UNIVERSITY OF SHEFFIELD & UNIVERSITY OF LEEDS

Ethical Issues in Supervision

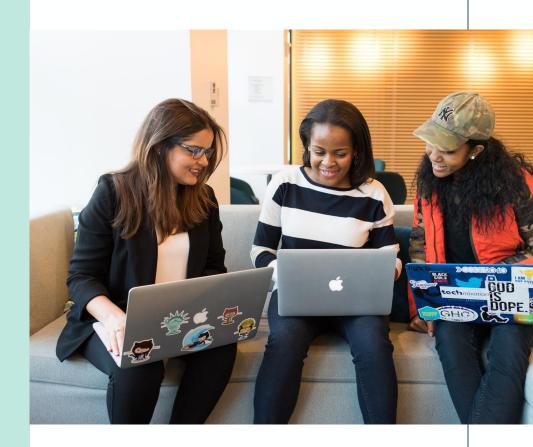
Presenters: Dr Liza Monaghan & Dr Kerrie Channer



Learning Outcomes

OVERVIEW OF KEY IDEAS

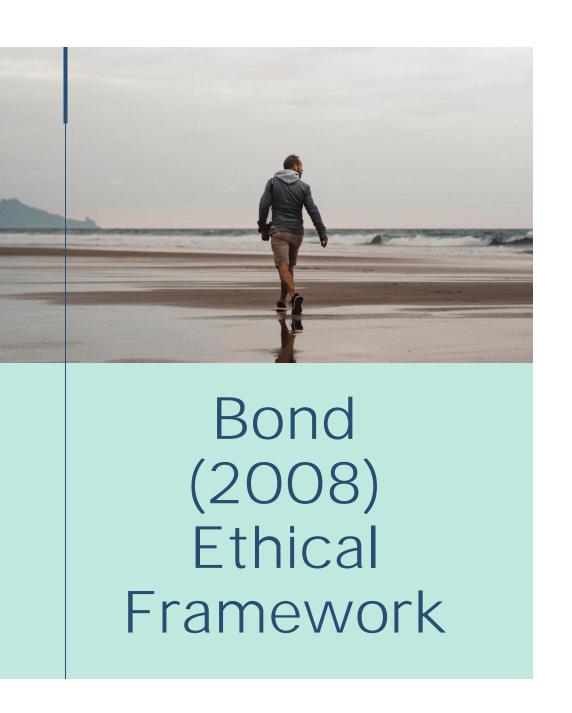
- Basic understanding of why ethics is important for supervision
- Basic knowledge of theories underlying ethical & moral behaviour and ethical & legal guidelines
- Awareness of some ethical dilemmas that might arise in supervision
- Development of ideas (and skills?) about how to supervise ethically



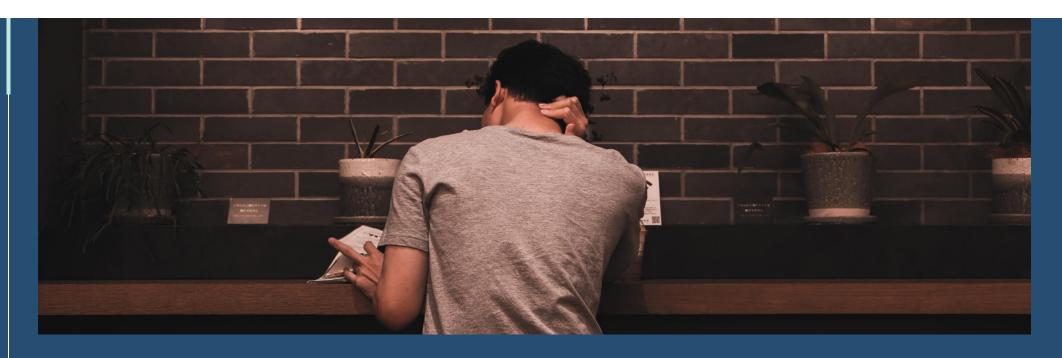


Of course, indifference can be tempting. More than that, it can be seductive. It is so much easier to look away. It is so much easier to avoid such rude interruptions to our work, our dreams, our hopes. It is after all, awkward, troublesome, to be involved in another person's pain and despair. Yet for the person who is indifferent, his or her neighbours are of no consequence. And therefore their lives are meaningless.

Elie Wiesel taken from Barker (2011) ' Mental Health Ethics: The Human Context'. (p5)



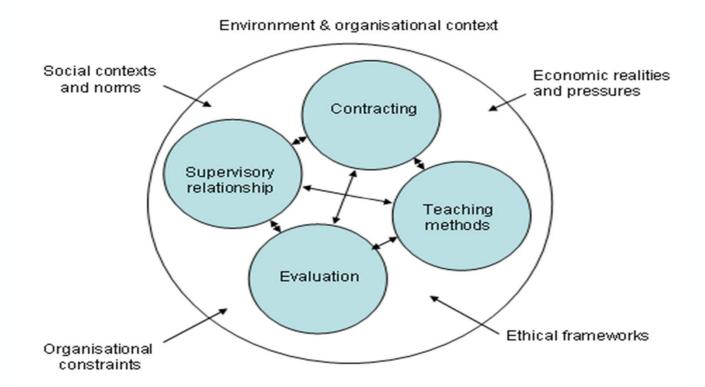
An ethical framework is like scaffolding around action made up of moral philosophy, professional codes of behaviour, values inherent in the therapeutic models, personal ethics, the law & organisational context.



Perspectives of Ethical Decision-Making

- -Kantian Ethics: motivations of actions crucial
- -Consequentialist/Utilitarian: actions judged by consequences
- -Based on Idea of Virtues: stress character of those making ethical decisions

Foci of Supervision

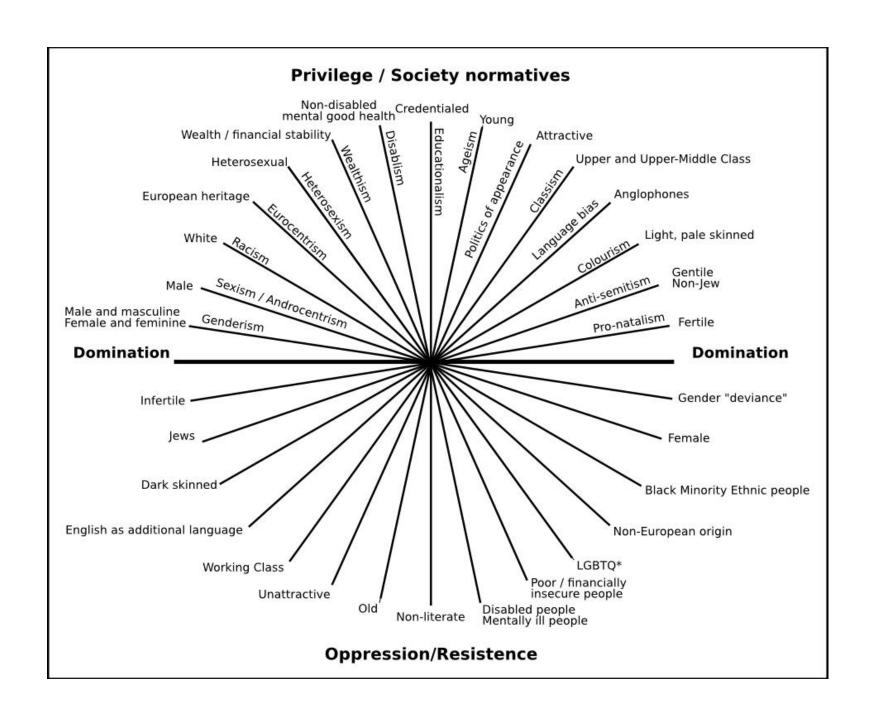


Exercise

Why are ethical issues important for supervision?

Consider power and positioning within this.

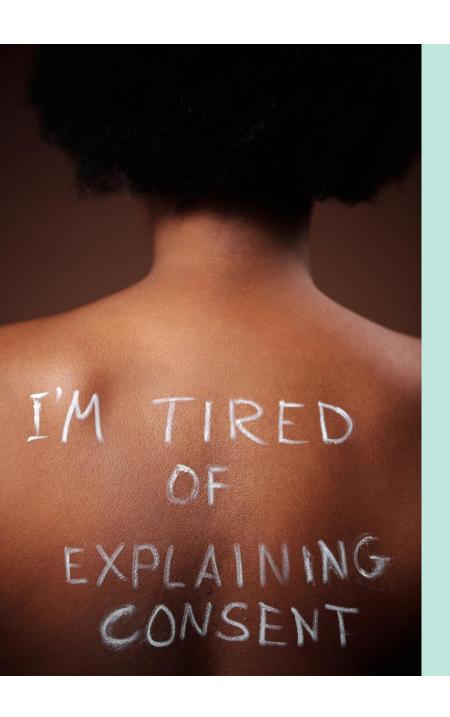




Key Ethical Issues

- Process of Informed Consent
- Competence
- Protection of & accurate representation to the public
- Confidentiality
- Documentation and record keeping
- Boundary issues & multiple relationships
- Diversity
- Evaluation and feedback
- Gatekeeper functions
- Legal liability and responsibility





Informed Consent

- Informed Consent Between Supervisor and Supervisee & Supervisee and Client
- Purpose of Informed Consent
- Requirements for consent to be valid
- Issues to include in informed consent agreements
- The Supervision Contract

Confidentiality

- Ensuring clear understanding of limits of confidentiality
- •Including this in the informed consent agreement/contract between supervisee/client (mandatory exceptions to confidentiality relevant to all clients as well as how supervision impacts confidentiality, i.e. review of documentation, audio/video tapes, observation of sessions).
- Between supervisor and supervisee e.g. feedback to training program or others, etc.



Diversity



- Multicultural Competence by supervisor/supervisee
- Integrating diversity issues into all sessions
- Intentionally making it focus of supervision
- Seeing multicultural competence as essential to being competent
- Taking a broad view of diversity/culture



Culture & Difference

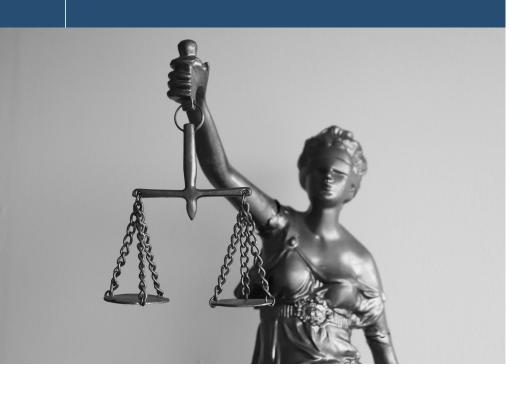
- Culture is ever changing. No one definition encompasses what it means for individual at any given time
- Cultural knowledge: crucial integral/continuous process
- Culture is not language specific but expression of individual/group experiences
- Lacking awareness of race, culture & difference is unethical
- Banks (2001) and Patel (2004) warn of inherent cultural biases

Ethnicity

- It is important to attend to issues of race, culture and ethnicity in supervision
- Supervisors' colour-blind approaches
- There is well evidenced systemic racism within the NHS and it is our duty not to perpetuate oppressive practices to service users from racialized backgrounds (Hall et al 2015)



Legal issues in supervision



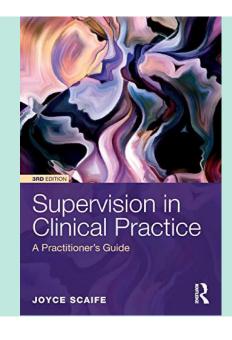
- Vicarious liability: Someone is held responsible for the actions or omissions of another person.
- Employer can be liable for the acts or omissions of employees, provided it can be shown that these took place in the course of their employment.
- Due process: Right to be treated fairly, efficiently and competently by the administration of justice.
 Guarantees fairness and justice.

Small Group Work

- Consider an ethical issue that has emerged within supervision
 - •How did you respond?
- •What underlying ethical principles did you draw on?
 - Would you do anything differently now? Why?



Scaife (2019)



"All professionals make mistakes. What is important is that people do their best in the knowledge of principles of ethics, codes of conduct and legal precedents"

Ethical principles (Scaife, 2019)

Principles of ethical decision-making incorporate consideration of morality of actions & anticipated consequences.

Offers framework to consider ethical dilemmas that arise in supervision (within supervisory relationship/clinical work).

Offers assurance that decisions have been taken from an ethical standpoint.

Page and Wosket (1994)

- Non-Maleficence. Prevention of harm to others
- Fidelity. Being faithful to promises made.
- Justice. Ensuring that people are treated fairly.
- Beneficence. Actions taken should do good, the question then arises who judges what is good.
- Autonomy. Each individual has the right to freely choose their own course of action and to choose what happens to them.

Morally Governed By

- 1. Fidelity, being faithful to promises made.
- 2. Reparation, making a recompense for a wrongful act.
- 3. Gratitude, making payment for that which is received.
- 4. Justice; ensuring fairness to all.
- 5. Beneficence, working for the benefit of others.
- 6. Self-improvement, work for the benefit of self.
- 7. Non-maleficence, no harm to be done to others

AUTONOMY

Relevant to consent (i.e. adult patient with capacity has the right to refuse treatment). Developmental model of supervision stresses increasing autonomy of supervisees as they become more experienced practitioners.

BENEFICENCE

The application of this principle needs to take into account who judges what is for the good and for whom it is judged to be good.

In determining what is judged to be for the good in supervision, the welfare of the supervisee, the client and involved others must be borne in mind.

FIDELITY

Attention to this principle helps supervisors to think carefully about what they can reasonably promise supervisees during the contracting process, with care taken not to go beyond what is possible (e.g. confidentiality, time available for supervision).

JUSTICE

'Fair opportunity rule' requires that supervisees are provided with sufficient assistance to overcome any disadvantaging conditions resulting from their biological make-up or social context.

Non-Maleficence

Dilemmas can arise in therapy for example when clients confide that they know of sexual abuse occurring, however they are too frightened to report it.

Therapist/Supervisor has to decide who s/he must act to protect.

The Ten Essential Shared Capabilities for Mental Health Practice (2004)

Guidelines & Codes

HCPC Standards of Conduct, Performance and Ethics (2016)

BPS Code of Ethics and Conduct (2018)

BPS (2017) Race, Culture and Diversity

Professional & Organisational Requirements

- Safeguarding children & adults
- Clinical risk/legality
- Conflict resolution
- Information Governance
- Health and safety
- Diversity
- Prevent
- Mental Capacity



CASE STUDY

You are providing a placement for a trainee who has failed the previous placement due to serious concerns about the ability to engage with clients from different ethnic backgrounds. The trainee has been on placement with you for several weeks and is still unable to engage with diversity. What do you do?

What do you do?



Justice (for the trainee)



Beneficence (clients)



Nonmaleficence (clients)

- Follow due process
- Work within the professional/organisational frameworks; duty of candour. When do you blow the whistle?
- Documentation and transparency
- Ensure you understand the whole picture
- Deal with emotions
- Ask for support & show courage



References

Banks, A. (2001). Tweaking the Euro-American perspective: Infusing cultural awareness and sensitivity into the supervision of family therapy. The Family Journal, 9(4), 420-423.

Bond, T. (2008). Standards and Ethics for Counselling in Action. 2nd Ed. London: Sage

BPS (2017) Race, culture and diversity.

Department Of Health (2004) The Ten Essential Shared Capabilities – A framework for the whole health and social care workforce. London: Department of Health.

Dunn, M. (2016). On the relationship between medical ethics and medical professionalism. Journal of Medical Ethics. 42, 10. doi: 10.136/medethics-2016-103939.

Francis, R. (2013). The MidStaffordshire NHS Foundation Trust Public Inquiry. http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffordshirepublicinquiry.com/sites/default/files/report/executive%summary.pdf.

HCPC (2016). https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

References

Kish-Gephart, J.J., Harrison, D. & Trevino, L. (2010). Bad apples, bad cases and bad barrels: Meta-analytic evidence about sources of unethical decisions at work. Journal of Applied Psychology, 95(1); 1-31.)

Neuberger, J, (2016). The Liverpool Care Pathway: What went right and what went wrong. British Journal of Hospital Medicine. 77 (3).

Patel, N. (2004). Power and difference in clinical psychology supervision: The case of 'race' and culture. In I. Fleming & L. Steen (Eds.) Supervision and Clinical Psychology: Theory, Practice and Perspectives (pp. 96-117). London: Routledge.

Pickvance, D. and Parry, G. (2016). Clinical Supervision and ethical challenges. In In D. Pickvance, (Ed)., Cognitive Analytic Supervision: A Relational Approach. London: Sage Publications.

Scaife, J. (2019). Supervision in Clinical Practice. A Practitioner's Guide (3rd Ed). New York: Routledge.

Snyder, T. A., & Barnett, J. E. (2006). Informed consent and the psychotherapy process. Psychotherapy Bulletin, 41, 37-42.

Woodbridge K and Fulford (2004). Whose Values? A Workbook for Values-Based Practice in Mental Health Care. London: The Sainsbury Centre for Mental Health.