

7.10.3 Defining Ethical Terms

7.10.3.1 *Vicarious Liability*

Vicarious liability is the duty of care which the clinical supervisor holds in relation to the supervisee's clients. The implications of this are that the supervisor may be held ethically and legally responsible if harm comes to clients as a result of negligent, or incompetent supervision practices (e.g., a supervisor failing to recommend a suicide evaluation of a severely depressed client, or suggesting herbal remedies as a viable treatment for psychosis). It is important for supervisors to bear in mind that the line of responsibility leads back to them, especially when overseeing inexperienced or over-worked supervisees struggling with their caseloads.

Reference for this topic: Center for Substance Abuse Treatment (2009).

7.10.3.2 *Dual relationships*

Dual relationships and boundary concerns are relevant to the client-supervisor relationship, the supervisee-client relationship, and the supervisor-client relationship. Clinical supervisors are expected to maintain appropriate boundaries with their supervisees, and to be aware of signs that a supervisee's boundaries with one or more clients are crossing into potentially vague or dangerous territory. Additionally, the supervisor has an indirect relationship with the clients whose cases are brought into supervision sessions, which means that they have a responsibility to protect the confidentiality of those clients and not to engage in social relationships with them. These are grey rather than black and white areas of supervisory practice and must be considered on a case-by-case basis when an issue arises.

Reference for this topic: Center for Substance Abuse Treatment (2009).

7.10.3.3 *Informed consent*

Informed consent should be part of the supervisory relationship, just as it is part of the client-counsellor relationship. The areas of informed consent should be covered in the contracting stage of supervision and should be reiterated as necessary throughout the course of the supervision relationship. The process should address the following topics:

- The purpose of supervision: the structure and mutual understanding of supervision
 - goals of supervision
 - how goals will be evaluated and the specific timeframes
 - specific expectations of the supervisor and the supervisee
 - integration of theoretical models
- Professional disclosure: information about the supervisor that includes credentials and qualifications and approach to supervision
 - educational background

- training experiences
- theoretical orientation
- clinical competence with various issues, models, techniques, populations
- sense of mission or purpose in the field
- Supervision process: methods and format of supervision
 - individual, group, peer, dyadic
 - methods of direct observation
 - permission to record sessions on audio- or videotape

Reference for this topic: adapted from Falvey, 2007, cited in Center for Substance Abuse Treatment (2009).

7.10.3.4 Due process

Due process includes written procedures to be followed when a grievance or complaint has been made against the administration, the supervisor, or the counsellor. It ensures that all sides are heard and that the complaint and response to the complaint receive due consideration. In this case, informed consent means that all parties are aware of the process for lodging a complaint.

Reference for this topic: adapted from Falvey, 2007, cited in Center for Substance Abuse Treatment (2009).

7.10.3.5 Ethical and legal issues

Policies, regulations, and laws regarding supervisory and therapeutic relationships include:

- emergency and back-up procedures (e.g., supervisor accessibility)
- ethical codes of conduct
- process for discussing ethical dilemmas
- confidentiality regarding information discussed in supervision
- confidentiality issues when more than one supervisee is involved
- dual roles and relationships
- process for addressing supervisee issues (e.g., burnout, countertransference)
- a statement of agreement
- signed acknowledgement by all parties that they understand and agree to comply with the contract

Reference for this topic: adapted from Falvey, 2007, cited in Center for Substance Abuse Treatment (2009).

7.10.3.6 *Confidentiality*

The parameters of confidentiality should be clearly explained to workers engaging in a clinical supervision relationship and should be included in the supervision contract. Just as with the counselling relationship, there are limits to what is and is not kept private. Supervisors must not only waive confidentiality and/or intervene when harm to the supervisee, clients, or others is at stake (duty of care, and duty to warn), but also when carrying out evaluations of supervisees' work that is shared with line managers and other organisational administrators.

Other circumstances under which confidentiality may be waived include: a breach of the organisation's codes of conduct; a breach of law (e.g., failure to report abuse); and a breach of professional ethics. When information gained in the course of clinical supervision is to be shared with others (e.g., line managers, professional boards), it is important that the supervisee be informed and, to the extent possible, included in the process of disclosure.

References for this topic: Center for Substance Abuse Treatment (2009).