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ONLINE CONTINUING EDUCATION FOR THE LIFE OF YOUR CAREER

Supervision of Supervisees in an Ethical Manner

Wren Newman, SLP.D, CCC-SLP

Moderated by:

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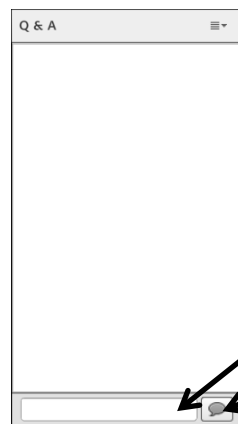
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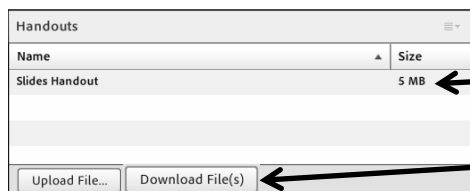
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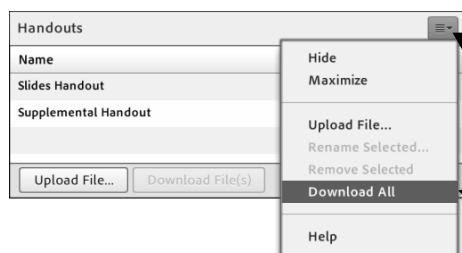


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Supervision of Supervisees in an Ethical Manner

Wren S. Newman, SLP.D., CCC-SLP

continued

Learning Outcomes

After this course, participants will be able to:

- Learning Outcome 1 - Describe a strategy for assuring confidentiality relative to supervisees' clinical strengths and areas of weakness.
- Learning Outcome 2 - Provide a rationale for why a dual relationship could be detrimental to the supervisee (and possibly the supervisor)
- Learning Outcome 3 - Describe the power differential between the supervisor and the supervisee.

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Bit of a review of ethics as pertains to clients.....

- SLPs are responsible for ethical behavior applicable to clients based on the ASHA Code of Ethics and state licensure requirements
- Client confidentiality
 - HIPAA, FERPA
- Providing service in areas in which the SLP has experience
- SLP does not guarantee results
- SLP makes appropriate referrals

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ASHA Code of Ethics (2016)

ASHA's Code of Ethics (2016) provides several rules which pertain to supervisor/supervisee and the supervisory process:

Principle of Ethics I, Rule D -

Individuals **shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision**, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

Principle of Ethics I, Rule G -

Individuals who hold the Certificate of Clinical Competence may delegate to **students** tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession **only if those students are adequately prepared and are appropriately supervised**. The responsibility for the welfare of those being served remains with the certified individual.

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And....

Principle of Ethics IV, Rule H -

Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) **over whom they exercise professional authority or power**, including persons receiving services, assistants, **students**, or research participants.

Principle of Ethics IV, Rule L -

Individuals shall not discriminate in their relationships with colleagues, assistants, **students, support personnel**, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

Principle of Ethics V, Rule G -

Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

Principle of Ethics V, Rule I -

Individuals shall not knowingly allow **anyone under their supervision** to engage in any practice that violates the Code of Ethics.

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NYS.ED.gov – Practice Guidelines and Ethics Considerations

- **Speech-language pathologists and audiologists will refrain from:**

- **Ethics Considerations**

- Failing to provide necessary supervision when supervision is indicated

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Supervisees with Disabilities...

- University placement coordinator should speak with the supervisee relative to placement accommodations needed prior to making off-site arrangements.
- Supervisors (on-site and off-site) should be prepared to work with supervisees with disabilities.
- Supervisors need to be aware of ethical and legal standards to assure that an accessible environment and equal opportunity learning experience is provided.
- Supervisors should not ask questions about applicants' disabilities unless the questions relate to performing core job requirements.
- Andrews et al. (2013)

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continued

Ethically.....

- Supervisors may ask whether or not accommodations are required.
- Consider speaking with the supervisee as to how to address client/family reactions to disability in a way that is appropriate and comfortable for the supervisee (how would the supervisee explain the disability to a client/family).
- The goal of all of this is to provide an inclusive situation for the supervisee.

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Have you worked with a student with a disability?

- How did you approach the situation?
- Would you approach the situation differently if you were to work with a supervisee with a disability again and how would you change your approach?
- *Neal-Boylan et al. (2012) found it is more likely for a disabled student to underuse accommodations so as to be perceived as competent and independent*

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continued

Confidentiality as it pertains to your supervisee....

Supervisee feedback should be between you and your supervisee and should not be discussed with others.

Feedback shouldn't be given in front of clients – suggestions can be provided, but not in a corrective manner.

Student performance should not be discussed with other supervisors in a public areas (hallway, lunchroom).

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continued

Positive/Corrective/Constructive Feedback

- Supervisee may be “embarrassed” by positive feedback (friend is experiencing difficulty and the supervisee who is successful may feel embarrassed with his/her success).
- Corrective/constructive feedback is important but may not be appropriate during a session or even during a walk down the hallway.

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Video example of “no no”

- <http://vimeo.com/11173833>

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Case example....

- A supervisee is working in a private practice and it is her first experience with adults. The supervisee is walking by the lunchroom and hears her supervisor say “my student is really nice to work with but her interactions with patients are kind of cool, she doesn’t have a warmth about her that I’ve seen with other students.”
- What SHOULD happen here if the supervisee talks to her supervisor about this situation?

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Think about what you can do...

- To assure your supervisee is provided with feedback in a confidential manner....
- What might that look like?

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Dual relationships

- Challenge is to remember your primary (preferably ONLY) relationship SHOULD be supervisor – supervisee.
- It is optimal to avoid personal relationships that can impact the supervisory relationship.
- A clinical fellowship supervisor should not be related in any manner to the clinical fellow (<https://www.asha.org/certification/CFSupervisors.htm>)

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Different “dual” relationships....

- A supervisee babysits for your children.
- A supervisee checks on your house while you are traveling.
- A supervisee meets your son, they date and, the supervisee breaks up with your son.
- A supervisee is struggling significantly in her clinical experience in the small university clinic where you work. You are one of her supervisors, she is a close friend's daughter.

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The results...

- In each of these situations, the outcomes can be positive or negative.
- In general, if these types of situations can be avoided, the POSSIBLE difficult outcome can be avoided.

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Power differential....

- Power differential and dual relationship are definitely related.
- Supervisee is in a position of reduced power and when “other” relationships are added, the supervisee MAY feel obligated to behave in a way they might not wish to.

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- <https://vimeo.com/11173786>

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Vicarious liability

- A reminder, as a supervisor, you are ethically and legally responsible for the individual you are supervising. Whether you are the supervisor of a graduate student, a SLPA, a CF –
 - Meet the supervisory requirements as dictated by ASHA, school district, state, Medicaid, Medicare.
 - Ethically – you need to know what is happening with each child, patient, client with whom your supervisee is working.
 - Supervisory guidelines are just that – guidelines. If you feel more supervision is needed, provide it.

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References

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