

Practical Ethics for Mental Health Supervision

Jeffrey S. Ashby PhD ABPP
Georgia State University
Atlanta, GA

ETHICS is traditionally seen as serving
4 primary purposes including:

- 1) outline professionals' responsibilities to clients,
- 2) outline professionals' responsibility to society,
- 3) provide standards of practice,
- 4) protect the public,
- 5) protect the profession.

Question:
Can I get sued
for that?

Answer: ???

*"There is nobody who is not dangerous to someone."
- Marquise de Sevigne*

Supervision and Liability

Supervisors are:

- Directly responsible for ethical behavior in supervision and
- Vicariously responsible for the behavior of supervisees

Why More Ethics?



Ethics as Evolving

- ▶ Susceptible to “drift”
- ▶ Adjusting to changing cultural values
- ▶ Changing to meet new situations

Prominent Ethical Theories

- 1) Consequentialism
- 2) Deontology
- 3) Virtue
- 4) Feminist
- 5) Discourse

What makes something an ethical dilemma?



Ethical Dilemma

- ▶ Ethical Dilemma: a situation where no course of action is satisfactory, reasons for both sides
 - Prima Facie- follow principles unless they conflict with a higher principle
 - (Kitchener, 1984)

NOT a Dilemma...

APA 10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

ACAF.3.b Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees is prohibited.

Meta-Ethical Principles

- 1) **autonomy** – freedom of action and choice –self-determination
- 2) **nonmaleficence** – “above all, do no harm”
- 3) **beneficence** – when possible, promote good
- 4) **justice** – essentially fairness
- 5) **fidelity** – faithfulness, loyalty, promise-keeping

Two levels of Moral Reasoning

1) The critical evaluative level

- 1) Professional Codes, Rules, and Laws
- 2) Meta-ethical principles
- 3) Ethical theory

2) The intuitive level

(Kitchener, 1984)

Decision-Making Models

1. Identify the problem or dilemma
2. Identify the potential issues involved
3. Review the relevant ethical guidelines
4. Obtain consultation
5. Consider possible and probable courses of action
6. Enumerate the consequences of various decisions
7. Decide on what appears to be the best course of action

(Corey, Corey, & Callahan, 1993)

Informed Consent

More than a “form”
clients sign...and
in supervision...



APA 3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons...

ACA F.4.a Informed Consent and Client Rights

Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees inform clients of how the supervision process influences the limits of confidentiality.

APA 10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard [3.10, Informed Consent](#), psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers.

ACA F.4.a Informed Consent and Supervision

Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation... The issues unique to the use of distance supervision are to be included in the documentation as necessary.

Informed Consent

- ▶ Capacity
- ▶ Comprehension
- ▶ Voluntariness

What about?

- clients who are minors
- clients for whom you will be requesting third party payment (e.g., medical insurance)
- clients who are in crisis
- Others?

Informed Consent in Supervision

- ▶ What do supervisees need to know before consenting to supervision with you?

Competence

What can you
“competently” do?
How do you know?
What are the
“boundaries” of your
competence?



APA General Principle A

“Psychologists strive to maintain high standards of competence in their work. They recognize the boundaries of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training, or experience.”

Competence

- ▶ **APA 2.01 Boundaries of Competence**
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

Competence

ACA F.2 Counselor Supervision and Competence

F.2.a Supervisor Preparation

Prior to offering supervision services, counselors are trained in supervision methods and techniques.

F.2.b. Multicultural Issues/Diversity in Supervision

Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship

F.2.c. Online Supervision

When using technology in supervision, counselor supervisors are competent in the use of those technologies.

Competence

- ▶ Intellectual Competence
 - Knowing About
 - Knowing How
- ▶ Emotional Competence

Emotional Competence

“therapists’ ability to emotionally contain and tolerate the clinical material that emerges in treatment, their willingness and skill at detecting the intrusion of personal biases into their work, and their capacity for self-care in the context of the difficult work of psychotherapy.”

(Koehler & Keith-Spiegel, 2008; p. 71)

Standard 2: Competence

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

Supervision VS. Consultation

Evaluation of Clinical Competence

▶ **ACA F.6.a Gatekeeping and Remediation**
Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can **provide competent professional services** to a range of diverse clients.

Evaluation of Clinical Competence

- ▶ When the therapist is bad...How “bad” is “too bad”?
- ▶ When is remediation “called for”?
- ▶ How do you best handle the “tepid” endorsement or recommendation?

APA 4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.



Supervision and Confidentiality

ACA F.4.a Informed Consent and Client Rights

Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees inform clients of how the supervision process influences the limits of confidentiality.

Confidentiality

- (1) the client has waived his/her right to confidentiality,
- (2) identifying information is adequately disguised or removed, or
- (3) a breach is required or permitted by law.

What if the same scenario was a Client?

Does this change the assessment of your situation?

How would you evaluate this behavior (approaching individual at restaurant) if it was a current client rather than a supervisee?

Multiple Relationships

APA 3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

Corey, Corey, and Callanan (1993)

“the entire discussion of dual relationships is subtle and complex, defying simplistic solutions or absolute answers” (p. 142).

APA 3.05 Multiple Relationships

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

ACA F.3.a Extending Conventional Supervisory Relationships

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

Kitchener (1988) identified **three potential factors** in a dual role relationship that may result in a professional's causing harm to a consumer.

- 1) incompatibility of expectations between roles,**
- 2) divergence of the obligations associated with the roles, and**
- 3) the power and prestige of the professional.**

- ▶ Is the dual relationship necessary?
- ▶ Is the dual relationship exploitive?
- ▶ Who does the dual relationship benefit?
- ▶ Is there a risk that the dual relationship could damage the patient?
- ▶ Is there a risk that the dual relationship could disrupt the therapeutic relationship?
- ▶ Am I being objective in my evaluation of this matter?
- ▶ Have I adequately documented the decision making process in the treatment records?
- ▶ Did the client give informed consent regarding the risks to engage in the dual relationship?


