



# **Ethical Guidelines for Supervisory Competence: From Theory to Practice**

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# **Accuracy, Utility, and Risks Statement**

This program discusses strategies for complying with APA supervision guidelines and covered ethics codes. It may not include information on all applicable state laws.

Misapplication of the materials, or errors in the materials, could result in non-compliance with applicable laws or ethics codes.



# Program Notices

## Conflicts of Interest:

We accept trainees at UCEBT from local institutions.

## Commercial Support:

None.



## No Breaks

- ✓ Helps us provide 2 full CE hours
  - Easier to track your attendance
  - Greater likelihood of not crossing into another client hour
- ✓ Interested in a half- or full-day training that includes breaks?
  - Let us know on the Program Evaluation form



# Rachel

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- East Coast to the Mountain West
- PsyD from The Institute of Graduate Clinical Psychology (IGCP) at Widener University (oldest PsyD program in the country and home of Dr. Linda Knauss former ethics chair for APA, ABPP, and more)
- Began at UCEBT as a Postdoctoral Fellow, then clinician, currently Program Director of the Anxiety and Mood Team
- Value balance, collaboration, curiosity, reliability, growth, health, humor, kindness, variety
- Supervising licensed clinicians, unlicensed doctoral and postdoctoral trainees, and administrative staff
- Supervision training began with one graduate supervision course in final year of grad school





# Robin

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- Washington, DC
- Mid career counseling psychologist
- Supervising mental health providers since 2007, but didn't take a formal supervision course until 2009.
- PhD University of Denver (Home of Karen Kitchener and the five ethical principles (autonomy, justice, beneficence, nonmaleficence, fidelity))
- Supervision practica with Maria Riva & Jennifer Cornish (coauthor of APA 2004 supervisory competency statement).
- Third wave behavioral orientation, postdoctoral fellowships in treatment of PTSD @ SLC VA





# Agenda

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- **Supervision: What it is, what it is not**
- **Overview of APA Clinical Supervision Guidelines**
- **Clinical Supervision Models**
- **Multicultural Competence**
- **Assessment of Supervisee/Supervisor Competence**
- **Legal considerations**
- **Common Ethical Dilemmas in Supervision**
- **Further reading, support, exploration**





# Supervision: What it is, what it is not

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# Clinical Supervision

A distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession (APA, 2014, p 2).



## **Administrative Supervision**

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Focus on supervisee's functioning as an employee, evaluation of supervisee work practices, organizational demands, supervisor is supervisee's boss.

**vs.**

## **Clinical Supervision**

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Focus on the supervisee's functioning as a clinician, monitoring and enhancing therapy skills, monitoring clinical relationships, ethical issues, and case conceptualization.

(ACA, 2011; Kreider, 2014)



# Administrative and Clinical Supervision

## Administrative

Ensuring adherence to company policies and procedures, functioning as an effective employee

- Evaluative
- Supportive
- Discussion of clinical cases
- Strengths and areas for growth
- Help supervisee function within a system
- Adherence to legal and ethical guidelines

## Clinical

Developmental growth of supervisee, ensuring client welfare



# Consultation

- Sharing of information (experience, advice, expertise) between participants.
- Often collegial rather than hierarchical
- Consultation may be rejected when no supervisory relationship exists between consultant and therapist seeking consultation.
- Legal responsibility (liability) for care continues to be held by licensed clinician seeking consultation.
- May occur on consultation teams within an agency, or as a service provided for fee to another provider seeking to gain competence in an area of practice
- Generally not evaluative in nature

(Bernard & Goodyear, 2018)



# Counseling or Therapy

- Addresses ineffective behaviors, unhelpful thoughts, or intrusive emotions.
- Focus on goals and needs of client
- Have substantial choice of therapy providers
- While assessment is conducted, not evaluative in nature

(Bernard & Goodyear, 2018)





# Overview of APA Clinical Supervision Guidelines

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# APA Guidelines for clinical supervision in health service psychology

## APA GUIDELINES for Clinical Supervision in Health Service Psychology

BOARD OF EDUCATIONAL AFFAIRS TASK FORCE ON SUPERVISION GUIDELINES

APPROVED BY APA COUNCIL OF REPRESENTATIVES  
2014



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION



# Why use APA Guidelines?

They're informed by:

- The Association for Counselor Education and Supervision (ACES)
- The Association of Social Work Boards guidelines on supervision
- The American Association of Marriage and Family Therapy
- The National Association for School Psychologists
- The Psychology Board of Australia's Guidelines for supervisors and supervisor training providers
- The New Zealand Psychologists Board's Best-practices guidelines for supervision
- The British Psychological Society, Committee on Training in Clinical Psychology
- The Canadian Psychological Association Ethical guidelines for supervision in psychology: Teaching, research, practice, and administration





# Guidelines

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# APA Guidelines

- Domain A: Supervisor Competence
- Domain B: Diversity
- Domain C: Supervisory Relationship
- Domain D: Professionalism
- Domain E: Assessment/Evaluation/Feedback
- Domain F: Problems of Professional Competence
- Domain G: Ethical, Legal, and Regulatory Considerations



# Competence

The ability to exert control over one's life, to cope with problems effectively, and to make changes to one's behavior and one's environment, as opposed to the mere ability to adjust or adapt to circumstances as they are.

APA Dictionary of Psychology





The assumption underlying all supervision is that the supervisor is competent—both as a professional psychologist and as a clinical supervisor.

(Fanouad et al., 2009)



# Clinical Supervision Models

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# Domain A: Supervisor Competence

## APA Guidelines for Clinician Supervision

1. Supervisors strive to be competent in the psychological services provided to clients/patients by supervisees under their supervision and when supervising in areas in which they are less familiar they take reasonable steps to ensure the competence of their work and to protect others from harm.
2. Supervisors seek to attain and maintain competence in the practice of supervision through formal education and training.
3. Supervisors endeavor to coordinate with other professionals responsible for the supervisee's education and training to ensure communication and coordination of goals and expectations.
4. Supervisors strive for diversity competence across populations and settings (as defined in APA, 2003).
5. Supervisors using technology in supervision (including distance supervision), or when supervising care that incorporates technology, strive to be competent regarding its use.



# Overview of Models of Supervision

- Treatment-based models
- Developmental models
- Process-based models
- Second generation models





# Overview of Models of Supervision

- Traditional supervision was based on an apprenticeship-master model where trainees learned through observing a skilled practitioner work with patients and then practiced under their expert's guidance
- Learning was considered a socialization process where trainees learned both clinical skills AND cultural norms
- New supervisors often proceeded based on their own experiences of clinical supervision and relied on traditional approaches rather than seeking out new supervision-specific models

**(Campbell, 2006)**





# Treatment-Based Models

Models grounded in psychotherapy theory/orientation

**Cognitive  
behavioral**

**Psychodynamic**

**Acceptance and  
Commitment**

**Humanistic /  
relational**

**Draw on the clinical data inherent to that theoretical  
orientation**

**Teaches the techniques of the theoretical orientation**



# Treatment-Based Models

## Psychodynamic

- Affective reactions, defense mechanisms, transference and countertransference, etc.
- Attends to material of client and supervisee, but also the relationship between supervisor and supervisee
- Early days stance was supervisor as uninformed expert with knowledge, skills, and authority, supervision was didactic
- Beginning in early 2000s stance is relational, supervisor participates, reflects, and processes enactments and interprets relational themes
- Introduction of parallel process: "the supervisee's interaction with the supervisor that parallels the client's behavior with the supervisee as therapist"

## Humanistic/Relational

- Inherent assumption that the supervisee has the resources to effectively develop as a therapist
- Supervisor stance is as a collaborator
- Supervisor role is to provide an environment in which the supervisee can be open and fully engaged with themselves and the client
- The relationship between supervisor and supervisee is what is believed to facilitate effective learning and growth in supervision

**(Haynes, Corey, & Moulton, 2003)**



# Treatment-Based Models

## Cognitive Behavioral

- Uses observations of cognition and behavior of the supervisee and their reaction to the client, their own professional identity, and their own expectations of themselves as a therapist
- Utilizes CBT skills such as Socratic Questioning, thought records, cognitive restructuring, guided discovery, behavioral experiments etc.
- Collaboratively set goals to build the "road map" for supervision
- Structured like CBT: agenda setting, bridging from previous sessions, assigning homework, and capsule summaries

## Acceptance and Commitment

- Stance of warmth and genuineness
- Focus on ACT core processes of values, defusion, mindfulness, and acceptance in order to increase overall psychological flexibility and reduce avoidance
- ACT core understanding of human suffering and pain related to language traps
- Focus on noticing language traps in ourselves, clients, and trainees
- Done through formal training, explicit instruction, and modeling

**Haynes, Corey, & Moulton, 2003; Bennett-Levy, 2003; Liese & Beck, 1997; Packneham, 2015**



# Developmental Models

Models focused on the development stage of the trainee

**Integrated  
Development  
Model (IDM)**  
(Stoltenberg, McNeill, &  
Delworth)

**Lifespan  
Development  
Model**  
(Ronnestat & Skovholt)

And more...  
**Systemic-Cognitive  
Developmental Model  
(SCDS) (Rigazio-DiGilio &  
Anderson)**  
Loganbill, Hardy, &  
Delworth Conceptual  
Model

**Define supervisee development from novice to expert**

**Define the specific characteristics and skills of each stage**

**Use "scaffolding" to encourage use of prior knowledge & skills to produce new  
learning**



# Developmental Models

## Integrated Development Model (IDM)

### **Level 1: entry level students**

- High motivation and high anxiety, often fearful of evaluation, want to know "best" or "right" way
- Low autonomy, dependent on supervisor, needs structure, positive feedback, and concrete skills
- Supervisor is supportive and prescriptive

### **Level 2: mid-level/transitioning trainees**

- Fluctuating motivation and confidence, mood is often linked to success with clients
- Function more independently but vacillates between autonomy and dependency

### **Level 3: advanced trainees**

- More secure and consistent motivation
- Solid belief in one's professional judgement & skills
- Empathy is more accurate & tempered by objectivity, supervisees able to attend to and use self & reaction
- Supervisor emphasizes autonomy and collegial challenge

### **Level 3i (integrated):**

- Supervisee reaches level 3 across multiple domains

**(Haynes, Corey, & Moulton, 2003)**



# Developmental Models

## Lifespan Developmental Model

### Six phases of development:

- **The first 3:**
  - The Lay Helper
  - The Beginning Student Phase
  - The Advanced Student Phase
- Generally correlate with the IDM levels
- **The remaining 3:**
  - The Novice Professional Phase
  - The Experienced Professional Phase
  - The Senior Professional Phase

Relate to the therapist throughout their career

### 14 Themes of therapist development

1. Professional Development involves an increasing higher-order integration of the professional self and the personal self
2. The focus of functioning shifts dramatically over time from internal to external to internal
3. Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience
4. An intense commitment to learning propels the developmental process
5. The cognitive map changes: beginning practitioners rely on external expertise, seasoned practitioners rely on internal expertise
6. Professional development is long, slow, continuous process that can also be erratic
7. Professional Development is a life-long process
8. Many beginning practitioners experience much anxiety in their professional work. Over time, anxiety is mastered by most.
9. Clients serve as a major source of influence and serve as primary teachers
10. Personal life influences professional functioning and development throughout the professional life span.
11. Interpersonal sources of influence propel professional development more than 'impersonal' sources of influence.
12. New members of the field view professional elders and graduate training with strong affective reactions
13. Extensive experience with suffering contributes to heightened recognition, acceptance and appreciation of human variability
14. For the practitioner there is a realignment from self as hero to client as hero

**(Haynes, Corey, & Moulton, 2003)**



# Process-Based Models

Models focused on the supervision process

**Discrimination  
Model  
(Bernard, 1997)**

**Systems Approach  
to Supervision  
(SAS)  
(Holloway, 1995)**

**And more...  
Double Matrix Model  
(Hawkins & Shohet, 2012)  
Events-based model  
(Ladany, Friedlander, &  
Nelson, 2005)**



# Process-Based Models

## Discrimination Model

- 3 foci for supervision: intervention, conceptualization, and personalization
- 3 supervisor roles: educator, counselor, and consultant
- Supervisor can respond in any 1 of 9 ways
- Response will change based on need, therefore, will change within & across supervisions
- Ex: educating about an intervention or consulting about conceptualization

## Systems Approach to Supervision (SAS)

- The primary focus is the relationship between supervisor & supervisee
- Aims to balance power and equally & collaboratively involve both parties
- 7 dimensions:
- Functions of supervision, tasks of supervision, the client, the supervisee, the supervisor, and the institution (aka the context in which the supervision is occurring)
- 5 systemic influences/relationships:
  - The supervisory relationship, the characteristics of the supervisor, characteristics of the institution, characteristics of the client, and characteristics of the supervisee





# Second Generation Models

Models that are more integrated and more evidence based

## Combined Models

Integrate aspects of multiple first-generation models

Ex: CBT theory integrated with IDM developmental concepts

## Target Models

Highlight particular concepts of competent supervision

E.g. cultural diversity, assessment, etc.

## Common Factors Models

Focus on common aspects of various models

Supervisory relationship  
Instilling hope  
Self-exploration/insight  
Confrontation of



# Multicultural Competence

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# Domain B: Diversity

## APA Guidelines for Clinician Supervision

1. Supervisors strive to develop and maintain self-awareness regarding their diversity competence, which includes attitudes, knowledge, and skills.
2. Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees.
3. Supervisors recognize the value of and pursue ongoing training in diversity competence as part of their professional development and life-long learning.
4. Supervisors aim to be knowledgeable about the effects of bias, prejudice, and stereotyping. When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients/patients.
5. Supervisors aspire to be familiar with the scholarly literature concerning diversity competence in supervision and training. Supervisors strive to be familiar with promising practices for navigating conflicts among personal and professional values in the interest of protecting the public.



# Multicultural Orientation and Supervision Satisfaction

- Multicultural orientation is a process of interacting with clients, systems, and others which includes:
  - Cultural humility: Cultivation of open stance towards the cultural identities and experiences of another
  - Cultural opportunities: Moments were opportunities arise to explore cultural identity
  - Cultural comfort: Ability to engage with material with ease and confidence
- Supervisor cultural humility and attending to cultural opportunities within the supervisory relationship were positively associated with trainee satisfaction with supervision
- Missed opportunities to discuss cultural identity of client were not significantly associated with trainee satisfaction

**(Wilcox et al., 2022)**



# Assessment of Supervisee- Supervisor Competence

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# Domain D: Professionalism

## APA Guidelines for Clinician Supervision

1. Supervisors strive to model professionalism in their own comportment and interactions with others, and teach knowledge, skills, and attitudes associated with professionalism.
2. Supervisors are encouraged to provide ongoing formative and summative evaluation of supervisees' progress toward meeting expectations for professionalism appropriate for each level of education and training.



# Supervisee Competency Benchmarks

	Readiness for Practicum	Readiness for Internship	Readiness for entry into independent practice
<b>Integrity</b>	Understanding of professional values; honesty, personal responsibility	Work as psychologist-in-training infused with adherence to professional values. Recognizes situations that challenge adherence to professional values	Continually monitors and independently resolves situations that challenge professional values and integrity
<b>Deporment</b>	Understands how to conduct oneself in a professional manner	Professionally appropriate communication and physical conduct, including attire, across different settings	Consistently conducts self in a professional manner across and settings and situations
<b>Accountability</b>	Accountable and reliable	Consistently reliable; consistently accepts responsibility for own actions	Independently accepts personal responsibility across settings and contexts
<b>Concern for welfare of others</b>	Awareness of the need to uphold and protect the welfare of others	Consistently acts to understand and safeguard the welfare of others	Independently acts to safeguard the welfare of others
<b>Professional identity</b>	Beginning understanding of self as professional, "thinking like a psychologist"	Emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	Consolidation of professional identity as a psychologist; evidence of integration of science and practice



# Domain E: Assessment / Evaluation

## APA Guidelines for Clinician Supervision

1. Ideally, assessment, evaluation, and feedback occur within a **collaborative supervisory relationship**. Supervisors promote openness and transparency in feedback and assessment, by anchoring such in the competency development of the supervisee.
2. A major supervisory responsibility is monitoring and **providing feedback** on supervisee performance. Live observation or review of recorded sessions is the preferred procedure.
3. Supervisors aspire to provide feedback that is **direct, clear, and timely**, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship.
4. Supervisors recognize the value of and support supervisee skill in **self-assessment** of competence and incorporate supervisee self-assessment into the evaluation process.
5. Supervisors **seek feedback** from their supervisees and others about the quality of the supervision they offer, and incorporate that feedback to improve their supervisory competence.





# Supervision Contract Recommendations

## APA Guidelines for Clinician Supervision

- ✓ Content, method, and context of supervision— **logistics, roles, and processes**
- ✓ **Highest duties of the supervisor:** protection of the client(s) and gatekeeping for the profession
- ✓ **Roles and expectations of the supervisee** and the supervisor, and supervisee goals and tasks
- ✓ **Criteria for successful completion** and processes of evaluation with sample evaluation instruments and competency documents (APA, 2010, 2.06)
- ✓ Processes and procedures when the supervisee **does not meet performance criteria** or reference to such if they exist in other documents
- ✓ Expectations for **supervisee preparation** for supervision sessions (e.g., video review, case notes, agenda preparation) and informing supervisor of clinical work and risk situations
- ✓ **Limits of confidentiality** of supervisee disclosures, behavior necessary to meet ethical and legal requirements for client/patient protection, and methods of communicating with training programs regarding supervisee performance
- ✓ **Expectations for supervisee disclosures** including personal factors and emotional reactivity, and worldviews (APA, 2010, 7.04)
- ✓ **Legal and ethical parameters** and compliance, such as informed consent, multiple relationships, limits of confidentiality, duty to protect and warn, and emergent situation procedures
- ✓ **Processes for ethical problem-solving** in the case of ethical dilemmas (e.g., boundaries, multiple relationships)



# Sample Supervision Contract

[http://www.cfalender.com/assets/12.3.21supervision\\_guidelines\\_for\\_h2.pdf](http://www.cfalender.com/assets/12.3.21supervision_guidelines_for_h2.pdf)

ASPPB Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider  
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August 2015

## APPENDIX IV

### Sample Supervision Contract for Education and Training Leading to Licensure as a Health Service Provider

#### **I. Goals of Supervision**

- A. Monitor and ensure welfare and protection of patients of the Supervisee.
- B. Gatekeep for the profession to ensure competent professionals enter.
- C. Promote development of Supervisee's professional identity and competence.
- D. Provide evaluative feedback to the Supervisee.

#### **II. Structure of Supervision**

- A. The primary supervisor during this training period will be \_\_\_\_\_,  
who will provide \_\_\_\_\_ hours of supervision per week. The delegated supervisor(s)



# Competency Evaluation Rating Forms (CERFs)

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**(Goodie et al., 2022)**

- Most frequent form of evaluation in mental health training
- Easy, inexpensive, and face valid
- Strong positive bias influenced by trainee attributes when CERFs are used across training settings (nursing, medicine, social work, etc.)



# Postdoctoral Trainee Supervisor Evaluation

**Adapted from Supervisor Feedback  
Form by S. Hall-Marley (2001)  
([cfalander.com](http://cfalander.com))**

**Provides atmosphere for professional growth**

- Establishes clear and reasonable expectations for my performance

**Supervisor's style of supervision**

- Admits errors or limitations without undue defensiveness

**Models professional behavior**

- Keeps supervision appointment and is on time

**Impact of supervisor**

- Facilitates therapist confidence to accept new challenges



# Short SAGE

## Supervision: Adherence and Guidance Evaluation

Scale for rating competency in CBT supervision (Milne et al., 2011)

**Table 1.** A summary of the items contained within SAGE

SAGE items	Brief definition
<b>Common factors</b>	
1. Relating	Core conditions, 'restorative'
2. Collaborating	Alliance
3. Managing	Scaffolded, optimal challenge, 'normative'
4. Facilitating	Improving grasp (including perplexity)
<b>Supervision cycle</b>	
5. Agenda setting	Needs-led/developmental objectives
6. Demonstrating	Modelling
7. Discussing	Review, disagree, problem solving
8. Evaluating	Closely monitor (e.g. clinical data)
9. Experiencing	Expressing and processing affective aspects
10. Feeding back (giving)	Offer praise, strengths/weaknesses
11. Feeding back (receiving)	Elicit (e.g. helpful events/transfer)
12. Formulating	Analysis, synthesis, explanation
13. Listening	Attending and summarizing
14. Observing	Live/tape material
15. Prompting	Reminders and cues
16. Questioning	Gather information, raise awareness
17. Teaching	Informing/educating (symbolic)
18. Training	Experiential learning (e.g. role play)
<b>Supervisees' cycle</b>	
19. Experiencing	Awareness, identification and processing of affect (assimilation)
20. Reflecting	Summarizing and integrating subjective material
21. Conceptualizing	Integrating objective material (e.g. theories/findings)
22. Planning	Decision-making about actions
23. Experimenting	Enacting plans (in and out of supervision, e.g. trial-and-error learning through role play/reality checking)



# Objective Structured Clinical Examinations (OSCEs)

(Goode et al., 2022)

- OSCEs used in medical field training to assess foundational functional skills to advance in training and have enhanced reliability and validity when compared to CERFs
- Clinical Psychology-OSCE (CP-OSCE) developed for advanced doctoral students at the Uniformed Service University
- Stations with simulated patients in which trainees demonstrate a core competency with live observation
- Stations included “emotionally reactive/ethics, risk assessment and management, functional assessment, treatment, testing interpretation, note writing, and diversity
- Able to differentiate between trainees of various skill level and identified need for additional risk assessment and diversity training



# Legal Considerations

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# Domain G: Ethics, Legal, and Regulatory Considerations

## APA Guidelines for Clinician Supervision

1. Supervisors **model ethical practice and decision making** and conduct themselves in accord with the APA ethical guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations.
2. Supervisors uphold their primary ethical and legal obligation to **protect the welfare of the client/patient**.
3. Supervisors serve as **gatekeepers** to the profession. Gatekeeping entails assessing supervisees' suitability to enter and remain in the field.
4. Supervisors provide clear information about the expectations for and parameters of supervision to supervisees preferably in the form of a written **supervisory contract**.
5. Supervisors maintain **accurate and timely documentation of supervisee performance** related to expectations for competency and professional development.





# Malpractice

## **Bernard & Goodyear**

- The professional misconduct or negligent behavior on the part of a practitioner (e.g., psychotherapist, psychiatrist, doctor, lawyer, financial adviser) that may lead to legal action (APA Dictionary of Psychology)
- Malpractice versus ethical violation: Based on whether legal action is pursued
- Successful malpractice claims must include:
  1. Fiduciary relationship: describing a relationship in which one person holds a position of trust in relation to another and is required to apply his or her skill and effort in the best interests of that other (APA Dictionary of Psychology)
  2. Conduct was improper, negligent, or falls below acceptable standard of care
  3. Harm was suffered by client or supervisee
  4. Causal relationship between negligence and harm



# Duty to Warn

## Tarasoff vs. Regents of UCA, 1976

- Supervisee believed client was dangerous to woman rejecting romantic advances
- With supervisor, attempted to have client involuntary hospitalized
- Police declined to hospitalize
- Client did not return to therapy and supervisor did not pursue matter further due to fear of violation of confidentiality
- Two months later client killed Tarasoff
- CA determined a lawsuit could be filed on grounds that supervisor had a duty to warn Tarasoff directly to protect
- **Duty to warn/protect (Bernard & Goodyear)**
  1. Assessment of client's level of risk/danger as imminent and high
  2. Identifiable victim



# Direct and Vicarious Liability

- Liability: In a civil lawsuit, the defendant's legal responsibility to pay monetary damages for injury or other harm that a court has deemed he or she has caused the plaintiff through, for example, professional [malpractice](#) (APA Dictionary of Psychology)
- Direct: When the actions of the supervisor caused harm.
- Vicarious: Being held liable for actions of a direct or indirect supervisee
- Successful claims of vicarious liability must include
  - Supervisee agrees to work under direction and control of supervisor
  - Acts within defined scope of tasks permitted by supervisor
  - Supervisor has power to direct/control actions of supervisee

(Flavey, 2002 in Bernard & Goodyear, 2009))



# Reducing Likelihood of Malpractice Claims

## **Bernard & Goodyear**

- Maintain a trusting relationship with supervisee
- Stay current on current legal issues impacting your profession and seek legal consultation as needed
- Ensure your organization has appropriate legal support in the area of malpractice
- Ensure supervisor and supervisee each have adequate malpractice insurance
- Adequate record keeping
- Timely, documented consultation with colleagues
- Adequate self care plan and burnout reduction strategies



# Common Ethical Dilemmas in Supervision

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# Ethical Guidelines Across Professions

Links/Citations to ethical guidelines docs:

- American Psychological Association (APA)
  - <https://www.apa.org/ethics/code>
- American Counseling Association (ACA)
  - <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- American Association for Marriage and Family Therapy (AAMFT)
  - [https://www.aamft.org/imis15/content/legal\\_ethics/code\\_of\\_ethics.aspx](https://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx)
- National Association of Social Workers (NASW)
  - <https://www.socialworkers.org/About/Ethics/Code-of-Ethics>



# Underlying Assumptions when considering ethical issues in supervision

- Ethical decision making is an active and continuous process
- Ethical standards tell you what to do, but rarely how to do it
- Learning to "think ethically" is vital, as every situation is unique
- The most complex ethical issues occur when two ethical principles conflict with one another
- Human beings are fallible, we make mistakes, this means we will make mistakes as therapists, but we still strive to benefit others and do no harm
- "Answers" to ethical questions can be elusive and abstract. If you ask ten people, you'll likely get ten different perspectives



# Domain C: Supervisory Relationship

## APA Guidelines for Clinician Supervision

1. Supervisors value and seek to create and maintain a collaborative relationship that promotes the supervisees' competence.
2. Supervisors seek to specify the responsibilities and expectations of both parties in the supervisory relationship. Supervisors identify expected program competencies and performance standards and assist the supervisee to formulate individual learning goals.
3. Supervisors aspire to review regularly the progress of the supervisee and the effectiveness of the supervisory relationship and address issues that arise.





# Multiple Relationships

- Dual Relationships
- Dual Roles
- Boundary Crossings





# Dual Relationships

- A dual relationship represents a scenario where a professional assumes "two roles simultaneously or sequentially with a person seeking help"
- Generally discouraged but also believed to be unavoidable
- More important to focus on deciphering if/when multiple relationships are/become problematic or develop into boundary violations
- 5 Categories:
  - Circumstantial or Coincidental
  - Structured Multiple Professional Roles
  - Shifts in Professional Roles
  - Personal and Professional Role Conflicts
  - The Predatory Professional Relationship

(Pearson & Piazza, 1997)



# Dual Relationships

## 5 Categories (Pearson & Piazza, 1997)

1. Circumstantial or Coincidental
  - Inevitable due to coincidence or unexpected circumstance
  - Can lead to uncertainty about which relationship is in effect at what time
  - Recommendation to prioritize communication to address relationship/role confusion
2. Structured Multiple Professional Roles
  - Considered an integral part of the professional role
  - Complementary but issue can arise with power differential
  - Recommendation of communication and awareness of the roles, boundaries, and power dynamics
3. Shifts in Professional Roles
  - Occur when there is a change or shift in organizational structure
  - Issues can arise when either party denies a power differential exists because of the preexisting relationship
  - Recommendation to seek a neutral party to discuss potential or existing conflicts
4. Personal and Professional Role Conflicts
  - Occurs when there is a preexisting professional relationship followed by a personal relationship or vice versa
  - Dynamics can blur personal and professional roles and can be with peers, social, or sexual
  - Recommendation for parties involved to be forthcoming about various roles, limitations, and issues
5. The Predatory Professional Relationship
  - An individual is solely concerned with their own needs and intentionally seduces or exploits others through mean (ex: financial or sexual)
  - Recommendation for the individual to be confronted and either rehabilitated or removed from the profession.



# Dual Roles

## **Serving as both clinical and administrative supervisor**

- Most supervisors are in dual role relationship with supervisee
- Benefits: Less financially costly, may save time, increased contact, more effective administrative oversight/coordination (Tromski-Klingshirn, 2007)
- Drawbacks: Exacerbates power differential, could focus on admin tasks and distract from more challenging clinical content, may avoid sharing mistakes due to fear of financial or administrative consequences
- Study of 104 supervisees found supervisees disclosure was unimpacted by dual role, and enhanced by effective supervisor disclosure

(Kreider, 2014)



# Boundary Crossing

## Supervision versus Psychotherapy

- Trainees experience barriers to seeking their own therapy including limited financial resources, confidentiality concerns, and intra profession stigma within their graduate programs.
- In a 2023 survey of graduate students in psychology:
  - 51% had no personal therapy resources provided
  - 21% out of date
  - 35% resources were not financially accessible

(Klein et al., 2023)



# Supervisors as Gatekeepers

- Another dual role





# Domain F: Professional Competence Problems

## APA Guidelines for Clinician Supervision

- Supervisors understand and adhere both to the supervisory contract and to program, institutional, and legal policies and procedures related to performance evaluations. Supervisors strive to address performance problems directly.
- Supervisors strive to identify potential performance problems promptly, communicate these to the supervisee, and take steps to address these in a timely manner allowing for opportunities to effect change.
- Supervisors are competent in developing and implementing plans to remediate performance problems.
- Supervisors are mindful of their role as gatekeeper and take appropriate and ethical action in response to supervisee performance problems.



# Gatekeeping Function of Supervision

- When a trainee makes insufficient progress, the supervisor faces the dilemma of determining appropriate action
- Most common problems include academic performance issues, poor clinical performance, poor interpersonal skills, and unethical behavior
- Difficult to be compassionate supportive, and engaging while simultaneously providing objective and accurate evaluation
- Recommendations:
  - Early and ongoing assessment of competencies, needs, and issues
  - Specific processes to work with problematic behaviors
  - Working to understand the causes of the problematic behavior
  - Normalize making mistakes and model discuss mistakes regularly
  - Learn to give effective feedback
  - Utilize consultation
  - Engage in ongoing personal reflection and processing of conflicts (relational and role)
  - Importance of the relationship





# Issues of Competence

## Supervision of trainees during COVID

- Switch to trainees providing therapy and receiving supervision via videoconferencing without data on efficacy
- 2023 study of novice clinicians found they used videoconferencing to deliver effective, evidence-based treatment in a community clinic with significant improvement of symptom distress and functioning comparable to in-person services (Rowan et al.)
- Quantitative data from 310 participants suggested a moderate, positive, relationship between supervisee perception of the working alliance and attitudes toward telesupervision (Soheilian et al., 2023)
  - Telesupervision challenges: technology, organization and productivity, and communication and connection
  - Telesupervision benefits: flexibility, convenience, and saving time and money



# Further Reading, Support, Exploration

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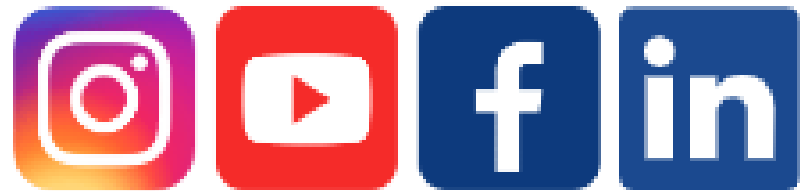
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