Supervision Ethics: Roles and Responsibilities of the AODA Counselor Supervisor

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About Me

- Consumer
- Direct Care
- Counselor
- Assessment / Evaluator
- Clinical Supervisor
- Program Evaluator / Program Developer
- Clinical and Program Director
- Rehabilitation Educator
- Researcher
- Editor, Journal of Teaching in the Addictions/RCEJ
More about me....

• Rob A- “I may not be much....”

• Some final Issues
  - Why you have 77 slides....
  - Shane’s strange ideas about ethics and why I do what I do
  - Reaching me: dskoch@siu.edu
Goals

• Explore roles and functions of supervisors in the context of professional ethics

• Identify key challenges within core functions areas

• Conceptualize supervision in a way that enables more effective supervisory practice

• Assumption: Ethics and professional practice are forever intertwined
Exactly what do we mean by Ethics anyway?
Ethics

- Rules
- Roles
- Standards of Practice
- Expectations from Clients
- Expectations of other Professionals
- Professional Identity
What are Ethical Principles?

How do Values and Morality differ from Ethics?
Ethics

- Principles vs. Values?
- Values and Subjectivity / Culture / Constructivism
- Covey’s Law of the Farm
- Codes of Ethics are grounded in Ethical Principles and the Codes themselves are insufficient to guide our practice due to ethical conflict and dilemmas
What are the ethical Principles that guide our profession?

- Justice
- Autonomy
- Beneficence
- Fidelity
- Non-Maleficence
Justice

- Fairness
- Distribution of Resources
- Access to Services
- Rights to Services
- Fair Opportunity Rule-Discrimination
- Movement of clients through levels of care
- “One Size Fits All”
Autonomy

- Client Choice
- Client Involvement
- Informed Consent
- Consent to Treat / Consent to Release
- Individualized Treatment as opposed to "One Size Fits All Models"
Beneficence

• Promotion of well being of others through actions that provide positive benefits and actions that prevent harm
• Are treatments and services helpful?
• Quality of Services
• Program Evaluation: Process, Outcome, Progress
• Adhering to National Minimum Standards of Practice
• Utilizing the current research and best practices
Beneficence

- Act to prevent harm
- Duty to help
Fidelity

- Maintenance of Trust
- Confidentiality
- Relationship Building
- Informed part of informed consent
Non Maleficence

• Do No Harm
• Do not encourage participation of clients in therapies or other interventions that could result in harm to the client
• Do not harm through inaction
Challenge: Socio-cultural Factors Underlying Ethical Decision-making
No one operates in a vacuum!

- Attitudes, Beliefs, and Values that influence decision making and practice
  - Individual Experience
  - Familial Experience
  - Social Experience
  - Educational Experience
- Obligation to become self-aware
Examples of Cultural Factors

• The concept of “nature’s lottery”
  – The idea of “no fault” disability or disadvantage
  – DSM IV: dyscontrol, disadvantage, disability

• Prevailing models of AODA are Disease Model and BPS Models

• Prevailing model in the culture is the moral model
  = professionals, public, and consumers act from pre-existing stereotypes and prejudice about AODA problems resulting in discriminatory practice and lack of “fair opportunity” to receive services
Research on Acquisition of AODA Disorders

- **Biomedical Evidence**
  - % of Americans who experiment with AOD?
  - % of Americans who develop SUDS?

- **Nature’s Lottery?**
  - Societal Attitudes and the Moral Model
  - Fair Opportunity?
Seminal Research

• Statman (1993)
  • War on Drugs = War on People
    - The “Enemy during wartime”
    - Discrimination based on disability status
    - NAADAC Principle 1: Non-Discrimination

• West and Miller (1999)
  - Discriminatory practices in VR Counseling
  - Initial stereotypes of motivation and commitment to the rehabilitation process
  - NAADAC Principle 7B: Referral and Harm
  - Principle 2B: Responsibility to educate
  - Principle 12: Societal Obligations
Legislation

- Koch (1999)
  - Discrimination in courts
  - Misperception of danger
  - Relapse and the “nefarious nature”

- ADA / PL 93-112 / PL 94-142
Our experiences with supervision....
Supervision Pathways

- **Traditional Pathway**
  - So you’re a great counselor, eh?
  - So you’re a great leader, eh?
  - So you’ve been around awhile, eh?

- **Formal Training**
  - Master’s Level
  - Doctoral Level
Exercise One

• What sort of setting do you work in?
• What is your role?
• How long have you been in that role?
• Have you had formal training?
• Are your roles ever incongruent?
• Life as the Dean.....Life as a Clinical Director.....Life as a program director....
Supervisor Success Stories

• Think about a past supervisor who was successful
  - What characteristics did that person possess?
  - Why were they successful?
What happens without supervision?

• Skills and work habits at variance with standards of practice

• Idiosyncratic behaviors

• Barnes and Noble Counseling (Dr. Anna Koch)

• Risk to consumers and agencies
Administrative vs. Clinical Supervision

• Can we separate Admin and Clinical?

• Clinical supervision does not occur in a vacuum?

• Incongruent demands and expectations

• Effective clinical supervision requires effective administration—TQI ---consumer focus
What is a Supervisor Anyway?
“Super” Vision

- See the Big Picture
- Able to predict possible issues and deal with them proactively
- Able to demonstrate perspective and clarity
- Guidance, vision, and direction
- Accomplish multiple purposes and perform in varied roles… such as:
Professional Identity-Supervisor Roles

• What does it mean to be a professional?
  – Standards of Practice
  – Code of Ethics
  – Past, Present, and Future

• What is our role in passing on the tradition?
  – Mentoring
  – Professional Culture
  – Professional Cultural Diversity
What about professional culture anyway?

- Supervisors role in preparing supervisees to work in interdisciplinary environments

- The “Culture Clash”-professional, recovery, administrative, and generational (1988)

- Professional snobbery and ineffective professional relationships
What is Supervision? The roles of the supervisor

- Educator
- Counselor
- Consultant
- Administrator?
Supervisor as Educator

• Usually happens early in the process
• Increase supervisee knowledge about consumers, interventions and processes
  - Consumer Characteristics and Needs
  - Micro-counseling Skills
  - Testing and assessment
  - Case and caseload management
  - Planning, Intervening and Monitoring
Supervisor as Counselor?

• Similar but different
• Counselor know thyself
• Boundaries and professional conflicts
• Goal Setting and Professional Development
• Mentoring
• Enhancing supervisees self-concept and esteem
Supervisor as Consultant

• Usually working with advanced supervisee

• Being available without micromanaging

• Supervisee has a great deal of independence
Supervision Models

• Psychotherapy Based Supervision
  – Psychodynamic Supervision
  – Person-Centered Supervision
  – Behavioral Supervision
  – Integrative Supervision
• Developmentally Based Supervision
• Alternative Conceptual Models of Supervision
Discrimination Model

- **Process Skills**: what the trainee is doing in the session that is observable

- **Conceptualization Skills**: does the supervisee understand what is occurring in the session, identifies patterns, or chooses interventions

- **Personalization skills**: professional behavior
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Parallel Process and Isomorphism

• Parallel process
  - What is occurring in the counselor client relationship is mirrored in supervision
  - Supervisees are not aware of the process

• Isomorphism
  - Modeling behavior to supervisee
  - Supervisee models behavior to consumers
Measurement of the Process

- Self-Report
  - Journal
  - Self-evaluation
- Process Notes
- Audio-taping
- Videotaping
- Live Observation
Supervision Interventions

- Individual vs Group Supervision
- Time Limited Groups
- Ongoing Groups
- Advantages of Groups
  - Identification
  - Modeling
  - Role Play
  - Reinforcement
  - Encouragement
Supervision is Evaluation

- Needs
- Outcomes
- Process
- Efficiency
Ethical Issues During Clinical Supervision

How do we work within the supervisory relationship to ensure ethical practice?
Challenges with the pathways?

• Responsible for
  - Our own competence (competence?)
  - Our supervisees competence (competence?)
  - Our own methodology (Modalities/Theories?)
  - Our supervisees methodology (Modalities/Theories?)

• Responsible for
  - Standards of practice
  - “reasonable behavior”
Professional Identity-Supervisor Roles: Acculturation (déjà vu?)

• What does it mean to be a professional?
  – Standards of Practice-Which standards do we follow?
  – Code of Ethics-which codes apply?
  – Past, Present, and Future

• What is our role in passing on the tradition?
  – Mentoring—So what is it that we are doing?
  – Professional Culture—So what exactly do we mentor?
Challenge: Professional Cultural Bias and Interaction

- Supervisors role in preparing supervisees to work in interdisciplinary environments-How do we ensure collaborative relationships?
- The “Culture Clash” How do we prevent harm?
- Professional snobbery and ineffective professional relationships-How do we ensure growth and prevent harm? How do we prepare our supervisees?
Challenge: The two hats and Role Confusion: Administrative vs. Clinical Supervision

- Can we separate Admin and Clinical-ivory tower?
  - Yes: Clinical supervision does not occur in a vacuum?
  - Yes: Effective clinical supervision requires effective administration

- TQM-CQI
  - Quality Cycles (PDCA)-Planned Change vs. Tampering
  - Consumer Focus
  - Flat Hierarchy-Front Line Empowerment - Understanding direct care staff? Responsible utilization of direct care staff in treatment environments?

- How are the five ethical principles jeopardized?
Challenge: Administration and Ethical Climate

• What is the Organizational Culture?
  – Informal
  – Formal
  – Healthy vs. dysfunctional systems?

• What is the Organizational Climate?
  – Hostile
  – Open
  – Warm
  – Supportive
  – “Parallel Process”

• Accountability and the Organization

• Opportunities for maintenance of proper boundaries and self-care?
Organizational Ethical Threats

• Mobbing—workplace expulsion through emotional abuse/both overt and passive tactics

• Substance Abuse (recovering and non-recovering) and Other Impairments

• Whistle Blowing

• Burnout and Job Stress
Other Administrative Issues that can become Ethical Challenges

• Building and office Layout

• Behavior of Non-professional class employees

• Maintenance of records

• Formal processes for resolution of conflict between employees and supervisors/supervisees
Ethical Challenges in Screening and Assessment
Who gets in?

• Eligibility
• Appropriateness
• How do we decide who is inappropriate?
• What are our criteria?
Program Evaluation and Program Ethics

- Data collection on Eligibility
  - Demographics
  - Clinical Characteristics

- Impact on the program?

- PDCA as an Ethical Assurance process?
Selection of Instrumentation

- What instruments are Valid and Reliable?
- Does the consumer understand the instrument?
- Is the instrument culturally biased?
- Is the instrument biased clinically?
Selection of Instrumentation

• Are we qualified?

• Are we following standardized administration and interpretation protocols?

• Have we “modified” the instruments in any way?

• How have we validated the instruments we’ve chosen/created/modified?
What other issues arise during assessment?
Problems with the “medical model?”

- Labeling Effects
  - Reification
  - Pygmalion Effects
  - Spread of Effect
  - Stigmatization
- “Analysis Paralysis?”
- Failure to focus on the solution
Assessment Issues

• Do we assess for strengths?

• Do we follow “modern” or “traditional” assessment methodologies?

• Ethics in practice: Does our treatment plan really reflect our assessment or are we doing the famous OSFA shuffle?
Treatment Planning
How do we evaluate our plans?

• Does the client understand them?

• Have we really achieved “informed consent?”

• Are they individualized.....are they doable?
Ethical Issues in Treatment Planning

• How is the power relationship “playing out” during the planning process?
• How do our personal and professional values shape the plan?
• How do our personal and professional values shape our expectations?
• Conflict between empowerment and duty to help
Case Management
What is case management?

• Everything is case management?

• What are some of the risk factors in case management of our clients?
  – Referral to appropriate resources
  – Referral to effective resources
  – Referral to accessible resources
Risk Factors in Case Management

• Are we really helping the client with the services rendered or are we letting the “model” drive the process?

• How are we utilizing levels of care?
  – Least Restrictive Environment
  – Access to Treatment
  – Most appropriate
  – Fair Opportunity Rule
Case Management and Professional Culture

- What barriers exist when using interdisciplinary / multidisciplinary systems?
- What ethical issues arise when doing consultation/referral/case management across professional cultures?
- How do professional cultures (ABVB’s) affect service delivery?
How do models of disability affect our clients?

- Moral Model
- Medical Model
- Disease Model
- Social Model
The Social Model of Disability

• Fear and Dangerousness: The great exception....

• “Incurability” and “inevitable relapse” as “system” and “personal” failures

• Attribution Effects
The Social Model of Disability

- Acquisition of the AODA disability: The role of choice vs. nature’s lottery

- The effect of the “war on drugs”

- Status of clients = Status of Professionals

- Impact of Stereotypes (professional cultures, client, and system)
Are legal and ethical the same thing?
The Codes say......

• We must obey the law.....

• If it is illegal it is unethical.....

• We must play by the rules.....

• But.....
Robert Jay Lifton

- The Nazi Doctors

- Explores how political and social pressures can operate to confuse professional ethics

- Underlying “principles” get skewed by changing cultural values
What are Ethical Dilemmas?
Ethical Dilemmas

• A choice must be made between two courses of action
• Significant consequences are associated with taking either course of action
• Each of the two courses of action can be supported by one or more ethical principles
• Ethical principles supporting the unchosen course of action will be compromised
Ethical Dilemma Decision Making Process (Roessler & Rubin, 1998)

• Review the case situation and determine the two courses of action from which one must choose
• List the factually based reasons supporting each course of action—these reasons will often be important consequences
• Identify the ethical principles that support each action given the reasons for support
Ethical Dilemma Decision Making Process

• List the factually based reasons for not supporting each course of action. These reasons will often be important consequences.

• Given the reasons for not supporting each course of action, identify the ethical principles that would be compromised if each action were taken.
Challenge One

A program serving adolescents has earned a positive reputation and is receiving multiple referrals based on their ability to handle “difficult cases”. Over time, the program director begins to admit clients who may be beyond the programs capacity to serve effectively (dual diagnosis) because there is a fear that “turning down” difficult cases could lead to loss of referrals.
Challenge Two

A program is serving clients who have a history of assault and other violent acts. The program makes a choice to use “safe physical management” techniques with these clients including the use of “therapeutic restraint”.
Challenge Three

A staff member from challenge 2 is involved in an incident where they believe that there has been inappropriate use of physical restraint. During this incident a client was injured.
Challenge Four

A client who identifies themselves as an “atheist” refuses to attend Alcoholics Anonymous meetings because they believe that these meetings are “religious” and a violation of the client’s rights. The residential treatment program requires these meetings as a mandatory treatment activity. The client is court ordered into treatment and if they are terminated from treatment they will go to jail.
Challenge Five

A residential program is a bit understaffed due to staff illness but is still operating within minimum staff/client ratios. However, staff members are unable to complete all of the scheduled groups. At the end of the shift a staff member is directed to document this group and when they refuse to do so, they are challenged that they are not “part of the team”.
References


