# Self-Disclosure and Boundaries in the Supervisory Relationship

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## I have no conflicts of interest to disclose

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#### **Ethics and the Supervisory Relationship**

- Ethics Basics: The Regulatory Environment
- The Ethics Code of Your Profession
- Relevant Laws and Regulations
- Site-Specific Policies
- The Role of Ethics in the Supervisory Relationship
- The Conduct of the Supervisory Relationship
- Clinical Supervisor as Professional Role Model

#### **Ethical Conduct: The Underlying Virtues**

- **Beneficience:** the obligation to do good and help others in all psychologists' interactions with them.
- **Nonmalfeasence:** the need to avoid doing harm and to minimize all risks for exploitation and harm to others.
- **Fidelity:** one's obligations to others, both explicit such as through informed consent agreements and implicit such as the general expectations clients and others have of psychologists.
- **Autonomy:** the obligation to promote others' independence of psychologists and to not act in ways that will increase their dependence on psychologists.

## The Underlying Virtues (cont.)

- **Justice:** the obligation to treat others justly; that is, equally and fairly, both in terms of the quality of services provided and in providing all individuals with equal access to high quality care.
- **Self-Care:** the need to pay adequate attention to, and take adequate care of, oneself so that the psychologist will be able to adequately implement the preceding five virtues.

#### **Applying the Virtues to Ethical Decision Making**

- Questions to ask yourself:
- If I engage in this behavior will it be helpful to my supervisee and to his or her clients?
- If I act in this way will be increase the likelihood of exploitation to, or harm of, my supervisee or his or her clients?
- Is engaging in this behavior consistent with my obligations to my supervisee and to his or her clients?

#### Applying the Virtues (cont.)

- Will this action promote my supervisee's autonomous functioning over time or will it be likely to promote his or her increased dependence on me over time?
- Is treating my supervisee this way consistent with how I treat other supervisees and with how he or she would be treated by other supervisees? Am I singling out this supervisee for special or different treatment (positively or negatively)?
- Am I attending to my own self-care and psychological wellness sufficiently so that my own competence is not jeopardized?

## Supervisor as Trainer and Role Model

- What is Supervision?
- What are Supervisors' Obligations?
- Supervisor as Educator and Trainer
- Supervisor as Gate Keeper for the Profession
- Supervisor as Role Model
- The need for competence, informed consent, clinical excellence, and timely feedback.
- The need for objectivity and unimpaired judgment

## **Qualities of Effective Supervisors**

- Effective supervisors provide a caring, trusting, and collaborative relationship with the supervisee (Ladany, Ellis, & Friedlander, 1999; Wulf & Nelson, 2000).
- They demonstrate respect toward and support of supervisees (Watkins, 1995).
- They provide constructive feedback given in a nonjudgmental and unthreatening manner (Martino, 2001).
- They display approachability and receptivity to supervisees' ideas and opinions (Henderson et al., 1999).

## Effective Supervisors (cont.)

- Effective supervisors "create a safe environment in which supervisees can openly discuss their work, address insecurities and concerns they experience, and have the freedom to experiment or try new strategies and techniques" (Barnett et al., 2007, p. 269).
- They are clinically competent and experienced, flexible, and possessing good relationship skills (Lowry, 2001).
- They focus on ethics issues and behaving ethically as essential supervisor characteristics (Martino, 2001).

#### **Boundaries**

- What they are
- Why we have them
- The ground rules of the professional relationship. Applicable to all professional relationships.
- Help prevent exploitation and harm.
- Level the playing field.
- Provide guidance for ambiguous situations.

## **Types of Boundaries**

- Touch
- Self-Disclosure
- Location
- Time
- Space
- Gifts

## How Boundaries May Be Addressed

Avoiding or Respecting a Boundary

Crossing a Boundary

Violating a Boundary

## **Avoiding or Respecting Boundaries**

- Reasons for Doing So
- Examples
- Appropriate vs. Inappropriate
- The Role of Culture and other Diversity Factors (culture, gender, age, others)

#### **Crossing Boundaries**

- Crossing vs. Violating
- Clinically Relevant and Appropriate (consider their history, the power differential present, and the potential for exploitation and harm)
- Relevant to the Supervisee's (or Client's) Training (or Treatment) Needs and Consistent with Initial Informed Consent Agreement
- Consistent with Prevailing Professional Standards
- Motivated by the Supervisee's (or Client's) Best Interests and Needs
- Not Motivated by the Supervisor's Personal Needs or Interests

## **Boundary Crossings (cont.)**

- How the Action or Behavior is Intended
- How the Action or Behavior is Perceived or Received
- What will its Likely Impact be on the Supervisee (or Client)?
- How Would Colleagues View this Behavior?
- Has the Action or Behavior Been Documented in the Clinical Record?
- Is there a Desire to Keep it a Secret?

## **Boundary Violations**

- Not Consistent with Prevailing Professional Standards
- Likely to be Harmful to the Supervisee (or Client)
- Motivated by the Supervisor's Needs and Interests
- Not Welcomed by the Supervisee (or Client)
- Not Consistent with the Supervisee's Training Needs or the Client's Clinical Needs and History
- Unethical Even if Welcomed by the Supervisee (or Client) and even if Solicited or Encouraged by Them

## **Decision Making: Factors to Consider**

- The Supervisory (or Treatment) Agreement
- The Supervisor's Theoretical Orientation
- Cultural and other Diversity Factors
- The Supervisee's Personal History, Vulnerability, and Needs
- Relevance to Ongoing Professional Development
- Supervision vs. Psychotherapy

## Decision Making: Additional Questions to Ask Yourself

- What motivations might be perceived or inferred by others?
- Does the behavior represent a move toward a permanent (as opposed to temporary) realignment of the roles between you and your supervisee?
- What options and alternatives exist for achieving the desired outcome or objective?
- If a boundary is to be crossed how can it be done in the most respectful and therapeutic, and least intrusive manner possible?

## **Additional Questions to Consider**

- Even if the boundary incursion to be considered is requested, solicited, or encouraged by the supervisee, have I considered his or her needs and best interests?
- Have I considered the immediate and long term consequences of the proposed action?
- When unsure of how a supervisee will react to or be impacted by a boundary incursion have I discussed it with him or her in advance and asked about their comfort with it (although we're still responsible to exercise good judgment).

#### The Role of the Virtues in Decision Making

• Ask your self specific questions based on each of the six underlying ethics virtues.

 Review your responses with a trusted colleague or supervisor.

#### When Unsure...

- Consult with a trusted and experienced colleague who will provide you with honest feedback.
- Making decisions in isolation when unsure about the possible effects of a proposed action is poor practice.
- Be honest about your personal needs, interests, and motivations.

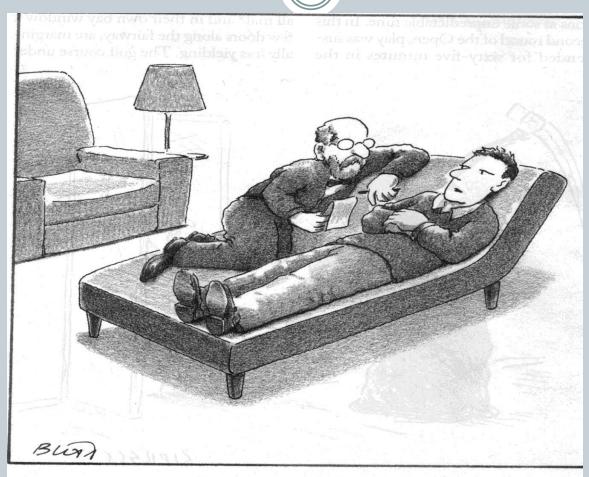
#### **Issues to Consider Before Taking Action**

- **How the action is intended**. Is the action in question being done to gratify the supervisor's needs? Is it being done with the supervisee's best interests in mind?
- **How the action is received**: Does the supervisee find the action in question offensive? Is the supervisee comfortable with this action?
- **Relevance to supervision**. Is the action in question relevant to the agreed upon supervision plan? Is the action consistent with the supervisee's training needs based on the supervisee's personal characteristics and history, underlying dynamics, and level of training?
- **Professional standards.** Is the action in question consistent with prevailing professional standards to include your profession's ethics code, state laws and regulations, and professional practice standards?
- **Impact on the supervisee.** What is the impact of the action on the supervisee's wellbeing and functioning?

## **Boundary Crossings vs. Violations**

- Examples of Avoiding, Crossing, and Violating
- Touch
- Location
- Space
- Time
- Gifts
- Self-Disclosure

#### The Boundary of Space: Crossing or Violation?



"Well, right now I'm feeling a little uncomfortable."

## The Slippery Slope

- A Historical Overview
- Boundaries, Nonsexual Multiple Relationships
- Sexual Multiple Relationships
- Appropriate vs. Inappropriate Multiple Relationships
- Incidental Contacts vs. Multiple Relationships

## **Supervision?**



"On the bright side, ever since the layoff and my divorce it's been much easier to balance work and family."

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## Is There a Slippery Slope?

- Implications for the Supervisory Relationship
- Addressing Personal Feelings in the Psychotherapy Relationship and in the Supervisory Relationship
- Open Discussion and the Safe Holding Environment
- What Ethics Codes Have to Say about Boundaries and Multiple Relationships

## **Supervisory Roles and Relationships**

- Clinical Supervision
- Teaching
- Mentoring
- Acculturation into the Profession
- Addressing Personal Issues that Impact Professional
- Work-Family Balance/Time Management
- Promoting Self-care and Psychological Wellness
- Career Planning

#### The APA Ethics Code

- Principle A: Beneficence and Nonmaleficence "...Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence."
- Principle B: Fidelity and Responsibility –
   Psychologists establish relationships of trust with those with whom they work.

#### **APA Ethics Code** (cont.)

- Standard 2. Competence
- Standard 2.05 Delegation of Work to Others
- Standard 2.06 Personal Problems and Conflicts
- Standard 3.04 Avoiding Harm
- Standard 3.05 Multiple Relationships
- Standard 3.06 Conflict of Interest
- Standard 3.08 Exploitative Relationships
- Standard 3.10 Informed Consent
- Standard 7.07 Sexual Relationships With Students and Supervisees

#### The NASW Ethics Code

#### • 3.01 Supervision and Consultation

- (a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.
- (b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.
- (c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.
- (d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

#### NASW Code of Ethics (cont.)

#### 2.07 Sexual Relationships

- (a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.
- (b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

## NASW Code of Ethics (cont.)

#### • 1.10 Physical Contact

• Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

#### 1.04 Competence

- a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
- (b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

#### The ACA Code of Ethics

- Section F: Supervision, Training, and Teaching
- F.3.a. Relationship Boundaries With
- Supervisees
- Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees.

If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

#### F.3.b. Sexual Relationships

• Sexual or romantic interactions or relationships with current supervisees

are prohibited.

#### **ACA Code of Ethics (cont.)**

- F.3.d. Close Relatives and Friends
- Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.
- F.3.e. Potentially Beneficial Relationships
- Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

## Self-Disclosure: Beyond the Basics

Types of Self-Disclosure:

Inadvertent

Is there really a blank slate?

On being a real person

Intentional

For training purposes

To promote professional development

#### **More on Self-Disclosure**

- Deliberate (can be verbal or non-verbal) self-revealing: personal information self-involving: personal reactions
- Unavoidable or Inadvertent
- Accidental (e.g., unplanned encounters outside the office)
- Supervisee initiated (e.g., seeking information from others, conducting web searches, etc.)

#### Freud's Office



Edmund Engleman

#### **Potential Benefits**

- Use of self-disclosure as a training tool
- Normalizing supervisee reactions, insecurities, and difficulties
- Providing emotional support
- Assisting the supervisee to acclimate to the profession
- Promoting psychological wellness and balance
- Others?

#### **Factors to Consider**

- Motivations
- Whose needs are being met
- Determining when relevant to the supervisee's training, professional growth, and development
- The role of theoretical orientation
- The role of context and setting
- Having realistic expectations and striking a balance
- Training tool or a step onto the slippery slope?

## **Something Else to Consider**

- Self-Disclosure by the supervisee
- Encouraging vs. discouraging this
- The boundary between supervision and psychotherapy
- Searching for information about the supervisee

#### **Discussion**

- How do you utilize various forms of self-disclosure in supervision?
- What positive effects and benefits form it have you found?
- What challenges and dilemmas have you encountered?
- How have you addressed them?

#### **Self-Disclosure Resources**

- Barnett, J. E. (1998). Should psychotherapists self-disclose? Clinical and ethical considerations. In L. VandeCreek, S. Knapp, & T. Jackson (Eds.), *Innovations in clinical practice: A source book* (Vol. 16, pp. 419–428). Sarasota, FL: Professional Resource Exchange.
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