# Ethical Supervision Skills Workshop

## Handout Package

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Ethical Decision-Making Model

1. What is the ethical dilemma? Clearly articulate the professional values that are in conflict. What sections of the Code of Ethics apply to this situation?

2. What is my immediate reaction or instinct for the best way to address the ethical dilemma?

3. Who are the individuals, groups, and organizations that are potentially affected by your decision? Are there any legal implications? What are some of the cultural implications? For whom do you have the greatest responsibility?

4. How might personal biases, stresses, or self-interest influence your choices? Consider power differentials, intersectionality of privilege and oppression as it relates to the parties involved.

5. Consider whether any external or systemic issues have contributed to the problem and consider whether they can be addressed in a positive way.

6. What are the available options or choices for resolving this dilemma? For each option, analyze the short-term, ongoing, and long-term risks and benefits of each course of action. Consultation with a peer, supervisor or manager can be helpful. Go over options with client if appropriate.

7. Based on relevant ethical principles, values, and standards, choose and act on what appears to be the best decision. Document the ethical decision-making process.

8. Monitor and evaluate the impact of the decision and modify if necessary.
Supervision Contract

This contract was drawn up on (date):

Between Supervisee: and Supervisor:

Frequency / Length (circle appropriate choice)

- Supervision sessions will be held every ____ weeks/months on ______________.
- A minimum of one hour will be available. If a supervision session is missed, the Supervisor/Supervisee takes responsibility to rearrange an alternative date.

Theory/Framework

<table>
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<th>Goals of Supervision</th>
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<td>2.</td>
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<td>3.</td>
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<table>
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<tr>
<th>Skills/Competencies you would like to build</th>
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<tbody>
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<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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Follow-up Notes

Signed by: ............................................................. Date: ......................................
(Supervisee)

Signed by: .............................................................. Date: .....................................
(Supervisor)
Supervision Contract Terms

Confidentiality

• The supervisory process will be kept confidential in accordance with agency policy, professional practice standards and legal requirements.
• Supervisee accepts that case consultations may be discussed, when appropriate, with other managers or clinical consultants.
• Supervisee accepts that their supervision record will be kept in their personnel file.

Joint Responsibilities

• Be fully present, proactive and give and accept feedback positively and respectfully.
• Keep each other up to date and provide relevant information.
• Prepare for supervision, including ethical issues, concerns and problems.
• Uphold ethical guidelines and professional standards.
• Create a two-way mutual learning and collaboration process.
• Hold a safe space through mutual respect, genuineness and non-judgmental attitude.
• Acknowledging diversity and alternative ways to practice.
• Being prepared to be honest and transparent.
• Engage in continual self-reflection including personal biases, judgments, tone of voice or body language.
• Openness to giving and receiving feedback and challenging firmly held ideas and assumptions in a respectful manner.
• Holding the client at the center of intention.
• Being prepared to walk alongside your colleagues not as an ‘expert’ but as someone who is also imperfect and struggling with complexities of practice.

Conflict

• Every effort should be made to resolve any conflict, within supervision.
• In exceptional circumstances, where this cannot be achieved, either party may consult with: ________________________

Initials

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Supervisee</th>
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Sample Supervision Questions

1. Developing the Supervisory Relationship
   - What are your expectations/needs from a supervisor?
   - What is your theoretical approach?
   - What are the most important qualities you should demonstrate with a client?
   - How do you take care of yourself? How do you handle stress?
   - How do you approach conflict? Give a specific example.
   - What concerns do you have about your own safety or the safety of clients?
   - Can you describe a specific accomplishment or a proud moment?

2. Identifying Development Goals
   - What skills/techniques would you like to further develop?
   - What is your biggest concern right now and how are you addressing it?
   - Are there any concerns about your interactions with other team members?
   - How do you see my supervisory style working with your learning style?
   - Professionally, where do you see yourself in five years?

3. In response to specific issues or concerns...
   - How did you experience the situation/person/group?
   - What skills and experiences do you have related to the current situation?
   - What strengths do you bring to the relationship?
   - What personal limitations do you bring to your work?
   - How do all of these impact your role in facilitating change?
   - What concerns do you have about your own safety or the safety of clients?
   - What do you see as the areas of focus to resolve the crisis?
   - What are your limitations as a helper?
   - What barriers are you facing? Do you have any ideas about how to overcome them?

4. Check-in and Progress update
   - Describe your workload. Is it too much, too little, just right?
   - Is there a recent situation/experience that stands out?
   - Did you encounter any situations that still don’t sit right to you?
   - Tell me about an ethical dilemma you recently encountered, and how you worked through it.
   - If you had the opportunity to do things differently, what would you do?
   - What feedback has been most helpful to you? What did you learn about yourself?
   - What areas are a priority for your ongoing professional development?

5. Encouraging reflexive practice
   - How do your personal values and biases impact the therapeutic relationships?
   - How do your personal values and biases intersect with professional ethics?
   - What preconceived ideas do you have about your client’s situation (i.e., poverty, issues of privilege, race, religion)? How are these influencing your practice?
   - How do you identify and respond to power differentials in your relationship with clients (or related to a specific experience)?
   - How do culture and issues of difference impact your client’s experience and the therapeutic relationship?
   - How can you use your understanding of differences as an opportunity to facilitate change for clients and for yourself?
# Clinical Supervision Record

**Supervisee:**

**Supervisor:**

**Date:**

## Topics discussed:

<table>
<thead>
<tr>
<th>Duties &amp; expectations</th>
<th>Case planning/consultation</th>
<th>Skills Development/Growing Edge</th>
<th>Ethical Decision-making</th>
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<td>Crisis intervention</td>
<td>Risk Management</td>
<td>Theory/Practice Framework</td>
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<td>Community engagement</td>
<td>Team development</td>
<td>Inclusion/Diversity</td>
<td>Other</td>
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**Discussion Summary/Comments:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Strengths:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Challenges:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Tasks to be completed by the next supervision session or date specified:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Student Signature:** ________________________________

**Field Instructor Signature:** __________________________
Case Consultation Template

Client/Family Name: __________________________  Date: __________

Date began: ______ Date ended: ______  Number of sessions to date: __________

Presenting Problem(s):
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Parties involved & relationship to client(s):
_______________________________________________________________
_______________________________________________________________

Case Formulation/hypothesis:
_______________________________________________________________
_______________________________________________________________

Recent Interventions and Effectiveness:
_______________________________________________________________
_______________________________________________________________

Client Goal(s):
1. ________________________________________________________  □ progress made
2. ________________________________________________________  □ progress made
3. ________________________________________________________  □ progress made

Issues for supervision (include considerations of own biases/power differentials):
_______________________________________________________________
_______________________________________________________________

Summary Recommendations from Supervisor:
_______________________________________________________________
_______________________________________________________________

Action Plan
Task: __________________________________________  Date due: __________

Task: __________________________________________  Date due: __________

Task: __________________________________________  Date due: __________

Supervisee signature: __________________________  Date: __________  Supervisor Initials: _______
Creating a “Safe Space” for Supervision

Questions to promote physical, cultural and emotional safety

1. How is "safety" defined in the context of the supervisory relationship?

2. Who is responsible for creating safety?

3. Are there specific threats to the safety of this space?

4. List as many factors that you can think of that affect the safety of this space (ex. power imbalance, philosophical/cultural differences, agency culture, historical trauma, communication style, regulations/legal/reporting requirements)

5. What is my personal/role power in relation to my supervisee? What do I need to do in order to reduce power differentials and create safety?

6. What strategies are in place to encourage positive, respectful communication?

7. What would be your response if a supervisee feels unsafe?

8. What options/opportunities exist outside of the space for support?
**Intersectional Privilege Worksheet for Social Workers**

<table>
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<tr>
<th>Advantageous</th>
<th>Categories</th>
<th>Disadvantageous</th>
</tr>
</thead>
</table>
| **Positional Power** | • Seniority/credentials  
• Supervisor-supervisee  
• Worker-client |  |
| **Professional connections** | • Well-connected parents/friends  
• Groups/committees  
• professional connections |  |
| **Socio-economic status** | • Social class  
• Education/knowledge/experience  
• Employment status (ft/pt/casual) |  
Ex/middle class, educated, FT employment, 10+yr experience  
Ex/financially struggling, expensive childcare |
| **Context/Experience** | • Age  
• Life stage (marital status/parent)  
• Mental health/trauma  
• Resilience/confidence |  
Ex/married, confident, middle-age  
Ex/mother, caregiving duties, grief, no relatives in town |
| **Personal Characteristics** |  
How close are you to “mainstream” - ethnicity, skin colour, gender identity, size, facial features, ability, sexual orientation, etc. |  
Ex/white, straight, able-bodied  
Ex/female, not fit, poor eyesight |
| **More Power/Privilege** |  | **Less Power/Privilege** |

**Activity:** Brainstorm words that describe who you are in each category and write it down in the left or right column based on your perception of what gives you more advantages or disadvantages as a professional and member of society in general. Circle the words that you feel is particularly relevant to the supervisor-supervisee relationship or clinician-client relationship.
Phases of Supervision

I. Preliminary Phase: Tuning In
- Personal preparation for sessions (feelings, issues, concerns)
- Flexibility necessary to reassess needs every time;
- Responding to direct and indirect cues of self and others;
- Prioritizing needs, setting agendas.

II. Beginning Phase: Contracting
- Purpose and role of supervision; supervisor’s and supervisee responsibilities;
- Learning about organizational mission, priorities, procedures, populations;
- Authority and how power is utilized; consequences of breach of protocols;
- Questions of limits and boundaries, wiggle room/flexibility vs. clear borders;
- Perceptions of obligations, expectations, esp. re help needed and offered;
- Job descriptions, staging and sequencing of learning; others to be involved;
- Use of language: avoiding stereotypes, jargon but professional terminologies;
- Discovering and building on strengths; agreeing on areas for growth;
- Learning new skills, unlearning unhelpful old behavior or ways of working.

III. Middle Phase: Working
- Building empathic skills and relationships;
- Learning how to articulate and elaborate re client, organization, system, self;
- Improving skills in self-awareness and self-disclosure re deeper learning;
- Identifying obstacles to successful completion of tasks and processes;
- Learning how data is used to evaluate practice and inform organization;
- Reviewing theoretical knowledge as it informs practice;
- Moving from the general to the specific, and the specific to the general;
- Containment of anxiety and negative feelings in service of the client;
- Understanding the change process and the parallel process (mirroring clients);
- Challenging illusions, issues with authority, deepening the work;
- Evaluating, summarizing, identifying next steps.

IV. End Phase: Termination
- Reviewing assumptions and realities about teaching and learning;
- Reviewing progress and performance;
- Clarifying skills development and abilities;
- Clarifying processes for transitioning clients;
- Saying goodbyes and modeling healthy exits/transitions;
- Evaluations, future learning goals, and positive reinforcement;
- Celebrations and rituals to mark milestones.

Difficult Conversations: Supporting emotionally charged situations

1. If the supervisee is very worked up, use calming strategies
   - Walk and talk, model relaxed breathing, offer water/tea, etc.

2. Identify and validate the emotion
   - Help supervisee describe what they are experiencing. What are you feeling in your body? In your gut? What persistent messages are repeating in your mind?
   - Validate the emotion/behavior – given past & present circumstances

3. Get supervisee to describe only the facts
   - Describe the facts that you observed through your senses.
   - Challenge judgments, absolutes, and black-and-white descriptions.

4. Help supervisee examine different angles
   - What are other possible interpretations?
   - Help examine all sides of a situation and different points of view.
   - Test supervisee interpretations and assumptions to see if they fit the facts.

5. Identify goal in solving the problem
   - Help supervisee identify what needs to happen. Record goal(s) on paper

6. If applicable, explore threats, consequences, liability issues
   - What are possible consequences? What is the worst case scenario?
   - Brainstorm possible outcomes

7. Help develop strategies
   - Choose a solution/action plan that fits the goal(s) and is likely to work.
   - If the supervisee is unsure, do pros and cons to compare the solutions.
   - If the supervisee has no control over the situation, brainstorm grounding/coping strategies
   - Walk through/role play what the supervisee will do if the worst case happens

8. Follow-up, evaluate effectiveness of strategies used
Top 12 Self-Care Tips to Mitigate Compassion Fatigue

1. Take Stock - What’s on your plate?
   • Taking a nonjudgmental inventory of where things are at in your life
   • Make a list of all the demands on your time and energy (Work, Family, Home, Health, Volunteering, other). What stands out? What factors are contributing to making your plate too full? What would you like to change most?

2. Start a Self-Care Idea Collection
   • Pick three ideas that jump out at you and make a commitment to implement them.
   • Include “5 minutes of self-care” at each staff meeting

3. Find time for yourself every day – Rebalance your workload
   • Take self-care time when you can, and make the most of it.
   • Even small changes can make a difference in a busy helper’s life.

4. Delegate - learn to ask for help at home and at work
   • Are there things that you are willing to let go of and let others do their own way?
   • Don’t expect others to read your mind: consider holding a regular team meeting to review the workload and discuss new options.

5. Have a transition from work to home
   • Do you have a transition ritual? Ex/ 20 minute walk home through a beautiful park, 10 minute quiet period to shift gears, stay outside for an extra 10 minutes

6. Learn to say no (or yes) more often
   • Do you think you are good at setting limits? If not, this is something that needs exploring.

7. Assess your Trauma Inputs
   • There is a lot of extra trauma input outside of client work that we do not necessarily need to absorb or to hear about.
   • We can create a “trauma filter” to protect ourselves from this extraneous material.

8. Learn more about Compassion Fatigue and Vicarious Trauma
   • Learn ways to recognize the signs and symptoms of Compassion Fatigue (CF) and Vicarious Trauma (VT) and strategies to address the problem.

9. Consider Joining a Supervision/Peer Support Group
   • Organize a peer support group who meet once a month or once a week to debrief and offer support to one another.

10. Attend Workshops/Professional Training Regularly
    • Attending regular professional training is one of the best ways for helpers to stay renewed and healthy. Benefits include: connecting with peers, taking time off work, and building on your clinical skills. Identify an area of expertise that you want to hone.

11. Consider working part time (at this type of job)
    • Studies have shown that one of the best protective factors against Compassion Fatigue is to work part time or at least, to see clients on a part time basis and to have other duties the rest of the time.

12. Exercise
    • Can you think of three small ways to increase your physical activity?

Adapted from: www.compassionfatigue.ca
Scenarios for Workshop Activity

1. A client that you have known for some time is “graduating” from you service, and asks you to remain friends. Before you can give an answer, she proceeds to invite you to a family cultural celebration next weekend. Caught in the moment, you politely refuse using a prior engagement as an excuse, but the client seems to think that you are open to future invitations.

2. You witness a colleague of yours talking about a client to another worker in a very disrespectful way, making negative references to her lifestyle choices and cultural background. This upsets you tremendously, but you don’t have a direct working relationship with this colleague so you are not comfortable approaching her directly and confronting her.

3. Over the past several weeks, your supervisee Linda has had several stressful events in her personal life, and has not been handling her professional responsibilities very well. She often seems to be quite preoccupied, erratic and irritable. She was failing to answer phone calls and follow up in a timely manner, and you have received a couple of client complaints. (in this scenario, one person plays Linda, the other the supervisor)

4. While you are working with a 16 year old male client, he discloses that he is worried about his drug use (alcohol, ecstasy and crystal meth). You offer to help refer him to an adolescent day treatment program and the boy agrees to participate, but refused to let you tell his parents about his drug problem. You have the parent’s informed consent to provide your services to this client, but this does not extend to external services.
Practical Resources

Best Practice Resources
http://www.nlasw.ca/pdf/Standards_For_Supervision.pdf


Ethics in Supervision


Cross-Cultural Supervision
NLASW. (2016). *Standards for cultural competence in social work practice*. Retrieved from Newfoundland and Labrador Association of Social Workers:
www.nlasw.ca/pdf/Practice_Standards/Cultural_Competency_Standards.pdf


Reflexivity in Supervision


Supervision in Remote Settings

Addressing Compassion Fatigue
Further Resources to Promote Reflexivity


