Module 5

Ethical and Legal Considerations of Clinical Supervision
Acknowledgement & Disclaimer

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Center for Innovative Training in Vocational Rehabilitation (CIT-VR)

Developing innovative methods to train VR personnel in their work at State Vocational Rehabilitation agencies to deliver services to improve employment outcomes for individuals with disabilities.

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James T. Herbert
Professor of Rehabilitation and Human Services
The Pennsylvania State University
jth4@psu.edu
Presenter Background in Clinical Supervision

- 35 years as Rehabilitation Counselor Educator
- Clinical supervision research for past 30 years
  - Nationwide survey of graduate training practices
  - Instrument validation on CS
  - Description of CS models
  - Analysis of graduate training practices
  - Effectiveness of CS training in SVR
- CS significant part of teaching assignments
- Conducted CS training across United States for 10 different State VR agencies
- Awarded Mary Switzer Distinguished Research Fellow on three occasions with one in recognition for his work involving the development of a training program to enhance CS practice within State VR
Learning Objectives for Module 5

- Review six ethical principles.
- Examine how these principles impact clinical supervision.
- Examine specific sections of the CRCC Ethics Code as it pertains to clinical supervision.
- Provide a decision-making framework consistent good ethical practice.
- Revisit a basic legal premise applied to CS and address several liability concerns.
- Provide learning activities to further enhance ethical practice of clinical supervision.
Review of Six Ethical Principles

- **Autonomy**: Right to self-govern
- **Justice**: Being fair to all
- **Fidelity**: Accept responsibility, be faithful, keep promises
- **Nonmaleficence**: No harm
- **Beneficence**: Safeguard
- **Veracity**: Be honest
Ethical Dilemma

A circumstance involving an ethical question that stymies or confuses the supervisor/supervisee because there are:

- Competing or conflicting ethical standards that apply;
- Conflicts between moral and ethical standards; and/or
- Complexities that make the application of specific standards unclear.

(Cottone & Tarvydas, 2007)
CRCC Code of Ethics

Section H

Contains four subsections applicable to clinical supervision
CRCC Ethics Code Considerations as Applied to Clinical Supervision

Section H.1
Supervisor Responsibilities

Section H.2
Clinical Supervisor Competence

Section H.3
Roles and Responsibilities Between Clinical Supervisors and Supervisees

Section H.4
Supervision Evaluation, Remediation and Endorsement
Supervisor Responsibility (Section H.1)

• Client welfare supersedes everything else (H.1.a).

• Supervisors make supervisees aware of ethical obligations under the Code (H.1.c) and communicate verbally and in writing the rights and responsibilities of supervisor and supervisee (H.1.d).

• Supervisors communicate procedures for contacting them or make provisions for alternative on-call supervisors during crises (H.1.e).

• Supervisors or supervisees have right to terminate relationship and, if done, supervisor make appropriate referrals to other alternate supervisors (H.1.f).
Clinical Supervisor Competence (Section H.2)

- Must be trained in supervision methods and techniques and regularly pursue CE (H.2.a).
- Must use culturally sensitive and competent supervision (H.2.b).
- Competent using technology-assisted supervision (H.2.c).
Roles and Relationships Between Clinical Supervisors and Supervisees (Section H.3)

• Aware of power dynamics in supervision (H.3.a); refrain from sexual or romantic relationships with current supervisees (H.3.b); and discuss potential risks for former supervisees (H.3.e).

• Avoid exploitive relationships with supervisees (H.3.c) as well as any form of harassment, including sexual harassment (H.3.d).

• Avoid accepting cases that are close relatives, romantic partners, or friends as supervisees; if it can not be avoided then use formal review mechanisms (H.3.f).
Supervision Evaluation, Remediation and Endorsement (Section H.4)

• Document and provide supervisees with ongoing feedback; schedule period formal evaluation sessions (H.4.a).

• Provides remedial assistance that may impede supervisee performance; if no improvement, may recommend dismissal from training programs (H.4.b).

• If counseling is recommended as part of remediation then appropriate external services are identified that may address interpersonal competencies that impact supervisory relationship, professional functioning, and/or clients (H.4.c).

• Refrain from endorsing supervisees for certification, licensure, employment or completion of training program whom they believe are impaired which interferes with performance of duties (H.4.d).
Rehabilitation Counselor Educators (Section H.5)

- Responsibilities
- Competencies
- Roles and Relationships with Students
- Education, Evaluation and Endorsement

CRCC information taken from:
Code of Professional Ethics for Certified Rehabilitation Counselors (CRC) (pdf)
Reflection Questions

• What supervision situations have resulted in an ethical conflict?
• What was the process that you used to address this conflict?
Tarvydas Integrative Decision-Making Model of Ethical Behavior

Stage 1: Interpret the Situation
Stage 2: Formulate an Ethical Decision
Stage 3: Select an Action by Weighting Competing, Nonmoral Values
Stage 4: Plan and Execute a Selected Course of Action

Tarvydas & Johnston (2018)
Considerations When Reaching an Ethical Solution

1. Reflect on not only your understanding of issues but supervisee and client as well.

2. Work to address a balance among issues, people and perspectives.

3. Maintain appropriate level of attention to the context of the situation from individual, group and agency perspectives.

4. Use a collaborative process but, above all, always consider client needs as most important.
Decision-Making Model Stage Process

- **Stage I: Enhance Awareness and Sensitivity**
  - Who is impacted by this situation and what possible effects of actions might occur?
  - What issues and facts that are involved and with whom?

- **Stage II: Formulate an Ethical Decision**
  - Which ethical principle(s) apply are in conflict and what types of actions could be used toward resolution?
  - What are +/- consequences associated with each action and risks involved?
  - Who can I consult with for additional guidance?
  - What is the final ethical course of action selected?
• **Stage III: Select Course of Action**
  - What are potential blind spots non-moral values and prejudices in play?
  - Are there contextual concerns that impact course of action?

• **Stage IV: Planning and Executing the Selected Course of Action**
  - Review decision process and consider countermeasures for possible barriers?
  - Document process within case record and supervisee file.
Before You Go: A Few Practical Considerations

- Should I supervise this person?
- What do I know about this supervisee?
- How do I document our work together?
Should I Supervise This Person?

• Part of job duties

• Motivation

• Capacity
  o Number of supervisees
  o Availability
  o Competence
  o Prior supervision experiences
What Do I Know and Need to Know About This Supervisee?

• SE contact info
• Supervision contract and additional contracts
• SE job description
• SE malpractice insurance
• SE resume
• Supervisor's professional disclosure form
• SE’s informed consent form
• SE’s license/pre-licensure information
• Codes of Ethics
• Assessments of the supervisee's work
• Attendance and payment log
• Supervision session notes

(Aasheim, 2012, p. 256)
What to Include in Documenting Supervision Session?

- Session date
- Supervision methods
- Duration of session
- Risk management concerns
- Relevant client treatment/diagnostic information
- Guidance to SE
- Skill development progress
- Skill/competence areas addressed
- Supervision “homework”
- Notes to self; notes about cancelled/missed appointments

(Aasheim, 2012, pp. 256-257)
Bottom Line Questions for Supervisory Notes

Could someone unfamiliar with this session, be able to understand:

1. What was discussed in the session?
2. What was planned for next session?
Content to Include in Supervisor Disclosure Statement

• Name and contact information
• Qualifications
• Counseling background and orientation
• Supervision method used and process described
• Confidentiality
• Back-up supervisor information
• Rights and responsibilities register complaints
• Administrative considerations
  o How often, when and when
  o Fee schedule, if applicable

Note: Professional Disclosure Form - Public Sector Example (pdf)
Basic Legal Principle

*Respondeat Superior:* “Let the master answer.”

Supervisor legally responsible for actions of those they supervise within the context of their employment.

Monitoring is ABSOLUTELY required as part of clinical supervision.

Anything that goes wrong will ask this fundamental question:

“What did the supervisor know or should have known regarding the supervisee’s skill level and clinical needs of the client?”

(Koocher et al., 2009)
Liability Concerns

• Direct v. Indirect Liability caused to client and/or supervisee
  o Direct – Supervisee carries out an action suggested by supervisor that caused harm to client.
  o Indirect – Supervisee carries out an action not suggested or even known by supervisor.

• Duty to Warn
  o Supervisor has responsibility to advise supervisee conditions which is appropriate to warn an intended victim (based on 1976 Tarasoff case).

• Confidentiality
  o Supervisees have right to privacy and confidentiality unless:
    ▪ Mandated by court
    ▪ Client initiates malpractice
    ▪ Client or supervisee’s mental health is being questioned or part of a civil action and/or
    ▪ Client requires hospitalization for a psychological disorder
    ▪ Client risk for suicide
    ▪ Client expresses intent to commit a crime
    ▪ Client is under 18 and crime victim
Reflection Questions for Module #5

- How does this information impact how you might approach your supervision?
- Was there anything that resonated or did not resonate with you?
Additional Learning Activities

• Using the information on Slide #24, compare these headings with what you currently use when completing your supervision case notes. Are there areas missing from your notes? Think about how you might make your supervision notes more useful for your purposes?

• If you do not have a written supervision disclosure statement, look at the link found below and prepare one. After you complete your statement, share with a colleague or some of your supervisees to ask if there is any relevant information that is missing: Professional Disclosure Form - Public Sector Example (pdf)

• Look at the reference citations on the next four slides to learn more information about ethical considerations when providing clinical supervision. Download one of the articles and bring into a supervision session with a colleague or supervisees to discuss.


References (2)


Commission on Rehabilitation Counselor Certification. (2016). *Professional Disclosure Form – Public Sector Example*.


References (4)


Thank You!
Contact Us

Dr. Maureen McGuire-Kuletz
Principal Investigator
mkuletz@gwu.edu

John C. Walsh
Project Director
jcwalsh@gwu.edu