Deep Release Online

Professional Training for Counsellors

Ethical Dilemmas in Supervision

AN HONEST RELATIONSHIP

Confession

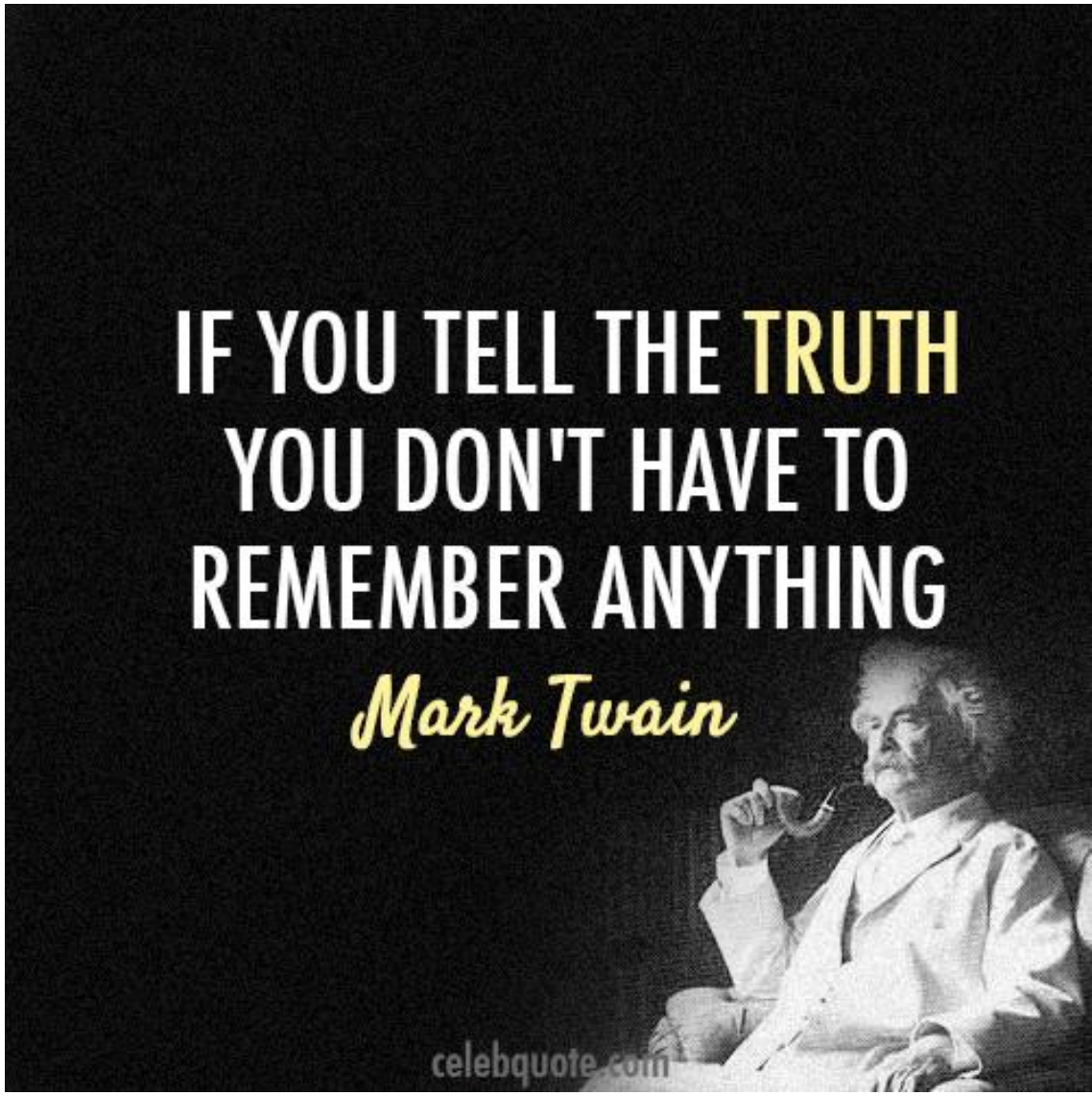
Anticipatory Anxiety

Near Misses!

AN HONEST RELATIONSHIP

"Hiding embarrassing errors from your supervisor is unethical and also a waste of time and money and not in the client's interest. If the relationship is based on inferiority, superiority and perfectionism, then the repetitive patterns of childhood experiences could be very detrimental to the client work with shame informing what work is shared and what is hidden."

Houston, G. *(1995) Supervising and Counselling, New Revised Edition.* London: The Rochester Foundation

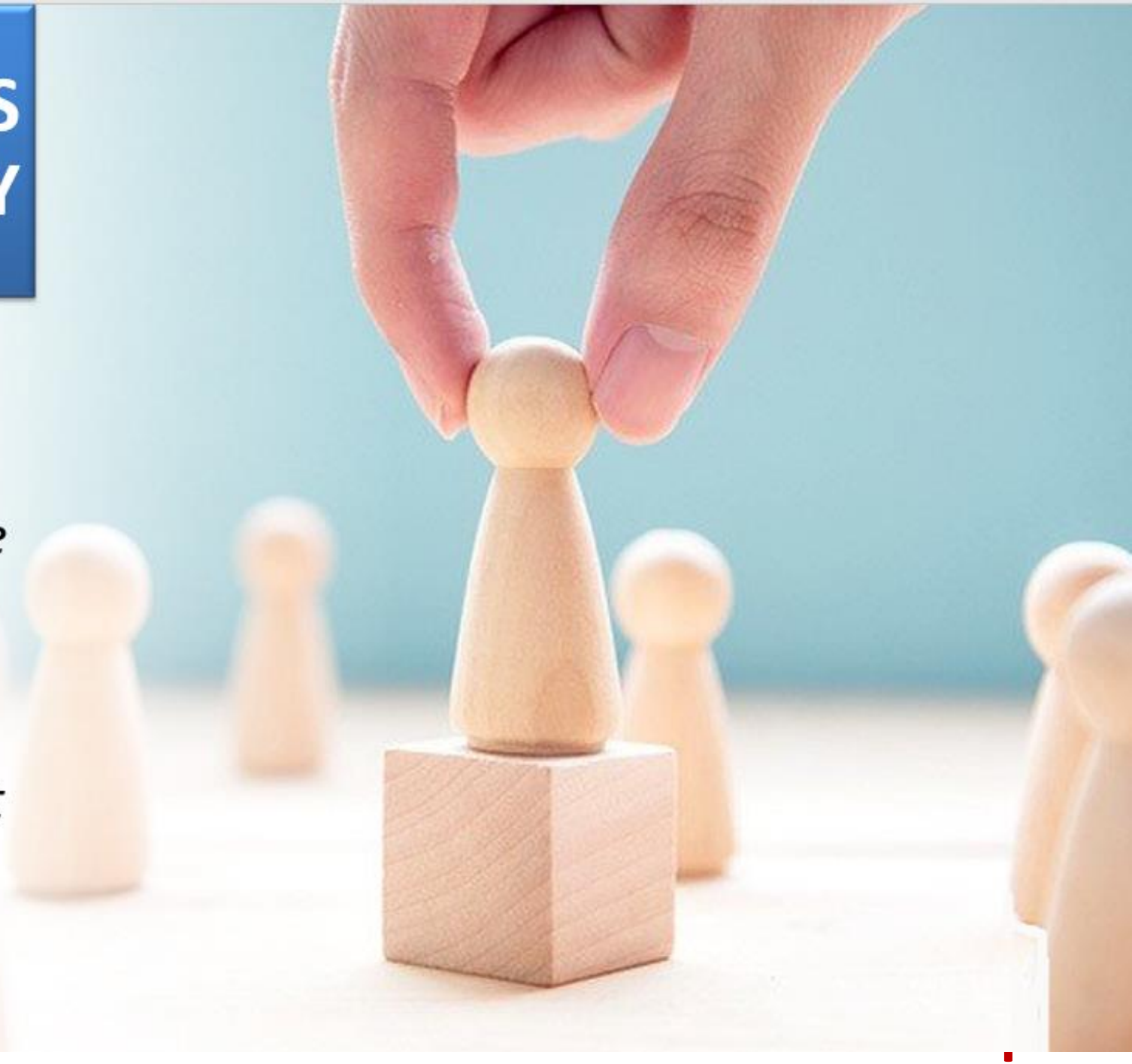


THE SUPERVISOR'S AUTHORITY

"A supervisor needs to be prepared to carry a more readily identifiable authority which includes monitoring the practice of the supervisee.

This does involve assessment, judgment and, on occasion, being prescriptive about what the other person should or should not do."

Page & Wosket, 1998, p.22



Case Studies

CAYLA : NOT SAFE TO DRIVE HOME?

Your supervisee, Cayla, comes to you anxious that she has made a big mistake.

Some months ago, Cayla told you that she had given her client, Margie, a lift to the station to catch a train as she had been unable to come to counselling by car as she usually did. You had advised Cayla that this was unwise – what if there had been an accident? What about insurance, and so on.

Now Cayla tells you that yesterday Margie had driven to supervision for her 7pm session, during which she had become quite dissociated and disorientated. She was very much in a child ego state, very distressed, saying she did not want to leave Cayla and go home. Cayla was very torn as to what to do and in the end she told Margie she could stay in her spare room for the night and return home in the morning.

There were no issues in the night, and this morning Margie, now fully in her adult ego state and very embarrassed at what had happened, had returned home safely.

- How will you handle this?
- What are the issues?
- Share any similar experiences with each other

ELLEN : FAST TRACK TO ACCREDITATION

Your supervisee, Ellen, has constantly struggled to get her BACP accreditation done. You have tried to encourage her, but don't want to constantly nag her. Ellen is still working for free in the agency she started with when doing her L4 Diploma 5 years ago, and lack of accreditation means paid employment has not been possible. The subject has not been raised between you for several months.
Ellen comes to see you and tells you excitedly that she has now got her BACP accreditation, and is applying for paid employment. You are very surprised and asked her how this has happened. After prevaricating, Ellen (who is very honest and likes to be transparent) finally tells you that she was recommended to go to a professional service where someone does all the accreditation work for you for £150. It worked brilliantly and Ellen is delighted.
You push further to find out who is running this "professional service" and to your dismay you find out it is another of your supervisees, Mary.

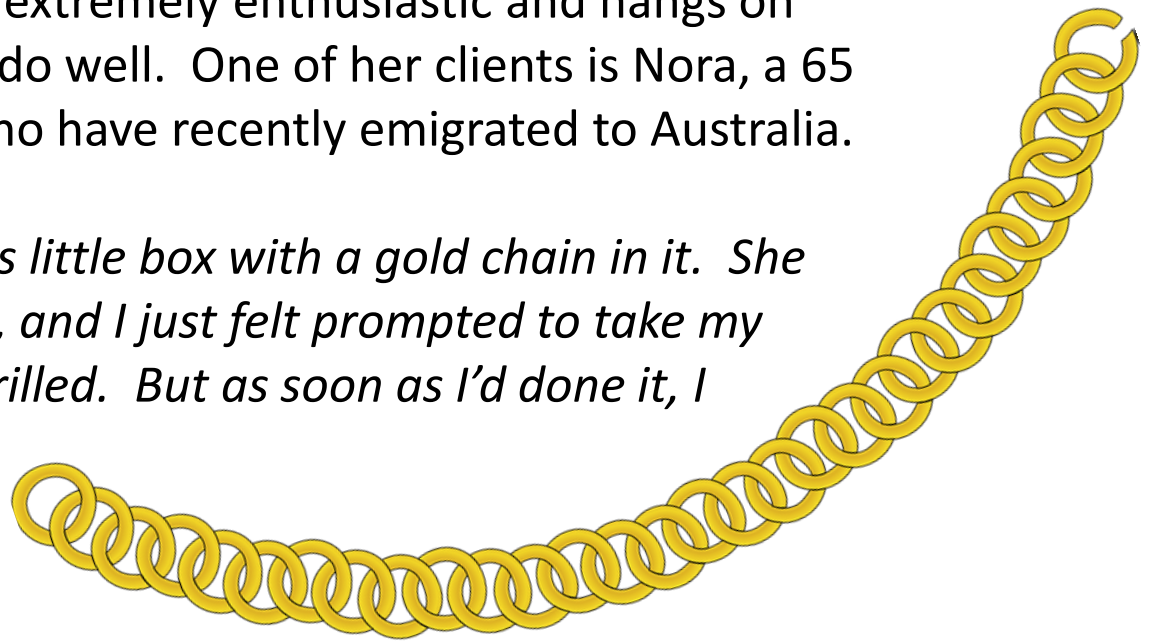
- What are the key issues here and how will you first handle them with Ellen, and then what about Mary?

MANDY: ONE GOOD TURN DESERVES ANOTHER

Your supervisee, Mandy (28), bounces into the supervision room, greeting you with the words, *"I think I've made a boo-boo!"*

Mandy is in the second year of her Diploma course. She is extremely enthusiastic and hangs on your every word as her Supervisor, desperate to learn and do well. One of her clients is Nora, a 65 year-old widow who is working on the loss of her family who have recently emigrated to Australia.

Mandy says: *"She's such a sweetie, and she handed me this little box with a gold chain in it. She said it was a present for 'being so lovely'. I was so touched, and I just felt prompted to take my bracelet off and give it to her as a return gift. Nora was thrilled. But as soon as I'd done it, I thought…. Oh. I don't think I've done the right thing…."*



How will you handle this?

What are the issues around the receiving and giving of gifts?

- Wouldn't it be ungracious to say you couldn't receive a gift from a client?
- What is the difference between being given a pot plant, tickets for a West End musical, a framed picture (*"you could put on your wall…"*)?
- Is the timing significant, ie at what stage of the therapy is the gift given?
- Share your experiences.

ANN: WILL HE, WON'T HE?

Your supervisee, Ann, is worried about her client, Rupert. He is a 57-year old man, married with 2 grown-up children and 3 grandchildren. He works as a porter in his local hospital.

Rupert has quite severe OCD, and he has recently confessed that the worst aspect is his fear that he will "harm a child". He has never done so, and assures you that he doesn't really think he ever would, but the thoughts are deeply distressing.

Ann doesn't know how to handle this – could children really be in danger from Rupert? Should she ask him what 'harm' means? What about his grandchildren, and young people in the hospital? Is it safe to believe that he won't really do anything, or should she report this to the authorities? And which 'authorities'?

- What is your thinking on this?
- What action would you recommend?
- How comfortable are you in making this recommendation?
- Share your thoughts and experiences

GROUP DISCUSSION : CASE STUDIES

PLEASE CHOOSE A SPOKESPERSON TO FEED BACK YOUR FINDINGS AND YOUR QUESTIONS TO THE MAIN GROUP

CONCLUSIONS, QUESTIONS AND COMMENTS

10 MINUTES

THE ROLE OF THE SUPERVISOR (BRIGID PROCTOR)

NORMATIVE — **A managerial role** – quality assurance – needs of the client are addressed within clearly defined standards of ethical and professional practice

FORMATIVE — **An educative role** - working towards best practice, developing skills, understanding, abilities through exploration and reflection on the work with clients

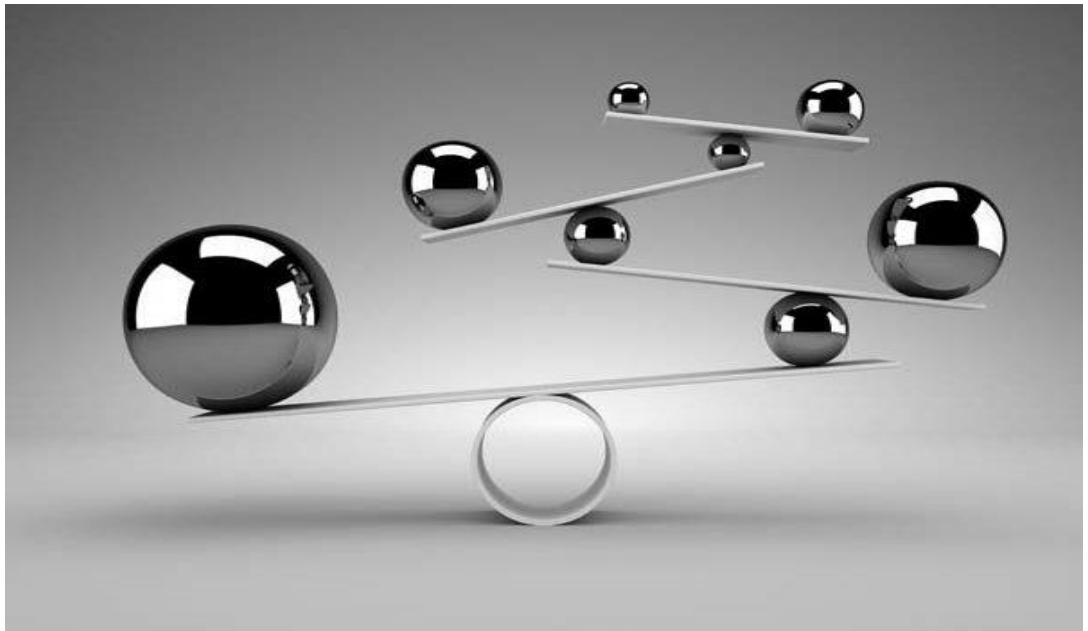
RESTORATIVE — **A supportive role** – enabling the supervisee to debrief and deal with the effects of the distress and pain brought by their clients

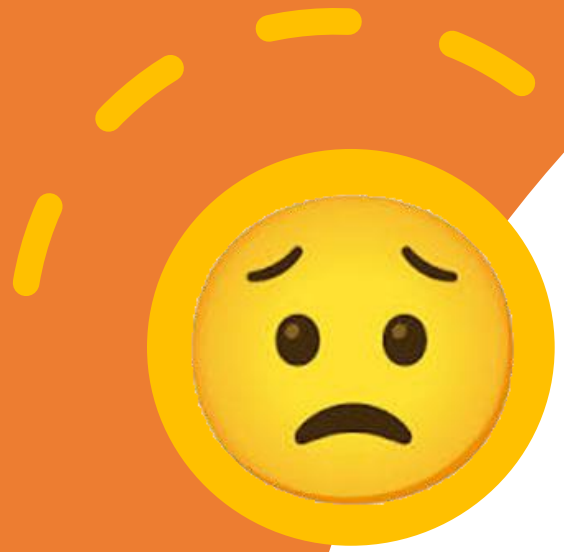
TRANSFORMATIVE — **A relational role** – increasing the skills of the counsellor and ensuring that standards are maintained to enhance professional practice

Green, J (2010) *Creating the Therapeutic Relationship in Counselling & Psychotherapy*

THE BALANCED SUPERVISOR

Too little encouragement	**supervisee becomes demoralised, uncertain, lacking confidence**
Too much encouragement	**avoidance of issues, collusion**
Too little challenge leads to	**complacency, potential bad practice**
Too much challenge leads to	**anxiety, danger of 'hiding', lack of focus on the client**





Adverse Idealising Transference (AIT)

ADVERSE IDEALISING TRANSFERENCE (AIT)

When the initial (quite common) idealisation of the therapist does not fade, but intensifies

Common feelings the clients describe:

- believing that a 'real' relationship with the therapist would result in deep contentment
- feeling that other aspects of life are less important including relationships with friends, a partner or children
- feeling that the problems that brought the person into therapy in the first place are no longer important
- feeling panic or depression at the thought of the therapy ending

"Transference, Love and Harm", Therapy Today, September 2016: Volume 27, Issue 7. Dawn Devereux, Clinic for Boundaries Studies (CfBS)

THERAPIST ACTIONS THAT CONTRIBUTE TO AIT

- Encouraging contact from the client between sessions
- Revealing real feelings for the client
- Discussing details of the therapist's private life (especially unsatisfactory ones)
- Making it clear that the client is 'special' and is being treated differently from other clients
- Implying they are 'soulmates'
- Offering real love and care and becoming over-involved in the practicalities of the client's life
- Hinting at a potential 'real' relationship in the future
- Refusing the address the issues of transference appropriately

PETE : MISREAD SIGNALS

Your supervisee, Pete (42), calls you one evening and asks if he can discuss something urgent with you. You agree. Pete has been working with a client, Edna, who is a 38 year-old teacher, currently off work with stress. The sessions have been going well, and you have felt confident that Pete is doing a good job and is a 'safe pair of hands'.
Pete tells you he is "panicking". Edna had just shared with him in her session this afternoon that she knew he was becoming 'involved' with her, and wanted him to know that she felt the same. Shocked, Pete asked whatever had given her that impression.

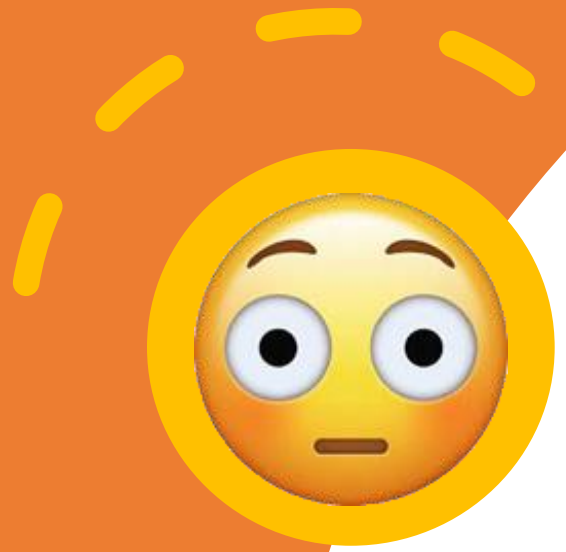
Her reply was: *"It's the way you hold eye contact with me. I have read up about it, and I know it means you're interested when you hold my gaze longer than 3 or 4 seconds. You're doing it more and more, and I can tell you like me."*
Pete is divorced. He has no current relationships and certainly has no feelings such as Edna suggests. He told her they would discuss it at their next session, but he has no idea how to handle it.

- What will your advice be to Pete?
- What are the issues?

GROUP DISCUSSION

SHARE YOUR THOUGHTS AND EXPERIENCES ON ADVERSE IDEALISING TRANSFERENCE

CONCLUSIONS, QUESTIONS AND COMMENTS



Moral and Ethical Considerations

SORTING OURSELVES OUT FIRST

"We need to have sufficiently resolved our own issues not to have to keep parts of ourselves out of our interactions with clients, or shut aspects of ourselves down because we cannot bear to have them restimulated by the client's material..."

The Therapeutic Use of Self, Val Wosket (1999)

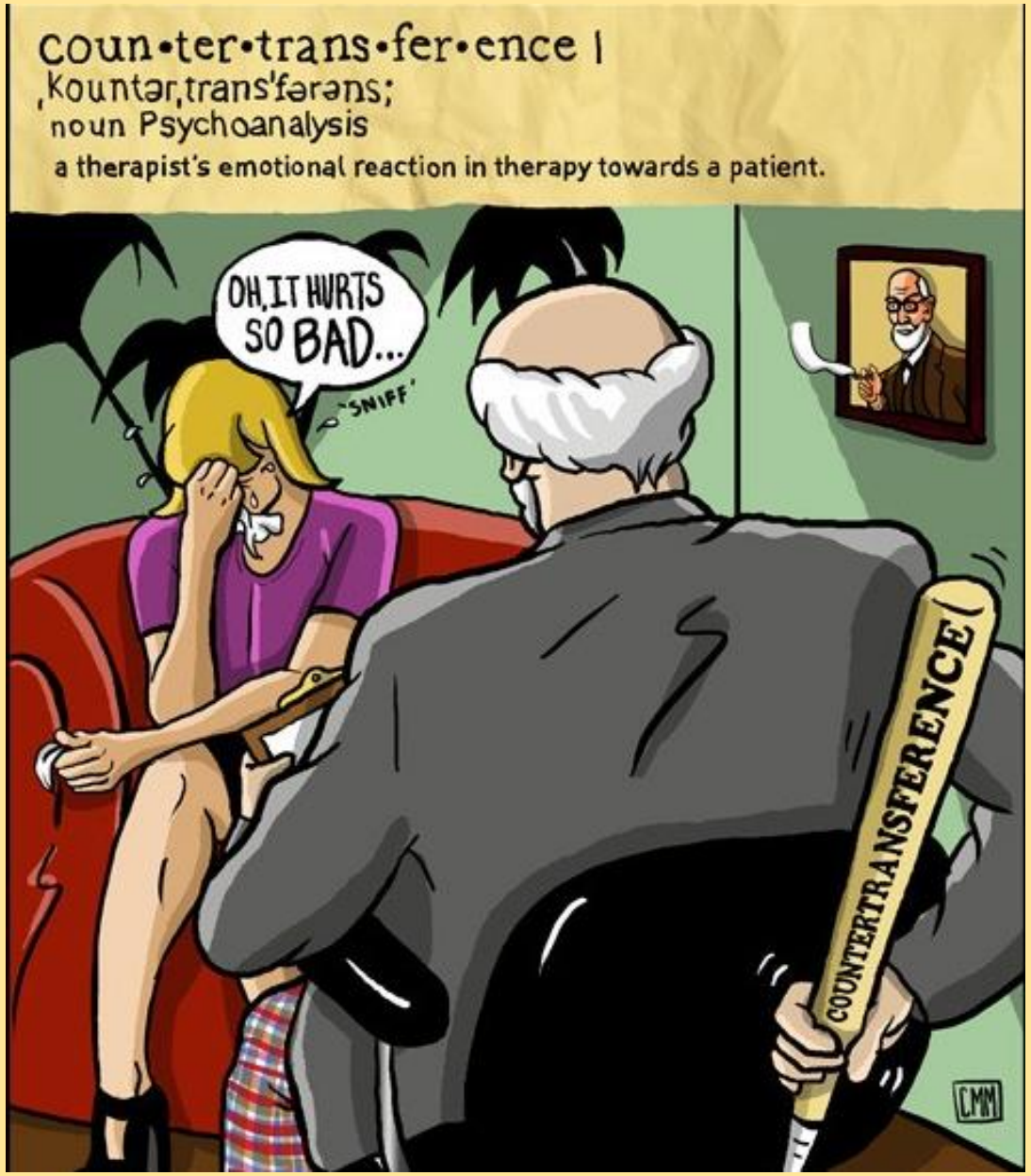
me too.

What is a trigger?

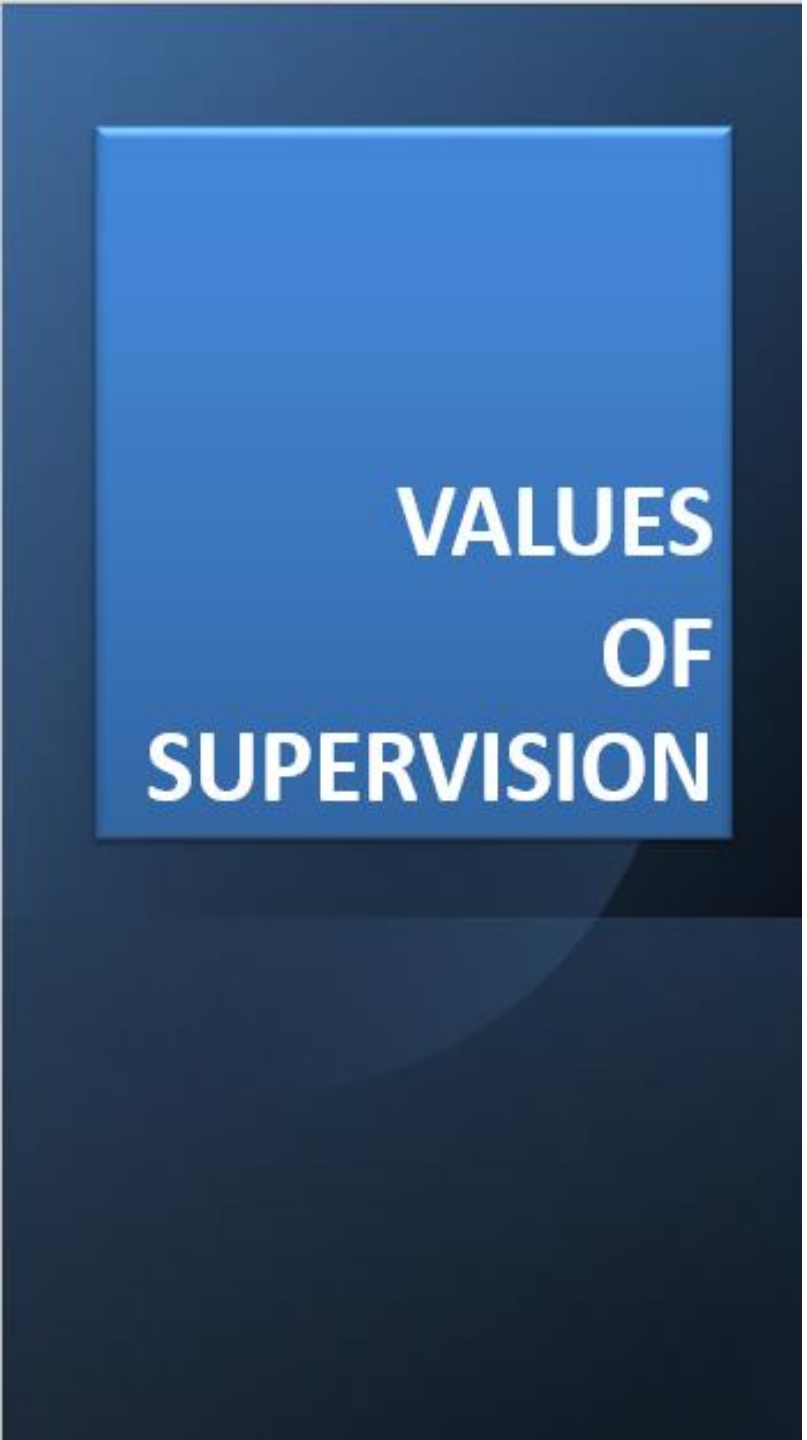
A "trigger" is a trauma reminder.
It can be a feeling, smell, place, topic, or anything that engages our nervous system and causes a survival response. It is a surprise emotion, a memory that our body holds, one that may feel like it comes out of nowhere....

- Andrea Glik, LMSW

SUPERVISORS AND COUNSELLORS!

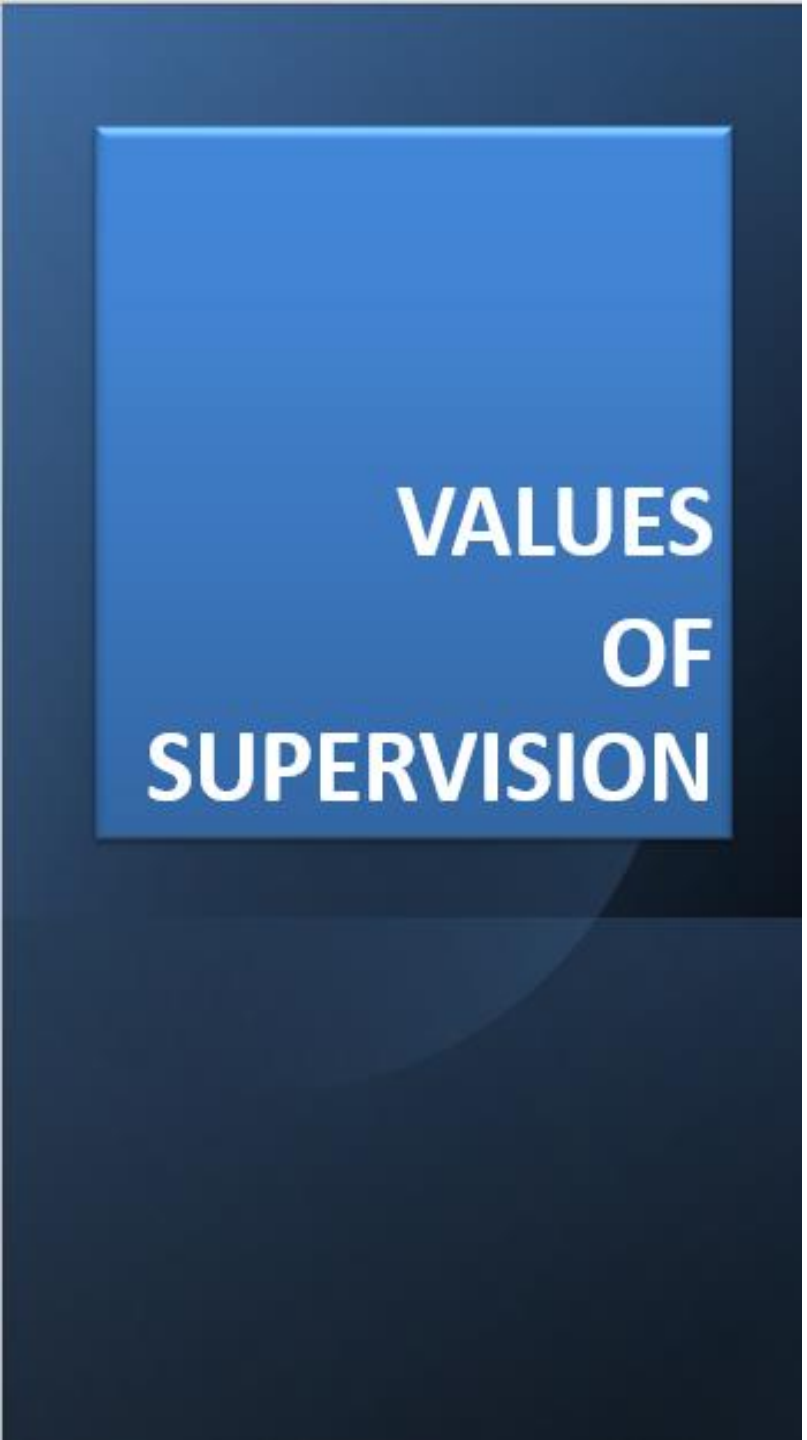


THE IMPORTANCE OF SUPERVISION FOR SUPERVISION



Moral

Fidelity	*being faithful to promises made*
Reparation	*making recompense for a wrongful act*
Gratitude	*making payment for what has been received from others*
Justice	*offering fair and impartial treatment*
Beneficence	*working to the benefit of others*
Self-improvement	*work to the benefit of self*
Non-malevolence	*do no harm to others*



Ethical

Fidelity — *Ground rules – stick to the agreed contract and don't make unnecessary changes; keep appropriate Boundaries within the supervisory relationship; keep confidentiality.*

Justice — *Be fair in practice and respectful in relationship, avoiding abuse, discrimination or collusion*

Beneficence — *Is the supervisee (still) benefiting from Supervision, and is the client (still) benefiting from the counselling?*

Non-malevolence — *Is the supervisee fit to practice in terms of skill, knowledge, experience, emotional stability? (At least do no harm!)*

Autonomy — *Working towards the person being able to exercise maximum choice in their situation.*

Decision making for ethical practice

bacp counselling changes lives

Stop, think, identify the situation or problem

Construct a description of the situation

Consider whose ethical issue or challenge it is?

Review the situation in terms of the BACP Ethical Framework for Counselling Professions

Identify an ethical goal

Identify what support is available

Reflect upon the relational processes that have played out in the situation

Consider principles and values of relevance to the issue

Consider possible courses of action to achieve the ethical goal

Implement the chosen course of action

Evaluate the outcome

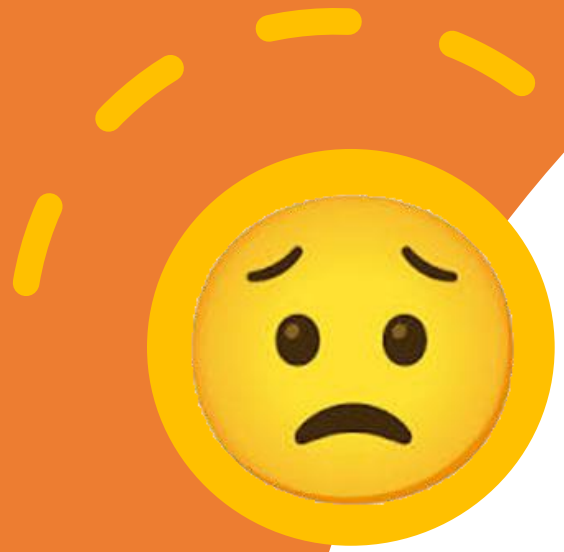
Check for personal impact

ETHICAL DECISIONS

"Ethical decisions that are strongly supported by one or more of these principles without any contradiction from others may be regarded as reasonably well founded. However, practitioners will encounter circumstances in which it is impossible to reconcile all the applicable principles and choosing between principles may be required.

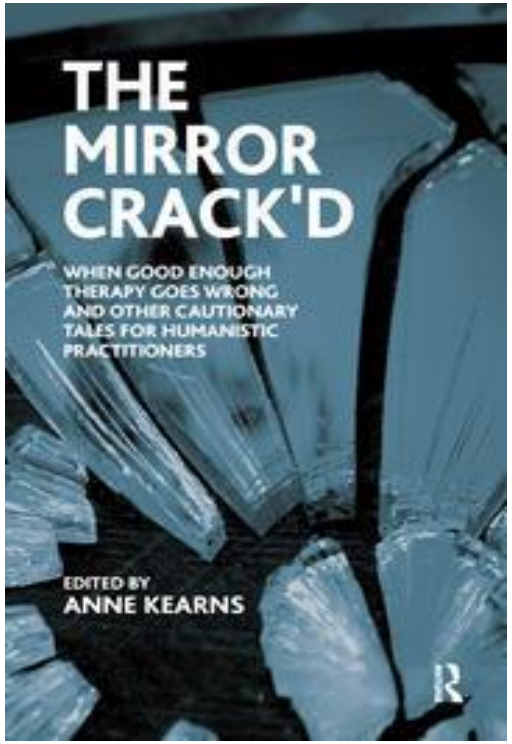
A decision or course of action does not necessarily become unethical merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner's obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for decisions made."

BACP



When good enough therapy goes wrong

SOURCES & ACKNOWLEDGEMENTS



Psychotherapy and Counselling Union

PCU

Standing up for Therapists and Therapy

admin@pcunion.org.uk

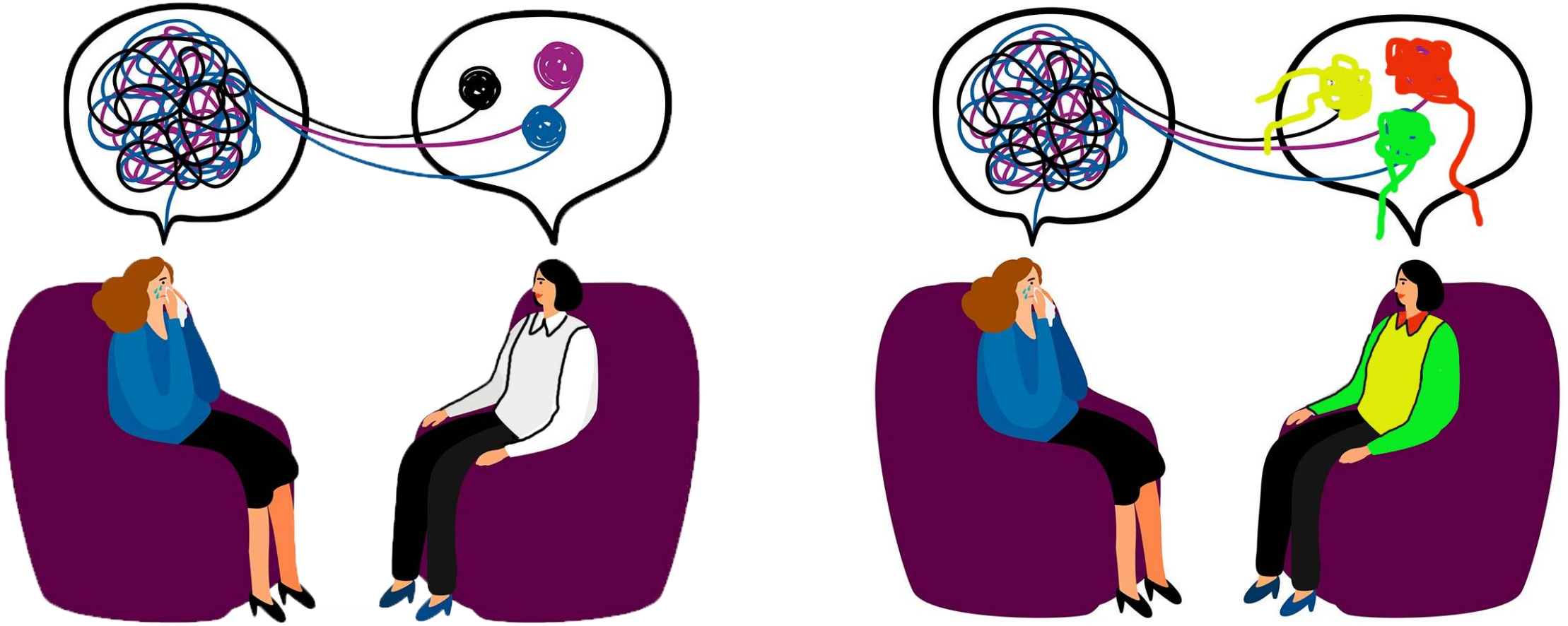
Brighton Therapy Partnership

Training and CPD for Therapists

Dr Philip Cox's article following Dr Phil Mollon's seminar, "*When Psychotherapy is Harmful...*" in June, 2017

WHAT IS ‘HARMFUL’ THERAPY?

“A negative effect that must be relatively lasting, which excludes from consideration transient effects such as in-session anxiety, between-session sadness, and must be directly attributable to the therapeutic experience or intervention.”



Strupp, H. H., & Hadley, S. W. (1977). A tripartite model of mental health and therapeutic outcomes: With special reference to negative effects in psychotherapy. *American Psychologist, 32*(3), 187–196. https://doi.org/10.1037/0003-066X.32.3.187

THERAPISTS MAKE THE MOST COMPLAINTS!

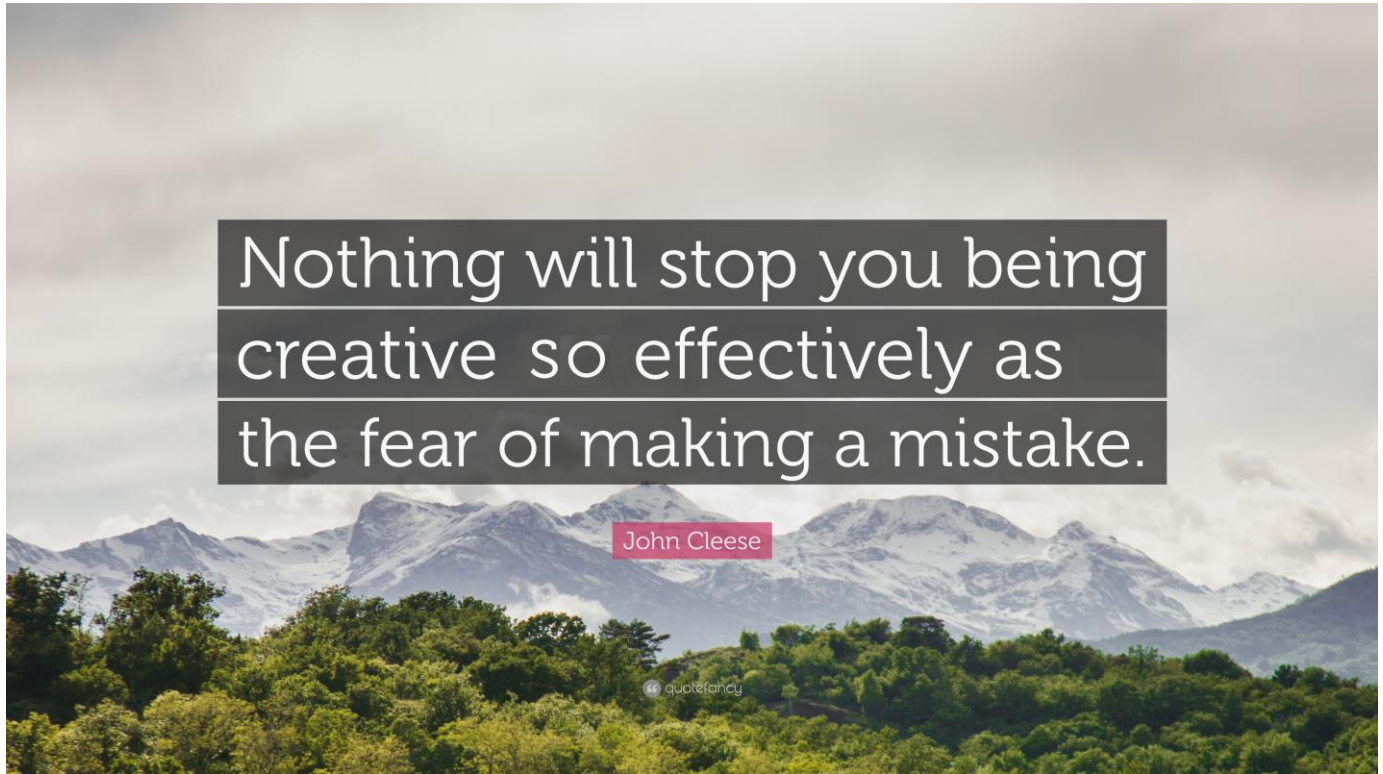
- 10% of the general population receiving therapy report it as harmful.
- 27-40% of therapists receiving therapy report it as harmful!
- In 2015 research showed that 71% of complaints made to BACP are made by people associated with counselling. Similar for UKCP.

"The times when the therapists were described as listening, trying to offer empathy, and structuring the session were rated as some of the most helpful and the most hindering moments… irrespective of theoretical orientation. This illustrates the delicate balance that therapists must find while conducting therapy…. It seems that a high level of therapist attunement is needed."

Fridrun Williams, Adrian Coyle, Evanthia Lyons, "How counselling psychologists view their personal therapy"
British Journal of Medical Psychology, 14 February 2011

NAMING AND SHAMING
NAMED…SHAMED…STRUCK OFF

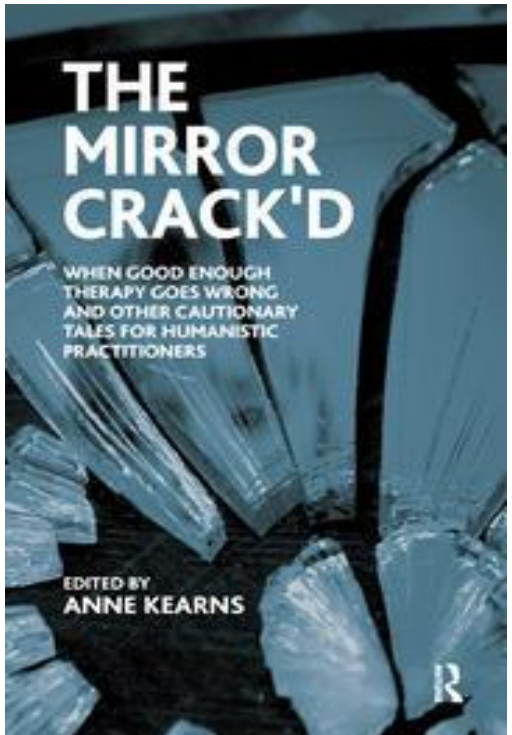
"Professionals spoke of their day-to-day struggle to balance their concerns around a perceived right way to practise therapy, versus a perceived wrong way to practise therapy. A key tension was the participants' fear of being publicly held to account for their choices in a profession that all acknowledged is inherent with risks. In short, they said the more scared they become, the less creative they are…"



WHEN GOOD ENOUGH THERAPY GOES WRONG
- COMPLAINTS -

Two types of complainant:

- The client who accuses the counsellor of bad practice and wants to be heard – they want the wrong put right. They may ask for an apology from the therapist, or an acknowledgement that they made a mistake.
- The client who wants the therapist to be punished or 'struck off', and/or some kind of compensation.



"I became particularly interested in the kind of client who uses the therapeutic relationship to seek 'revenge' on a figure from the past. Colleagues who have been complained against reported that they felt their lives were being 'poisoned' or 'destroyed'; they also believed that they were not the 'intended victim' but, rather, felt as though they were copping what belonged to an earlier significant other, usually mother."

COMPLAINTS

“Even if they haven’t done anything wrong, the process of public exposure of a private relationship raises anxiety in the practitioner, that an outsider will never really be able to understand what happened to lead up to the complaint being made.

In my discussion with psychotherapists and counsellors who have been involved in lengthy complaints all reported feeling as though the client wants to destroy them and at the same time to never let them go.”

CAN A SUPERVISOR BE HELD ACCOUNTABLE?

THIRD PARTY LIABILITY

- This can apply where A does something to B, which affects C (the third party).
- In counselling terms, this would relate to a supervisor (A) providing negligent supervision, *eg* by encouraging his or her supervisee (B), to apply potentially dangerous therapy to the latter's client (C), which then causes the client physical, emotional, or financial harm.
- Client C then seeks to sue Supervisor A for professional negligence to the client as a third party.

DUTY OF CARE

- Duty of care has both an *ethical* and a *legal* meaning.
- In *ethical* terms, a supervisor has a clear duty of care to the supervisee's client, in order to avoid, or minimise, harm to the client, by intervening if necessary.
- In terms of negligence law, unlike some situations in the US, a supervisor in the UK does not currently have a legal liability, or a duty of care, to the supervisee's *client*.

One major review of the law concludes that "…the current law on third party liability is unstructured, unprincipled and incoherent". The law might change to incorporate the principle of supervisor liability to clients, although this is not inevitable.

https://www.contemporarypsychotherapy.org/volume-8-issue-2-winter-2016/chestnuts-roasting-on-an-open-fire-supervisor-liability-revisited/

GROUP SESSION

SHARE YOUR OWN FEELINGS AND EXPERIENCE AROUND THE AREA OF COMPLAINTS

CONCLUSIONS, QUESTIONS AND COMMENTS

TAKING CARE OF OURSELVES

HAVE GOOD SUPERVISION FOR SUPERVISION

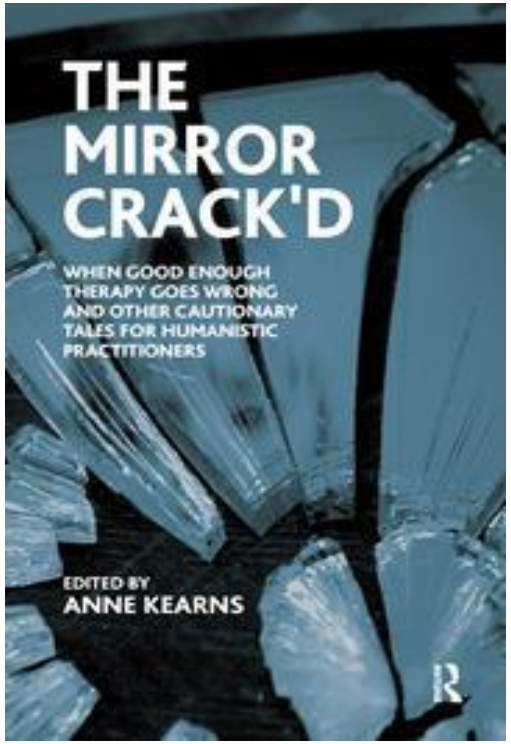
YOU DON'T HAVE TO KNOW EVERYTHING!

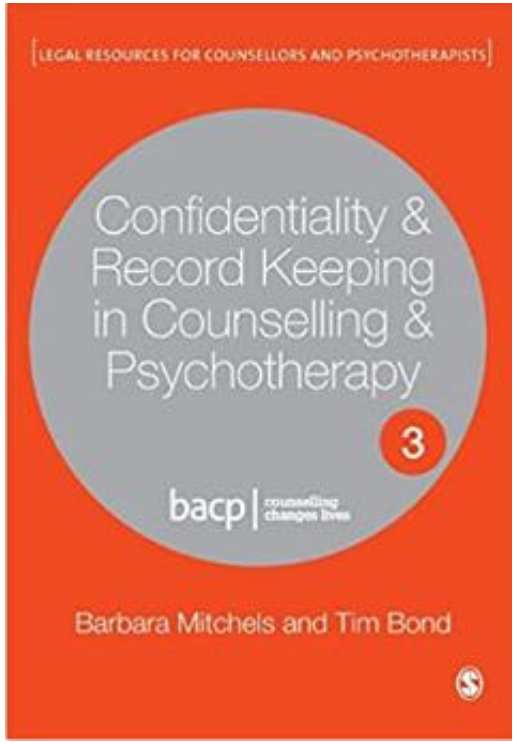
DON'T TAKE ON TOO MANY SUPERVISEES

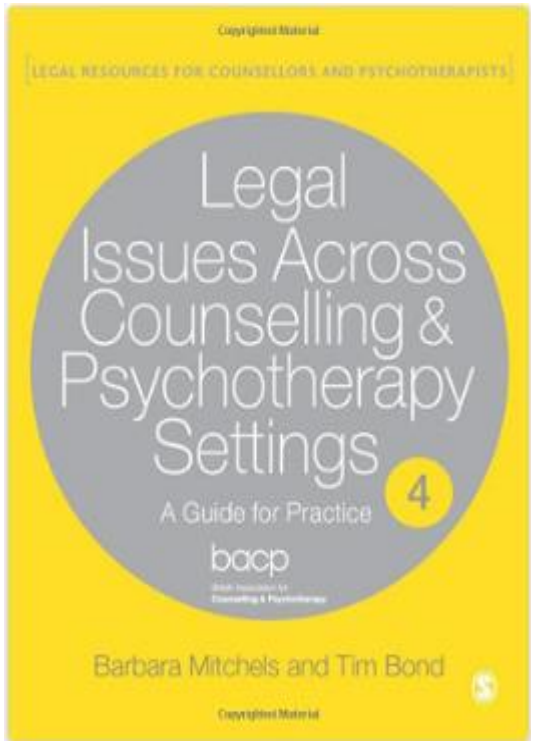
BEWARE TOO MUCH TRAUMA WORK

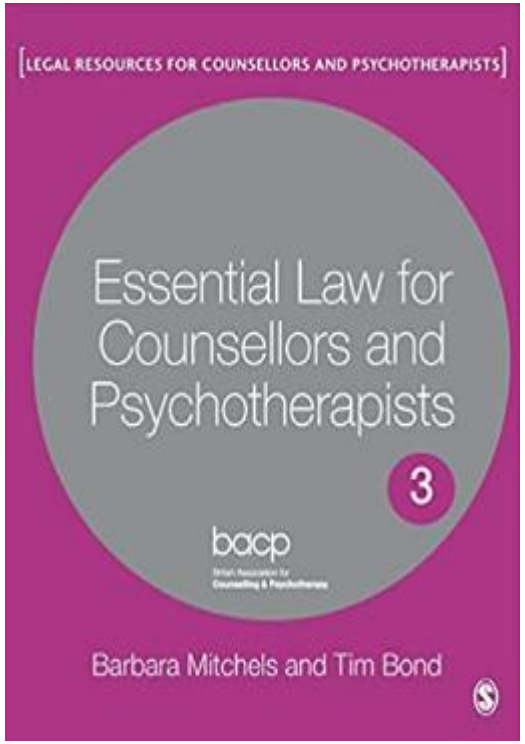
GET SPECIALIST INPUT WHEN NEEDED

MAINTAIN A GOOD WORK / LIFE BALANCE









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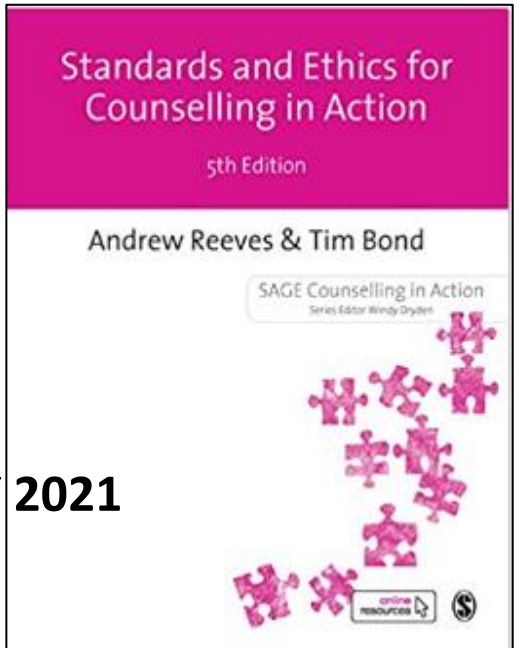

MAY 2021

GROUP SESSION

TIME TO SAY GOODBYE AND
STAY CONNECTED IF YOU WISH


Resources

Erikson's Life Stages

Wheel of Life

Working with Animal Figures Online Pack

Therapeutic Sandscapes™ Online Pack

Instant Online Training Videos from Deep Release

Buy 2 get 1 free on all videos – discount automatically applied at checkout

Disordered Eating and Attachment – Training Video

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Working Creatively with Dreams – Training Video

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Working Creatively with Aspects of Self – Training Video

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Mending Broken Relationships – Training Video

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Using TA Creatively in Counselling – Training Video

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3 videos for the price of 2!

Working Creatively with the Inner Child in Counselling Training Video

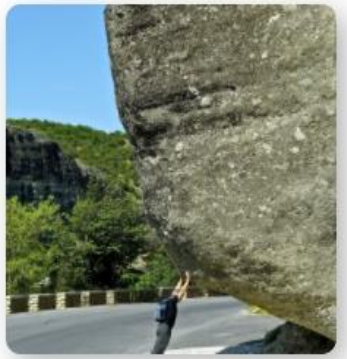
£30.00

Working Creatively with Blocked Anger – Training Video

£30.00

Working Creatively with Nesting Dolls in Counselling – Training Video

£30.00



Working with Gestalt in the Counselling Room – Training Video

£30.00

Attachment Behaviour in the Counselling Room – Training Video

£30.00

Narcissism and Echoism – Training Video

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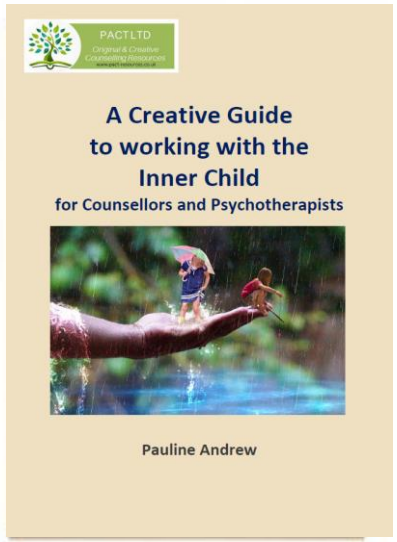
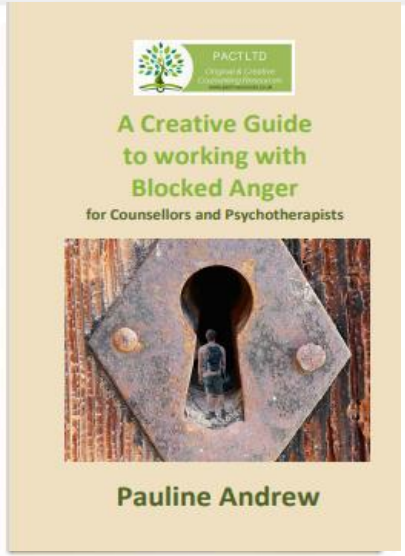
Working with Loss and Grief – Training Video

£30.00



A Creative Guide to Working with the Inner Child

£11.50



A Creative Guide to Working with Blocked Anger

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