needed to adequately supervise trainees or to advise other helping professionals; specific training in how to supervise is needed. Becoming a competent supervisor involves taking course work in theories of supervision, working with difficult supervisees, working with culturally diverse supervisees, and methods of supervision. The counsellor licensure laws in a number of states now stipulate that licensed professional counsellors who practice supervision are required to have relevant training experiences and course work in supervision.

Supervisors not only need specialized training in methods of supervision but also need to 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 the scope of their practice (Barnett, Cornish, et al., 2007).

To be an effective supervisor, the clinician must have acquired the following competencies:

1. Competent supervisors are trained in supervision and periodically update their knowledge and skills on supervision topics through workshops, continuing education, conferences, and reading.
2. Competent supervisors must have the education, training, and experience necessary to be competent in the area(s) of clinical expertise in which they are providing supervision.
3. Competent supervisors must have effective interpersonal skills and be able to work with a variety of groups and individuals in supervision and with counselors with a range of life and clinical experience. Examples of these interpersonal skills include the ability to listen and provide constructive feedback, the ability to challenge and confront the supervisee in a helpful manner, and the ability to set professional interpersonal boundaries with the supervisee.

4. Competent supervisors must be cognizant of the fact that supervision is a situational process that is dependent on interaction between the supervisor, the supervisee, the setting, and the client. Skilled supervisors will be able to modify their approach to supervision as the situation dictates.
5. Competent supervisors must be flexible and be able to assume a variety of roles and responsibilities in supervision. The supervisory role can change rapidly depending on the needs of the situation.
6. Competent supervisors must have a broad knowledge of laws, ethics, and professional regulations that may apply in a variety of situations that could arise in supervision of clinical cases.
7. Competent supervisors stay focused on the fact that a primary goal of supervision is to monitor clinical services so that the welfare of the client is protected.
8. Competent supervisors are willing to serve an evaluative function with supervisees and provide feedback about their performance on a regular basis.
9. Competent supervisors document supervision activities in a timely and accurate fashion.
10. Competent supervisors empower supervisees. Supervisors assist supervisees at both problem solving current situations and developing a problem-solving approach that they can apply to nearly any clinical situation long after the supervision has ended.

Modeling Confidentiality

Issues of confidentiality need to be discussed and addressed in supervision and in therapy. Supervisees need to know what information from the supervision sessions may be divulged to other professionals and what will be kept completely confidential.

Supervisors must ensure supervisees discuss confidentiality with their clients, particularly in relation to the supervisory relationship. Supervisors should model and maintain the rules of confidentiality in all types of supervision including group, audio-taped and live supervision.

It is essential that supervisors teach and model ethical and professional behavior for their supervisees. One of the best ways for supervisors to model professional behavior for supervisees is to deal appropriately with confidentiality issues pertaining to supervisees.

Supervisors have the responsibility of keeping information obtained in the supervisory relationship confidential. As is the case with a client–therapist relationship, confidentiality in the supervisory relationship is not an absolute; it has limitations. Furthermore, supervisors must make supervisees aware of clients’ rights to privacy and confidentiality in the counseling relationship (Maki & Bernard, 2007). Supervisors can do this by explaining the parameters of confidentiality in the supervisory relationship.

Supervisors have responsibilities for their supervisees’ clients, one of which is to respect the confidentiality of client communications. Supervision involves discussion of client issues and review of client materials, and supervisees must respect their clients’ privacy by not talking about clients outside of the context of supervision. Supervisors have a responsibility to model for supervisees appropriate ways of talking about clients and keeping information protected and used only in the context of supervision (Bernard & Goodyear, 2009). Of course, 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 warn or protect, or to report.

Informed consent

The supervisees must receive comprehensive information about the process of supervision before consenting to the relationship. Supervisors are also responsible for ensuring supervisees give their clients the same opportunity for informed consent, including detailed information concerning the supervisory relationship.

The supervisor should address the client’s right to be informed about the process of supervision, as well as the supervisee’s right to know about conditions and responsibilities involved in the supervisory process. In addition, the client has the right to be informed of the confidential nature of the supervisory relationship and must assure the client that their right to confidentiality will not be violated. During the initial supervision session, it is important to clearly inform the supervisee of the parameters of the supervisory process (Bernard and Goodyear, 2009). Early in the supervisory relationship, supervisor should discuss with supervisees their professional training and experiences, theoretical orientation to counselling, and the model of supervision that will be used.

Documentation and Record Keeping

Clinical documentation is required in each mental health profession's code of ethics, laws and regulations, practice guidelines, and institutional policies (e.g., APA, 2010). Timely, thorough, and effective documentation of the services provided by mental health practitioners can serve a number of important purposes (Falender & Shafranske, 2004). This documentation can;

- Help reduce the chance of misunderstandings occurring,
- Help increase accountability on the part of the supervisee,
- Be an excellent aide for both parties when reviewing it to track progress both of the supervisee's clients and the supervisee's professional development,
- Serve an important risk management role in providing a tangible record of what has transpired in supervision and the supervisor's reasonable good faith efforts to provide high-quality counselling supervision (Barnett and Molzon, 2014).

Due Process

Supervisors follow a process necessary to fully protect and inform their supervisees of all aspects of supervision. This includes (1) informed consent (clarifying requirements, expectations, rules and roles), (2) assessment and evaluation and the implications of a negative evaluation and (3) the process of appeal. Supervisors need to also ensure that their supervisees are following due process with their clients, particularly in regard to risk and crisis work.

The informed supervisor certainly will be familiar with due process, a legal concept that allows individuals to expect certain rights and liberties within a given situation. As a supervisor, one is responsible for ensuring that the supervisee is familiar with the training objectives of supervision, the assessment procedures and criteria for evaluation, the parameters of supervision, and your expectations regarding personal growth activities and self-reflection.

Meeting face-to-face with your supervisees on a regular basis, so that you may review and discuss actual work samples, is crucial to providing constructive feedback. Through ongoing formative evaluations, you help supervisees work toward specific goals, so that their summative evaluations (at the termination of the supervisory relationship) can be positive. Feedback should be given both orally and in written form and should be used to provide your supervisees with information regarding any personal and professional limitations you have observed, which, in your professional

opinion, might impair their abilities to provide adequate counseling services. Equally important to ethical evaluation is maintaining regular notes on your supervision sessions. By documenting what transpired in your supervisory meetings, you will be able to provide a clear and thorough written summative evaluation at the end of the supervisory experience. This type of documentation will also show that you are conducting your supervision in a professionally responsible manner, and help you legally account for your actions within each supervision session, should that be necessary. In the case of consultation with other counseling supervisors, you would also need to document any information shared and recommendations taken or acted upon. Keeping thorough supervision notes may be seen as time consuming, but it will definitely be worth it in the long run.

Dual Relationships

According to Corey, Corey, and Callanan (1998) dual roles can be defined as the combination of distinct relationship roles wherein the professional role or even one's professional judgment might become impaired. Because of the uniquely intimate nature of the supervisory relationship, as well as the likely vulnerability of the supervisee, dual role issues in supervision are practically unavoidable. It is up to you, as the supervisor, to monitor these possible dual roles in order to deter impairment to the relationship or harm to the supervisee (Bernard & Goodyear, 1998; Maki & Bernard, 2003).

It is common that supervisors and supervisees will participate in dual professional relationships with one another. Important ethical considerations concerning these relationships are; the likelihood that the dual relationship will impair the supervisor's judgement and the risk to the supervisee of exploitation.

The three possible types of dual roles are: social, sexual, and therapeutic. In many cases, especially for university supervisors, the overlapping of social roles is almost impossible to avoid. The supervisor may also be the lecturer, academic advisor, and work as the internship placement coordinator involved in gathering and approving supervisee application for a particular site. The important thing to remember is that supervisors need to refrain from any form of social interaction which might lead to a loss of objectivity regarding their supervisees' skills and abilities. Both the supervisor and the supervisee must always keep in mind that this is an evaluative relationship, one focused on promoting the personal and professional growth of the supervisee.

Sexual attraction may or may not be a transference or countertransference reaction to a supervisee. Given similarities in interests, values, and sometimes age, just as with feelings of friendship, genuine sexual attraction may occur. Because acting on an attraction poses serious ethical dilemmas, addressing the attraction in supervision or through consultation with other professionals is vital.

Therapeutic dual roles are unique to supervision. Because personal issues (as they relate to the professional growth of the supervisee) often are addressed in counselling supervision. Use of counseling skills within the supervisory relationship can be appropriate when encouraging supervisee self awareness as a means of impacting professional functioning. However, one must be on their guard against allowing the relationship to become more therapeutic than supervisory.

Direct and vicarious liability

If a professional fails to follow acceptable standards of practice and harm to a client results, the professional can be held liable for the harm caused. Direct liability would be charged when the actions of a supervisor were themselves the cause of harm to a supervisee or a client (for instance, if a supervisor suggested an intervention that was determined to be the cause of harm). The supervisor does not have to actually carry out the intervention, but if the supervisee follows the suggestion of a supervisor and this results in harm, this is direct liability. Vicarious liability is being held liable for the actions of the supervisee when these were not suggested, or even known, by the supervisor. Therefore, if a supervisory relationship exists, the supervisor can potentially be held liable for any negligent acts of the supervisee. It should be obvious that the supervisor is invested in the actions of his/her supervisee and must take the responsibility of supervision very seriously.

Consultation

A supervisor cannot successfully exist in a vacuum, and should proactively avoid professional isolation. One means of doing so was mentioned previously—seeking continued professional development opportunities. An additional means of preventing isolation is to seek consultation from your fellow supervisors (Maki & Bernard, 2003). You may want to consult with peers on a regular basis in order to achieve and maintain quality in counselor training and supervision. Consulting with peers will help you maintain your objectivity when a supervisory issue has you

feeling stuck or frustrated with a supervisee. Your peer's different perspective can provide you with a clearer picture of what might be going on, and help you think about your supervisee in a new way. Perhaps you are working with a supervisee on a complex client case, and feel the need to bring in some fresh ideas on the topic. Opening the case up to multiple perspectives through consultation can inject new life into your ability to help your supervisee perform (Baltimore et al., 2001).

10.6 Best practice in supervision

Supervisors are responsible for ensuring compliance with relevant legal, ethical, and professional standards for clinical practice (ACES, 1995). The main purposes of ethical standards for clinical supervision are to provide behavioral guidelines to supervisors, protect supervisees from undue harm or neglect, and ensure quality client care (Bernard and Goodyear, 2009).

Barnett, Cornish, et al. (2007) noted that effective supervisors understand the importance of serving as ethical role models to their supervisees and attend to the following areas of ethical practice in supervision: assessing their trainees' learning needs from the outset and modifying the training experience in accordance with their needs; reaching an agreement with each supervisee at the outset of supervision about the nature and course of the training process and supervisory relationship; offering supervisees timely and meaningful feedback; maintaining appropriate boundaries; maintaining clients' and supervisees' confidentiality, and when required to breach confidentiality, doing so in an appropriate manner; limiting one's clinical practice and supervision to one's areas of competence; engaging in wellness practices to ensure one remains effective; and paying attention to diversity. Barnett and Johnson (2010) provided the following guidelines to supervisors for the effective practice of supervision:

- Offer supervision only after obtaining the education and training to ensure competence in this role.
- Assess each supervisee's competencies and training needs at the beginning of a supervisory relationship; determine the degree of supervision and level of oversight needed.
- Treat supervisees with respect and as colleagues-in-training.

- Promote ethical practice of supervisees by drawing attention to ethical issues throughout the duration of the supervisory relationship.

The first of these guidelines is very important, but events in the field often take a different course. Many practitioners who are assigned supervisory responsibilities find that on-the-job training is the standard mode of operation. Supervisors should make every effort to obtain adequate education and training before assuming the supervisory role, and they should consider the ethical and legal ramifications if they are asked to take on this role prior to training.

10.7 Teaching Supervisees How to Make Ethical Decisions

A chief responsibility of supervisors is to teach their supervisees how to think about the ethical dilemmas they are bound to encounter and to help them develop a framework for making ethical decisions. To whatever degree it is possible, we suggest that supervisors teach supervisees the importance of involving their clients in the process of resolving an ethical concern. Of course, supervisees would do well to bring any ethical issues they face in dealing with their clients to supervision. As supervisees learn to be open with the ethical concerns that arise for them, they are also developing a pattern of being willing to seek consultation as they become seasoned professionals.

The American Counseling Association's (2005) ACA Code of Ethics states that when counselors encounter an ethical dilemma they are expected to carefully consider an ethical decision-making process. To make sound ethical decisions, it is necessary to engage in an intentional course of ethical deliberation, consultation, and action (Barnett & Johnson, 2010). Corey et al. (2011) have suggested the following eight procedural steps as a way to think through ethical dilemmas. Supervisors can use this model to teach supervisees how to address ethical issues.

1. Identify the Problem or Dilemma

Gather as much information as possible that sheds light on the situation. Clarify whether the conflict is ethical, legal, professional, or moral—or a combination of any or all of these.

The first step toward resolving an ethical dilemma is recognizing that a problem exists and identifying its specific nature. Because most ethical dilemmas are complex, look at the problem from many perspectives and avoid simplistic solutions. Consultation with the client and supervisee

begins at this initial stage and continues throughout the process of working through an ethical problem, as does the process of documenting decisions and actions taken.

2. Identify Potential Issues Involved

After the information is collected, list and describe the critical issues and discard the irrelevant ones. Evaluate the rights, responsibilities, and welfare of all those who are affected by the situation. Consider the ripple effect on everyone who may be touched by the situation at hand. Part of the process of making ethical decisions involves identifying competing values. Ask the supervisee for input regarding the values that must be considered. It may help to prioritize these values and principles and to think through ways in which each one can support a resolution to the dilemma.

3. Review Relevant Ethics Codes

Ask yourself whether the standards or principles of your professional organization offer a possible solution to the problem. Consider whether your own values and ethics are consistent with or in conflict with the relevant codes. Encourage your supervisee to do the same.

4. Know Applicable Laws and Regulations

Keep up-to-date on relevant state and federal laws that apply to ethical dilemmas. This is especially critical in matters of keeping or breaching confidentiality, reporting child or elder abuse, dealing with issues pertaining to danger to self or others, parental or guardian rights, record keeping, testing and assessment, diagnosis, licensing statutes, and the grounds for malpractice. Be sure that you discuss these issues with your supervisee as they pertain to the issue you are trying to resolve. In addition to gaining clarity about reporting incidents, you must clearly identify the reporting process and resources for immediate access when needed.

5. Obtain Consultation

At this point, it is generally helpful to consult with colleagues to obtain different perspectives on the problem. Do not limit the individuals with whom you consult to those who share your orientation. If there is a legal question, seek legal counsel. It is wise to document the nature of your consultation, including the suggestions provided by consultants. In court cases, consultation illustrates the attempt to adhere to community standards by finding out what your colleagues in the community would do in the same situation. Consultation can help you think about information

or circumstances that you may have overlooked. In making ethical decisions, you must justify a course of action based on sound reasoning. Include your supervisee and the client in consultation sessions when appropriate.

6. Consider Possible and Probable Courses of Action

Brainstorming is useful at this stage of ethical decision making. As you think about the many possibilities for action, discuss these options with the client, your supervisee, and with other professionals.

7. Enumerate the Consequences of Various Decisions

Ponder the implications of each course of action for the client, for others who are related to the client, for your supervisee, and for you as the supervisor. A discussion with the client about the consequences for him or her is most important, and you and your supervisee may decide to act as therapists when this discussion is initiated.

8. Decide the Best Course of Action

In making the best decision, carefully consider the information you have received from various sources. The more obvious the dilemma, the clearer is the course of action; the more subtle the dilemma, the more difficult the decision will be. Once you have made what you consider to be the best decision, do what you can to evaluate your course of action.

Reflection on your assessment of the situation and on the actions you took are essential if you are to learn from your experience. Follow up to determine the outcomes and whether any further action is needed. To obtain the most accurate picture, involve your supervisee and the client in this process.

These procedural steps should not be thought of as a simplified and linear way to reach a resolution on ethical matters. The aim of these steps is to stimulate self-reflection and encourage discussion with the client, your supervisee, and your colleagues.

Case Study

Josephine is a school counselling intern, she has been quiet and somewhat unresponsive in your supervision group. In your individual supervision sessions, she seems disinterested, often having to reschedule because she has not been able to make a counselling session tape for your review. Midway through the semester, her site supervisor contacts you to inform you that Josephine has not been to the site for the last 3 days, nor has she made any contact with the site supervisor. During this discussion with the site supervisor, you learn that Josephine had some similar difficulties at the site last semester, during her practicum. You set up a meeting with the site supervisor and make several attempts to contact Josephine about attending this meeting as well. After 2 days, she remains unresponsive and fails to either contact you or the site supervisor or attend the meeting.

- a. What are the ethical issues involved here?
- b. As a gatekeeper for the counseling profession, how could you most responsibly deal with this ethical dilemma?

10.8 Summary

In this lecture, we have explored the meaning of ethics, we discussed the ethical principles and various ethical issues in counselling supervision. We identified the best practice in supervision and finally we described the ethical decision making process in the context of counselling supervision.

10.9 Further Reading

American Counselling Association (2005) Code of ethics and standards for practice: Alexandria, VA.

Baltimore, M. L., Crutchfield, L. B., Gillam, S. L., & Lee, R. W. (2001). Ethics in supervision: Process, practice, and guidelines for the helping professions. Columbus, GA.

Barnett, J. E., & Johnson, W. B. (2008). Ethics desk reference for psychologists. Washington, DC: American Psychological Association.

Barnett, J. & Molzon, C. (2014). Clinical supervision of psychotherapy: Essential ethics issues for supervisors and supervisees. *Journal of Clinical Psychology*: Vol. 70(11), 1051–1061.

Barnett, J. E., Wise, E. H., Johnson-Greene, D. J., & Bucky, S. F. (2007). Informed consent: Too much of a good thing or not enough? *Professional Psychology: Research and Practice*, 38, 179–186.

Bernard, J. M., & Goodyear, R. K. (2013). Fundamentals of supervision (5th ed.). Toronto: Pearson.

Borders, L. & Brown, L. (2005). The New Handbook of Counselling Supervision. Lawrence Erlbaum Associates, Inc. London.

Corey, G., Corey, M., & Callanan, P. (2007). Issues and Ethics in the Helping Professions. (7th Ed.). Belmont: Thompson Brooks/Cole.

Falendar, C. A., & Shafranske, E. P. (2008). Casebook for Clinical Supervision: A Competency Based Approach. Washington, DC: APA.

Falls, L. (2006) Ethics in Addiction counselling: *Journal of Rural Community Psychology*; Vol E9, No.1, Spring.

Forester-Miller, H., & Davis, T. E. (2016). Practitioner's guide to ethical decision making (Rev. ed.). Retrieved from <http://www.counseling.org/docs/default-source/ethics/practitioner's-guide-to-ethical-decision-making>.

Kitchener, K. S. (1999) *Foundations of Ethical Practice, Research, and Teaching in Psychology*: Lawrence Erlbaum Associates.

Kitchener, K. S., & Anderson, S. K. (2011). *Foundations of ethical practice, research, and teaching in psychology and counseling* (2nd ed.). New York, NY: Routledge.

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