Dr. Rebecca Daniel-Burke: This is Dr. Rebecca Daniel-Burke, your host for the American Counselling Association's 2015 podcast series. Today we are speaking with Dr. Rosanne Nunnery and Keith Myers about supervision ethics. Dr. Rosanne Nunnery is a core mental health counselling program faculty at Capella University in the Harold School of Social and Behavioral Science and has part-time private practice. She's credentialed as a licensed professional counselor, nationally certified counselor, and board qualified supervisor in her state. During her time as an LPC and counselor educator, she has presented state-wide and nationally on various topics, served as a Human Rights chair for the Mississippi Counselling Association, served on local boards and is a currently a member of the ACA Ethics Committee.

Keith Myers, MA, LPC, NCC, ACS, is a licensed professional counselor and approved clinical supervisor while managing a private practice just north of the Atlanta Metro area. Two of his clinical specialties include trauma and combat PTSD. He supervises both graduate students and associate professional counselors who are seeking state independent licensure. He is a third year doctoral student in counselor education and supervision at Mercer University in Atlanta and is an adjunct faculty member with Argosy University Atlanta. Keith Is currently serving a three year term with the ACA Ethics Committee and will be the Ethics Coacher for 2015 to 2016.

Welcome, Rosanne and Keith.

Keith Myers: Thanks you, Rebecca, for having us.

Rosanne Nunnery: Thank you. Thank you very much.

Dr. Daniel-Burke: Great, okay. I'm going to dive in to the questions. Since this podcast is about supervision and ethics, can you explain what is counseling supervision?

Nunnery: Sure, Rebecca. I think it's really important to start off by defining what supervision is within the field of counselling. Supervision can be defined in an elementary way as a senior member of the profession, kind of evaluating a junior member, and this relationship extends over time. The goal is to build a solid supervisor and supervisee relationship to enhance the supervisee skill level and their efficacy as a counselor. And this includes evaluating their skill level, their ethical conduct, monitoring the care they give to the public which are the clients that we serve. The ultimate goal is to progress to the end of the supervision relationship and be able to endorse this junior member for licensure so the respective board can make a decision on whether they are eligible for licensure. And so, that's a then critical part of supervision and it's necessary for the profession.

Dr. Daniel-Burke: You've mentioned in a number of places that informed consent is a pivotal aspect of supervision. What is informed consent? I'm always telling people when they call here that is the most important document they'll make for their private practice.
But anyway, you say what is informed consent in supervision and what elements need to be addressed in a supervision informed consent document?

**Nunnery:** That's a great question. I think we have to consider the Ethical Code F.4a of the American Counseling Association Code of Ethics because it outlined that it is the responsibility of supervisors to fully inform their supervisees of what to expect from this relationship, and I call it a living and ongoing document. And it outlines the supervisor's credentials, training, experience, their model supervision and their format, the frequency that this will happen, and the fees. And it also outlines what is expected of the supervisee and supervisor together, in regards to ethics, their own personal and professional development, their growth. But it's important to remember, it does not guarantee endorsement.

Research reiterates the components and the purpose of supervision and what to include. And sometimes, I wanted to list a few things that's not limited to this but it typically included philosophy of supervision, professional disclosure, evaluation of the supervisee and the due process, the ethical implication and having a statement of agreement between parties.

And as a final note, I do want to say this, that it may be consider by different names being informed consent document, that is the ethical name but sometimes some states might call them an agreement or a contract or a statement of intent, and it must include the state agency, and legal requirements. You will need to look at each state and determine that because each state is so different. For example in Mississippi, before I can ever supervise anyone, I must have the signed informed consent contract sent to the board then approved by the board before that supervision can ever occur. And so, it's taken very, very seriously as an ethical requirement, as a state licensure requirement, and then we have to remember our most important asset which are our clients that we serve.

**Dr. Daniel-Burke:** Absolutely. And Keith, this is such an important concept, the informed consent, did you want to add anything?

**Myers:** Well, I think Rosanne hit the high points, but it is really important to consider each state licensure statutes because every state is different as far as what's involved as document or what's involved in the supervision process. So, I like that she stated that at the end because that is such a critical point.

**Dr. Daniel-Burke:** And that's one of the things we deal with at ACA and people on the Ethics Committee, is that each state has a different licensing board with at least slightly different requirements. And in some cases, quite different requirements, do you agree?

**Myers:** Absolutely, and that's one of the reasons for the points for the 20/20 Vision is to try to streamline this process because each state can be so different.
Dr. Daniel-Burke: Absolutely. Okay, Rosanne, you discussed the various aspects that are included in an informed consent document. Knowing that supervision model's formats and methods need to be considered in an informed consent document, what are some examples of supervision models or formats that individuals need to keep in mind when they are seeking out a supervisor?

Nunnery: That's a really good question, I also have this asked to me as a faculty member and I also always include in my informed consent document my intent. And so, when you're looking at supervision model's format and structures, they are different things and sometimes they get confused because they think they are all the same thing. When you're looking at models and of course there's so many complex ones and there's so many different ones, I'm just going to hit a few little pieces of parts of them, but I looked at it, looking at there are developmental, there's psychotherapy based, and then there's integrated supervision approaches such as the discrimination model. And as research unfolds, more and more are developing.

But you know the chosen model realistically is very dependent upon the supervisor and it is his or her personal style, I found, and theoretical foundation. And that's why I have founded, and I think it's critically important that your informed consent document outlines what that model is because depending upon that model, the supervisor will take very different approaches to that relationship. And so, if you were to look at, let's say an integrated developmental model, the supervisor will take on the role of helping the supervisee to develop the skill level.

And so, at a basic level, there's three levels. So at the beginning level, you have a supervisee that's learning and has elementary skills and they rely heavily on the supervisor for constant direction. And then as they develop into the second level, they're growing in their field, their clients to vacillate between the independent and autonomous. And then, as you get into a deeper level, it's more collaborative and they kind of understand, they're applying their skill, they're able to work closely with the supervisor but there's more of an ability to be able to make some decisions.

And then, when you look at theoretical based models like, let's say it's cognitive behavioral therapy, I really think it's really interesting because what it is, is they take on that fine work, they're teaching them the theory, they're applying theory and then in some way, it's the expectation of that supervisee to then be able to apply it with their clients. And one of my favorite models, and there's several different out there, is the discrimination model which is an integrated approach and it looks at taking on the roles such as a teacher, or a counselor, or a consultant, based upon the need at that time. And so, that is the model base but I want to say a little bit about formats because that's different than model.
Sometimes, trainees and people that are working towards licensure, they don't quite understand that in formats or exactly how you will approach it and that's in the informed consent so it will be, well my supervisee worked just with me one-on-one or wouldn't work in a group context, which would be me and will be the supervisor and then multiple supervisees, or will it be more triadic which is me as a supervisor or maybe two supervisees. And this needs to be outlined and the research says there's positive and negative aspects to that and it really is dependent on that relationship and that you discuss this and say, "As a supervisor, this is the format I take and this is how I'm going to approach it." and see how the supervisee feels about that. And then as a part of that, then there is methods to monitor that supervisee. These may include co-therapy, observing, listening to audios and watching video tapes. But all of this has to be very distinctly outlined and understood so that the supervisee feels that they understand what's happening. And Keith, I don't know if you want to elaborate further on that.

**Myers:** Sure, sure, yes. I think with the supervisory models, I know that just in my own informal conversations with some of the supervisors and this may be something where they have kind of places in the position of supervisors that are agency and not really any kind of formalized training your supervisor, they say, "I don't know what my supervisor model is." And that can happen too. And so, as we think about this, this is theoretical foundation of how we are engaging our supervisees in that relationship. I think it's pretty critical. With the formats, I think too, something to consider is your state guidelines because we consider maybe individual or group. In the state of Georgia, the state guidelines say that you can only have a maximum of six supervisees in a group. To be ethically competent as a supervisor in Georgia, you need to limit to that because if they feel like that once you get past that number, it could be too much and not everybody could get something from it. So, you're really going to consider your state supervisory guidelines in that.

**Dr. Daniel-Burke:** And isn't it true also, and either of you answer this, isn't it true also because I've worked in a number of agencies -- where I've been a counselor for 30 years, like -- you've worked in a lot of different settings -- so I worked in a number of agencies where it seemed like somebody was supervising and they knew nothing about this, they hadn't read books, they just had a license, that's all they have. And so, the agency said, "You're going to supervise this or that associate." So, have either of you had that experience?

**Myers:** Yes, I think that's kind of what your content recently, what you're talking about, I think that's kind of speaking to my point about with the supervisor where they really didn't have any knowledge of supervisees and just kind of placed in that position arbitrarily, if you will, and so it could be that situation to where the supervisor feels totally inadequate, feels totally incompetent, but just has been forced to do it because of the agency's need.
Nunnery: And I wanted to add, if I may, I think that's why some states such as mine are requiring if it's for licensure. The provision for licensure that they have your informed consent documents review first so that they feel like you're confident in understanding it. And in our state, they're required, if you're going to supervise somebody who's going to be licensed, you have to be a board qualified supervisor which requires training.

Dr. Daniel-Burke: Yes, and that's wonderful when the state has that. I think a lot of states are a lot more liberal than that and are really just, "If you have a license than you can supervise." But I like your state, Rosanne, I think that's the way to go.

Nunnery: Yes, it requires it. On--

Myers: Exactly.

Nunnery: I'm sorry, Keith. It requires ongoing training annually as well once you get that into the board qualified status. Go, ahead, Keith.

Myers: Yes, I was just saying, actually previously in Georgia, it was where you have your independent license and you have been licensed for three years, then that automatically qualifies you to do supervision. However, we recently got some new statutes on the book that are coming up in the next couple of years in where you either have to have a state supervisory credential or the approved supervisor credential through the core affiliate through the NBCC. So that's in the process of changing in Georgia and then, they're actually, in a couple of years, it's going to be where you have to have a credential to supervise which I like.

Dr. Daniel-Burke: That's great. We can't discount the important component of human interaction and connection that's necessary between supervisor and supervisee. As a result, it's important to have a brief understanding of that relationship. What does a supervisor and supervisee relationship look like and how can it be enhanced, Rosanne?

Nunnery: I think we have to understand that supervisors are aware that a supervisee is growing in their theoretical field, and learning, and their professional development's unfolding, and their counseling skills, so that they can become a confident professional counselor. So, part of that role is to build a solid relationship that is grounded in competent practice. I would say that we're competent, it's important. And this is more likely to happen if there's a good alliance. I'm sure that there are people that haven't had the greatest supervisory experiences.

So, there are characteristics that may facilitate or hinder that process. And so, it's important to look, and I'm just going to call out a few codes to consider that in this relationship, you must maintain supervision standards -- a supervisor is ethically responsible to monitor and adhere to all these standards and to look for impairments. And eventually, there is the natural termination of the relationship. Having that and
knowing that you have that huge responsibility, that relationship is critical and counselor educators and researchers have encouraged the importance of establishing this healthy and productive relationship just like you would with the client because it translates into that supervisee working with their clients in a healthy manner.

And another piece I want to mention is that it's important not to impose values or beliefs of your own as a supervisor, taking into account any bias you may have in terms of multicultural factors, gender, and have real open dialogue, because when that alliance is established, the conflict between them can be addressed in an ongoing manner and a very open and transparent way because it can help the whole relationship grow. And so that the supervisor is all along, letting the supervisee know where they are and where they stand. And also, that relationship is so solid that they can be transparent.

And you know, each state has different standards in regard to this relationship, in terms of how often they should meet, in terms of face-to-face hours. So, what I found is that the more that you meet with the supervisee, the more that relationship grows and it's ongoing disclosure and training and skill unfolds. And as that natural unfolding process happens, then it can lead to eventual endorsement which is the ultimate goal as well.

**Dr. Daniel-Burke:** Just so it also happens sometimes, I know at ACA every now and then we receive a call like this, that the supervisee has been seeing clients and they are actually changing a little in their theoretical framework. So, maybe they started embracing one school of thought and they're kind of moving. For me, I remember always saying that my clients taught me everything I know about counselling and so you kind of change as you start working with clients. And so every now, it doesn't happen often, but every now and then we receive a call here at ACA saying, "I'm not getting along with my supervisor, really, and I think it's because I changed my theoretical orientation and it's a little different that hers or his now." Can either of you comment on that?

**Myers:** I think that does happen. I tell graduate students, I said, What theory you wrote about in your theories class is not going to be the theory that you have indefinitely necessarily when you actually get in the clinical world, working with clients. So I think it is common for supervisees orientation to change and morph over time. And I could see how if a supervisee went into expecting the supervisor to be have a certain orientation and then that was kind of matched with intentionality, that maybe that could be an adjustment if that would change the supervisee.

**Nunnery:** Yes, but I guess it's a growth process to really learn your theoretical foundation but I could see if somebody has a model that is, let's say cognitive related, and that does not fit with the supervisee of the time that they grow, then that could be a conflict that hopefully there would be open dialogue and that the supervisor would grow as well and be open to that knowledge being presented. I know that I would, but yes.
Myers: Yes, it needs to flexible.

Dr. Daniel-Burke: I have been in leadership in a couple of agencies and I have really liked having counselors in that agency who represent different schools of thought. So, let's say we have a contract with somebody that requires brief therapy so they're only going to give us six sessions, then that's a certain kind for counselor who does well with it. But I also had a contract once with a child protective service where they said they wanted us to give a one year counselling to each of these little children who were coming in. And so you wanted someone then who was comfortable with the longer term, more insight oriented school of thought. So, what do you think about that? Do you think that it makes sense to maybe have several counselors who embrace various schools of thought in one group?

Myers: I think it's good to have flexibility, to have a variety of orientations. I know sometimes, depending on the agency that you work for, for example I'm thinking of a couple of supervisees that I have right now and they're working in inpatient psychiatric settings. And so in that context, the supervisors in that context, the administration is more of a solution-focused or cognitive behavioral orientation because it's going to be a lot more of a brief therapy with clients. And so, even though they may be psychodynamic or they may operate from a motivational interviewing, they really have to mold into what the agency needs. But I think ideally, maybe in private practice setting or an out-patient setting, that having a variety or the diversity in orientation will be helpful.

Dr. Daniel-Burke: And I like that you brought that up because sometimes the reality is that it's not what we want to hear, but sometimes the reality is insurance dictates some of it. So in that inpatient setting, they're only going to get 21 days or 28 days. So, you have to adjust yourself accordingly, which in a way is good because it teaches you different ways of seeing clients.

Myers: It forces you to be flexible and because even though we can say all this, the perils of managed care, at the same time, it does force that flexibility and the supervisee to say, "You know what, I need to consider of looking at clients and other ways of conceptualizing."

Dr. Daniel-Burke: Yes. Okay, Keith, part of section F in the ACA Code of Ethics, the 2014 Code of Ethics, refers to evaluation. What does evaluation involve as a counselor supervisor?

Myers: That's a great question, Rebecca. I think Rosanne explained a little bit in her definition of supervision, that a critical piece of supervision is evaluation. Taking that a little bit further, a lot of ethical and legal issues surrounding supervision are found in the evaluative function. However, it's one of those things that a lot of supervisors are
uncomfortable with. It's something that we struggle with at times because when we were training with our Master's degree to be counselors, not supervisors.

**Dr. Daniel-Burke:** That's right.

**Myers:** So, it could be unsettling or even uncomfortable to be placed in a supervisory role where it used to be only being a therapist, only used to being a counselor. So it'll be a tough transition for some as they begin to see supervisees. However, as tough as it is and as unsettling as it may feel to some supervisors, it's really a critical part of doing supervision. So whether you're evaluating a graduate level student who is completing their internship or you're evaluating an associate professional who is seeking state licensure, evaluation plays a key role.

I feel like section F in the Code of Ethics does a pretty good job of explaining that evaluation, includes both this ongoing kind of informal feedback, as well as a more formalized evaluation. For me, in my supervision practice, I have scheduled at least one meeting per year where I sit down with the supervisee, provide formal written feedback, and we take time to process that information. And so basically, we're going to be looking at the strengths of the supervisee, what they do well, some targeted areas that they do well in. And then, some other things that they may need to improve upon if they're going to continue working with clients. So, it's both a verbal informal feedback and it's also a formalized, more structured evaluation.

**Dr. Daniel-Burke:** And isn't that wonderful when that evaluation can be very positive? We have no problem with that as counselors. We give-- Giving a positive evaluation, that's what we're really comfortable with but then we have to go to that portion of the evaluation where we say, "And here is some things to work on." And no matter how we reframe it, they know at that point that it's not as positive as the previous parts were. What are some ways that you found or some kinds of things you say to supervisees when you get to that tough portion?

**Myers:** That's a great question. I think for me, it's normalizing the process helps in being able to normalize this for the supervisee and say, "These are some areas that we need to work on, that you need to work on, and this is normal. This is a normal part of your development. Most supervisees struggle with some of these areas and so let's look at these things and I am willing, if you're willing to work on these things then I'm going to do everything I can to help you develop this. And we're going to be strategic in this next year and we're going to work together." And so as I try to do it --

**Dr. Daniel-Burke:** I love it. You just gave people some language to use. That's going to be helpful. Go ahead, what were you saying?
Myers: Yes, I was just saying I like the to see it more of as a "I'm coming alongside of you" and I am taking some responsibility in this too, really. Even though, ultimately, it's a supervisee's responsibility to improve but I'm going to help facilitate that.

Nunnery: And all of this-- I just wanted to make a statement, too. I think it's great Keith -- and the words that you use in terms of professional development, I think that's how I approach it, especially when working with students and I'm supervisor, right now, more people that are preparing for licensure, but if you look at it in terms of their growth as in professional development and then also their counselor self-efficacy, building that and their competence and feeling competent to work as a counselor. We learn that over time and I often put that as it's a journey that even I'm continuously on a journey, learning new things, applying and being made aware of new theoretical foundations, and learning those basic skills added with theory and all wrapped up in the ethics is a critical piece. And so, I love the way that Keith presented that because it is a growth process that we have to be willing as supervisor and supervisee to grow within.

Dr. Daniel-Burke: Yes. Keith, what are some specific elements that need to be included when you're doing a formal evaluation with the supervisee?

Myers: Yes. So, I think the process about when we talk about formally evaluating a supervisee, the process can be a little ambiguous when you say okay -- when you ask supervisor experts to sit down and come up with specific criteria for evaluation. However, I think if you read the literature and as you talk to -- other supervisors have been doing this a long time, I think that the general agreement is that there is a baseline of knowledge, skills, attitudes, and intrapersonal and interpersonal attributes that are important when evaluating supervisees.

So, for example, the baseline of knowledge, whether you want to talk about being able to conceptualize from a certain orientation that client's presenting problems or you talk about having a baseline of knowledge for the ACA Code of Ethics and how to apply that in difficult ethical dilemmas, that's one example of a baseline -- a couple of examples of a baseline of knowledge. Whether you look at skills, whether that be anything from the basic interpersonal interviewing skills that you learn in graduate school all the way to "Is this supervisee? Is this counselor? Being multi-culturally competent with this client." And so, that's an area too that they're looking at with skills.

And then from the intrapersonal, which is more of does this supervisee-- do they know what -- when they experience this reaction from the clients, they have this inner rumbling and this inner feelings that come up, they are stirred up with this particular client. Do they have the awareness to be able to identify? Is this the client's -- is this client projecting onto you as a counselor or does this have to do with your own personal issues that are interfering or coming up in the session, all the way to an interpersonal attributes, whether it's empathy, warmth, communication, all of those things are
important. So knowledge, skills, attributes that are both interpersonal and intrapersonal I think are important.

**Dr. Daniel-Burke:** And is this in the informed consent? When you and the counsellor agree on an informed consent, do you say in part of it, there will be a formal evaluation, blah, blah, blah? Is that part of it, the informed consent?

**Myers:** I do, yes, I do. And I speak to the annual -- at least this is how I do it, everybody does it differently -- but an annual formal evaluation. I don't know, Rosanne, do you have a different process?

**Nunnery:** No, pretty similar to that. I talk about the process of evaluating, and then as we said earlier, that endorsement’s not guaranteed necessarily in that, in the informed consent because you're trying to help them understand the evaluative process. But Keith has taught me a lot just by talking about what he does, so I like his process.

**Dr. Daniel-Burke:** Yes. I think it would be nice if the supervisee knows early on that this is just something you do with everyone. It's not particularly about them. And that they can expect that it’s coming up. Okay, now here’s a question that's kind of tough for a lot of people, and personally I remember being in my master's program, it's about a hundred years ago when I was in my masters pro -- Anyway, I remember that after the first year, there’s suddenly a couple of students who never came back. Nobody really talked to us about it, we were just like, "What happened?" I remember several of us were going out to lunch one day and we ran into one of these people. And so, the next question is another area of focus within the Code of Ethics, is gatekeeping and remediation. Remediation is hard for people. Can you tell us a little bit about this, Keith?

**Myers:** Sure, and I think, Rebecca, you speak to – sometimes there ends up being this kind of hush-hush that you know, if someone has been removed from a program or something like that. Yes, I think evaluation and gatekeeping go hand in hand, and you see this link -- if you look at Section F in the Code of Ethics, following the section on evaluation, we see the very next section is on gatekeeping remediation. So through this initial as well as ongoing evaluation, evaluative feedback process, this leads us supervisors to become aware of some limitations that may either prevent or maybe interfere us from the supervisee kind of being an effective counsellor.

Sometimes, these are “red flags” that can lead the supervisor to ultimately make a decision that, one that you spoke of earlier, that the graduate level student should be actually dismissed from a training program. Or on the licensure side, if you have a counselor seeking independent licensure, this may lead a supervisor to not endorse a supervisee for licensure, and even go as far as to make a recommendation to the State Licensing Board not to license the counsellor.

**Dr. Daniel-Burke:** That is tough.
**Myers**: It is a tough one. That is a really tough -- So it's tough to think about that this example might be a final gatekeeping decision where you actually prevent someone from entering or continuing in the profession. So we kind of think about that cognitively and then we feel, "This is difficult," or we feel kind of disturbed. We think about that, but if you look at this as, "Okay, we are the true gatekeepers. We do have to set limits. We do have to be on guard. We have to protect the clients and we have to protect our profession."

**Dr. Daniel-Burke**: You mentioned red flags with the supervisee. For students who are listening, a lot of students listen to our podcasts, what are some red flags that could lead to a remedial plan or a gatekeeping decision? Give us an example of a few.

**Myers**: Sure. Common red flags, and there are several that I'd like to highlight briefly is -- well the first one that we think about, that I think about as the supervisor is the imposition of values. Basically, where the supervisee, they may have this internal conflict that comes up with the client because the client holds on to a certain value or promotes a certain value in their life that the supervisee just personally really struggles with. And the supervisee asks these questions of themselves, "Can I work with this person? Because I have this intrapersonal conflict with the clients." So that's a red flag, because us as counsellors, we are mandated to be flexible with working with diverse populations. Let's be straight. Most clients are not going to have our personal values, or the majority of them are not going to hold exactly to how we believe life should be. And so, we have to be flexible with that and we have to be open-minded when we are working with people who come from very diverse backgrounds.

**Dr. Daniel-Burke**: And some clients are going to really push those limits with us.

**Myers**: Absolutely.

**Dr. Daniel-Burke**: If you've been a counsellor as long as I have, you've run into just so many different kinds of clients, and some of them, even if you're the most liberal counselor, are going to push some of your limits. So that's something you have to think about as a supervisee, as an associate, as you move toward independent licensure -- you really have to think about those things. But anyway, other red flags?

**Myers**: There's value-based referral. I like to bring this up, because this has been significant hot topic in the ACA over the last couple of years, especially with the new Code of Ethics that's come out. And I think it's interesting within the last year and a half, the ACA Ethics and Professional Standards Office have reported this being the most prominent ethical issue when we're talking about ethical issues in the profession. In other words, there have been more ACA member inquiries to the office about value-based referrals than any other ethical issue.
So this is really something that has come to prominence in the last couple of years. And it's an example of a red flag, because let's say for example you have a supervisee who is working with a client and for whatever reason that the client says, "Okay, I'm coming to you because I have made a decision to – fill in the blank – I made a decision to get a divorce. I've made a decision either to have an abortion. I've made a decision to leave my spouse." Whatever. And so, you have this situation where the supervisee says, "Well, I don't feel comfortable working with this client because my values conflict." And so, they refer out. So we would say, based on the Code of Ethics, that's actually unethical because when you make a referral-based on strictly value conflict, then you're not really meeting the client where they are. So that's a red flag that has become very prominent in the counselling profession, that you also see in supervision.

Dr. Daniel-Burke: In Eastern Michigan, the Eastern Michigan case has made all of us highly aware of how important this is.

Nunnery: I was just going to add on to this, and I think it goes with gatekeeping in relation to red flags. I think a lot of the CACREP and probably non-CACREP counselling programs now, that's what they integrate a lot of information about the supervisee or the trainee being very aware of trigger clients, of their own values and being able to grow and develop in relation to their own understanding of their values, so that when that comes up, that will come up with a client, then they can work through that process with themselves and not impose their values. I just wanted to add that in because this is something I've encountered as a supervisor and as a counselor educator too.

Dr. Daniel-Burke: Yes, absolutely. Keith or Rosanne, can you give us some examples of a remedial plan?

Myers: Sure. I think when we talk about remedial plans, anticipating your remedial plan as a supervisee could be one way to address -- when we talk about these red flags that may come up in supervision. So for example, you may have a supervisee who is having a strong emotional reaction to a particular client, so what we would call a countertransference that maybe is coming up for them, and that may be a result of their own unresolved personal issues.

And so, you may recommend – for the remedial plan, you may recommend individual personal counselling to help actually address these issues, so that it doesn't actually end up harming the client, because that's one of the primary purposes of supervision that we are considered ones that kind of stay in the gap and kind of protect the client that the supervisee sees.

So that's one example of possible remedial planning. A second vehicle of a possible remedial plan could be providing some sort of service project. This service project could be maybe when a particular population or group -- so maybe the supervisee maybe has some vices that come up in supervision that prevent them from being fully-engaged with
the client. So it could be due to ethnicity of the client or maybe sexual orientation of the client. So the service project can help them be more multi-culturally competent as they learn to assist this population that you're here serving.

Dr. Daniel-Burke: And Rosanne, any thoughts that you have on remedial plans?

Nunnery: Yes. I think that the primary thing is that it's going to be very individualized, as between supervisor and supervisee, because usually they typically emerge due to their own counter-transference, unresolved issues or values that they feel like they're not sure how to work with the client who has different values. And so, I think a plan just needs to be very individualized, and as you talk with your supervisee and say, "This is what has emerged. And let's talk about some ways that we need to do to work or the things that we need to do or plan to help you in your growth process." Because it may mean that it's not just one thing, it may be several things. It may be more education, it may be more closely supervising with the client; it could be a lot of different things. And so, I think that you just really have to individualize it.

Dr. Daniel-Burke: And are you specific when you do these? Say, you need to work with this population for a little while, and are you specific enough to say for six months, for three months? How specific do you get it in?

Nunnery: I think that you can be very specific. Not that this time frame is going to dictate improvement, but I remember in my masters and in my doctorate, we were kind of put in the field in terms of -- and especially in multicultural counselling -- to push our buttons. We can say that we have competence so that we're no longer concerned about this population and we can work with them, but we really need time to grow and reframe our own thinking in regard to an issue.

So I think it takes some time, and I think a time frame and then having an evaluation with them in a formal way, and seeing where they stand is important.

Myers: Yes, and I think it's important what Rosanne was speaking about. It can be a multitude of factors that really go into this particular supervisee, how we formulate the remedial plan. And I think it's because it can be so complex, this is where -- and I think the Code of Ethics does a good job of alluding or pointing this out -- is that it's really important that when you're formulating these things, you need to consult with someone else. You don't want to make it as a kind of remedial plan on an island so to speak so we consult with other supervisors, if you're in a training program and you're a professor, you consult with other professors to developing this together. But however, ultimately, it comes down to you as a supervisor to make the final decision.

Dr. Daniel-Burke: And I know Keith, you talked a little bit about red flags leading to remedial plans, were there any other red flags you wanted to mention that lead to remedial plans?
**Myers:** I think there are a couple that come up sometimes, and when you look at unresolved personal issues, sometimes a supervisee might have, or maybe there's a personal trauma history there in working with a trauma client, or maybe there are other issues that come up. Sometimes, it can be actually -- some pathology in the supervisee, or maybe there's personality issues. And so, the supervisee may have difficulty dealing with conflict, or the supervisee may have difficulty with interpersonal relationships. And so, that's a pretty significant red flag to look at.

**Dr. Daniel-Burke:** I remember a friend of mine was supervising somebody and she kept saying that this woman kept crying when she was with the client, and that's not really a good thing. Not that it wouldn't happen maybe once in a lifetime or something when you heard something horrendous, but it should not be a regular thing.

**Myers:** It doesn't bode well for being able to hold the client's emotion, right?

**Dr. Daniel-Burke:** That's right.

**Myers:** Be able to be present and engaged.

**Dr. Daniel-Burke:** And Rosanne, did you have any more red flags that you wanted to mention that would come before a remedial plan?

**Nunnery:** Typically, the ones that he mentioned are pretty much the ones I've seen because it depends on the practice, it depends on where you live. I think it depends on your culture and how your values and how you were raised. It really comes out, I found in training programs where we're talking about hot topics or what we call trigger clients or students. They think, "I have this. I can be value-free. It's not going to be a problem."

But when we have a history of something in our own lives, or our own upbringing, that environmental aspect about ourselves as human beings, it does come up in training programs and that's one thing that professors try to look for. So that as we're going through this process, we can begin to help them develop very early so that they're not having to be terminated or removed from a program; so that they can advance their skill and have a heightened awareness. You mentioned most of the ones that I've seen more commonly.

**Dr. Daniel-Burke:** Okay. Why is endorsement and termination a part of a supervision process, and what are the implications?

**Nunnery:** As with all professions, the Code of Ethics of any profession such as ACA, sets forth that we need to adhere to. And the section of Ethics and Supervision is very important. And they see it within Section F and we must adhere to all ethics, and endorsement will all need to be explained clearly in the informed consent. I keep saying
that because you don't want to set them up at the end to not having a clear understanding in that document so that at the end they're not understanding what's happening. They must really understand what's going on.

And S.6d in the Code of Ethics, I want to just read that because it's important regarding endorsement. It says, supervisors endorse supervisees for certification, licensure, employment or completion of an academic or training program, only when they believe that supervisees are qualified for the endorsement. So when you look at a basic term, endorsement means that the supervisor approves of or sanctions this person, this trainee to be eligible.

And typically it requires -- and I know in my state, it may be different for every other state, but there's usually three options; endorsement without reservation is an important piece. You don't want any reservations, and this has to be notarized. And to be able to be endorsed, we have to look at everything that Keith has said in regards to gate keeping, remediation. And they must follow these ethical guidelines that are set forth by the profession and the remediation recommendations brought forth by the supervisor. And it's important to remember, it does not guarantee endorsement as the supervisee must adhere to these recommendations. We were talking about remediation plans, in fact the reality is, is that maybe this supervisee does not agree with that plan; that happens in education programs and post-graduate supervision. And so, that's important to understand. We want them to adhere to this plan, and to have a formal evaluation of that to make sure that they have progressed in whatever area that is.

And even with endorsement, if we endorse a supervisee without reservation, it's important that everyone that does supervise understand that doesn't guarantee licensure. The supervisee has to follow those guidelines of what is laid out, and supervision is one of those aspects. And then the concept of termination, and I'll talk a little bit about it and Keith might want to say some more, but if you end this relationship and the final endorsement is, “I approve them,” then that is a natural termination process of the relationship. And the Code F.4d says, "Supervisors or Supervisees have the right to terminate the supervisory relationship with adequate notice."

So the termination can be due sometimes to extraneous variables. Sometimes, let's say a supervisor has a job change or a supervisee moves, or there's a personal situation. Or as you mentioned earlier, there's been difference that arise. There's that type of termination, but then there's also that natural process that is a culmination of this relationship from one to two years, maybe longer. But either way, there needs to be steps need to be put in place by the supervisor, showing that they have been ethical in this process of not only endorsement but of termination. So there needs to be a real transparent conversation so that there's closure, just like you would have with a client. You don't just abruptly terminate them.
Dr. Daniel-Burke: And it teaches you, when you terminate with a client, you both have agreed that the time has come for them to stop counselling with you and they're going to try some of the skills. You usually give them a couple of months’ notice, where you really want to work with that client to feel good about the time you've come to, the end you've come to. And so, it teaches them about what's going to happen with clients. And how about you, Keith, do you have some thoughts on that?

Myers: Yes. I like the way that Rosanne tied in termination to the informed consent, because I think that is a parallel process that we do with clients, in that we give them a sense of, "Okay, how long is this process going to take? What are some landmarks along the way?" And so, a couple of months definitely we want to bring up the conversation again, but I think termination is ideally discussed in that first session, in the informed consent session. So I liked the way she tied that together.

Dr. Daniel-Burke: You're both also giving the student and the supervisee some good information during this podcast, and one of the things is how important the informed consent is. Because even when they get out and they're in private practice, it will keep them from so many potential heartaches if they develop a good individual informed consent. So we need that in supervision, we need that when you work with clients. And I like how some of these processes mirror the client's situation. That's what the supervisee needs to prepare for.

Now, I'm going to ask you the last question that I ask everybody who does a podcast and that is, ACA now has over 55,000 members, most of whom are clinicians. Is there anything I have not asked you that you want our members to know? Why don't we start with you, Rosanne?

Nunnery: Okay, thanks. I really encourage all ACA members to really download a copy of the Code of Ethics. The new version that was put out in 2014 and review all the sections. When looking at specifically for supervision – looking at the section F of the Code. And it is critical as a trainee, a supervisor or prospective licensure candidate to be aware of their supervisor responsibilities and the importance of the gatekeeping process.

I know for a while in my own profession as a supervisor in Mississippi, I would have people just call and say, "I want you to supervise me." And I think when you look at the code and you really take it seriously as a supervisor and as a supervisee, this is a very important relationship and it goes far beyond from simply asking somebody to supervise you. And so, being aware of the ethical aspects as a person that is going to be a counsellor eventually, all the Codes, and they're looking at, "Oh, this is what a supervisor should be like and this is what I should expect in the Code."
Dr. Daniel-Burke: Well, I'm going to Keith in a minute, but Rosanne, is there any book or article that you also think would be good for supervisees to look at? I know there was a Corey book a while ago.

Nunnery: Yes, there's a Corey book. And in fact, there's a handbook of psychotherapy which lists out tons of supervision models, that lay out the different models that are available. And a lot of students have done that. And then there's books that have been out by -- just looking at the clinical mental health counselling books, they provide a lot of information and linked with the ethics. But gosh, there's so many books and so many different ethical books that are coming out that you can utilize that. I think just the Code of Ethics in general having acknowledged is very, very important.

Dr. Daniel-Burke: Right. Just sitting down and reading that, reading what's actually in there instead of waiting for a problem to come up and then you go to the Code of Ethics.

Nunnery: Yes, that's why I said that, because I found that my students, we're always telling them about the code. And a lot of times, they'll look at different division codes. And it's important to know this; each day, some of them have taken on the ACA Code of Ethics as their code. So some have not. Sometimes, we have to tell them, "You need to look at the ACA Code", but then look and research what does your state Code of Ethics adhere to; where are they pulling this from? So that's important.

Dr. Daniel-Burke: Yes, absolutely, and then Keith, same question for you.

Myers: I think just to go along with what Rosanne said about the Code of Ethics, definitely look that over. But I think two things that come to mind, the first one is -- and especially this is more for supervisors I guess, but attending supervisory workshops on the local state and national level. This is so critical, because supervisors -- if you hold the credential, you already know that you have to obtain some CE's every year to stay relevant and to stay current with the research and so forth.

So you can find a workshop in our local area, you can attend an ACA Webinar, you can listen to some podcasts, I hear coming out soon on supervision.

Dr. Daniel-Burke: That's right.

Myers: You can go over a variety of sources, whether it be locally or with the ACA. So that's one thing that I would encourage. And then the second one I would encourage, again and this would be for supervisors or for a doctoral student who are wanting to become a supervisor. Consider joining ACES, which is the Association for Counsellor Educators and Supervisors. This division, it just provides a wealth of information for supervisors, for doctoral students, and you get information. You get a journal, you get a regional newsletter if you belong to a specific region of the ACES. And there's lots of other resources that are there, that are there from that division.
Dr. Daniel-Burke: Absolutely. And for you, Keith, any book or article that comes to mind that you think would be helpful?

Myers: I think for supervisors and possibly for supervisees, there's a Bernard and Goodyear text on clinical supervision that really gives a great in-depth exploration of the supervision process and what it is and what is isn't. And so, it's a really good one that I like.

Dr. Daniel-Burke: All right, good. And if you think of any more, you can always let me know and we can put it at the bottom of the podcast write up. I want to thank you so much, Dr. Rosanne Nunnery and Keith Myers for joining us today to discuss supervision ethics. I really think you will get a lot of people thinking, so thanks so much.

Myers: You're welcome, Rebecca. Thank you for taking the time to have us on.

Nunnery: Yes, I really appreciate it.

Dr. Daniel-Burke: All right. And I like your southern accent, Rosanne.

Nunnery: Thank you.

Dr. Daniel-Burke: It's good. I like it. To view links to this program, to write to the presenter or the host, please go to www.counseling.org and click on the podcast page. This is Dr. Rebecca Daniel-Burke, your host for the ACA 2015 Podcast Series, signing off.