Developing Ethical Decision-Making in Systemic Supervision

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An ethical dimension is inherent in any action in supervision and in therapy. A supervisor's or therapist's stance and actions may be helpful or harmful and therefore require awareness and thoughtful reflection. For supervisors, the process of ethical decision-making increases in complexity as they simultaneously consider the impact of their actions and recommendations on the well-being of their supervisees' clients, their supervisees' professional development, and the supervision process. (For a more in-depth discussion of the complexity involved in ethics in supervision, see Chapter 2 in the accompanying book.) Supervisors require a sound ethical decision-making process that they can apply to address specific situations that emerge in therapy and supervision, to build upon supervisees' ethical reasoning and to model arriving at thoughtful ethical decisions.

Supervisors Focus on Ethical Proficiency

As supervisors address the three areas of ethics previously noted, they focus on specific aspects of ethical proficiency. First, supervisors confront ethical proficiency when a supervisee is facing an ethical decision. Supervisors guide supervisees in the *application of* ethical knowledge supervisees have learned in their systemic training programs (sometimes for the first time). This is familiar territory to supervisors because they draw on their own ethical knowledge about systemic

practice and clinical experiences of applying ethics to specific case situations. They typically feel comfortable and confident in this ethical realm.

Second, supervisors address supervisee's ethical proficiency when they fulfill their responsibility of assessing whether a supervisee has a solid foundation of ethical knowledge with a well-developed process for ethical-decision making. Inherent in the supervisory role is the component of educating; however for some supervisors, the *teaching* of systemic ethical knowledge can be unfamiliar territory. When supervisees' knowledge of professional ethics is deficient, supervisors assess whether addressing this shortcoming can be accomplished within supervision while supervisees continue to provide clinical services. This is an ethical decision, and in some situations can pose an ethical dilemma. A particularly sensitive issue is supervisors' ability to give honest and respectful feedback when supervisees fall short of acceptable ethical behavior.

Finally, supervisors address their own ethical proficiency when they apply ethics to the process of supervision itself. Consider supervisors who struggle with their gate-keeping responsibilities and give only positive feedback to supervisees, ignoring red flags along with their growing concerns about supervisees' competencies. Or, consider supervisors who wrestle with when to keep supervisee information confidential and when to share it and with whom. When these situations occur, supervisors may discuss with their supervisees some aspect of the situation, especially if it directly affects the supervisee and lends itself to co-constructing a solution. Supervisees offer invaluable perspectives and insights that can contribute to the growth of supervisors' competence. However, if supervisors bring ethical dilemmas into supervision regarding their own ethical proficiency, the resulting switch in focus to the supervisor's dilemma can potentially (a) be self-serving for the supervisor, (b) detract from supervision and the benefits to supervisees, and (c) result in supervisees feeling powerless and unsure of how to respond. It is not the supervisee's role to be the supervisor's mentor or consultant. For example, if supervisors are concerned about a supervisee's competence, this must be discussed with the supervisee, but the supervisors' reluctance to step up to their evaluative and gate-keeping responsibility is for supervisors to resolve.
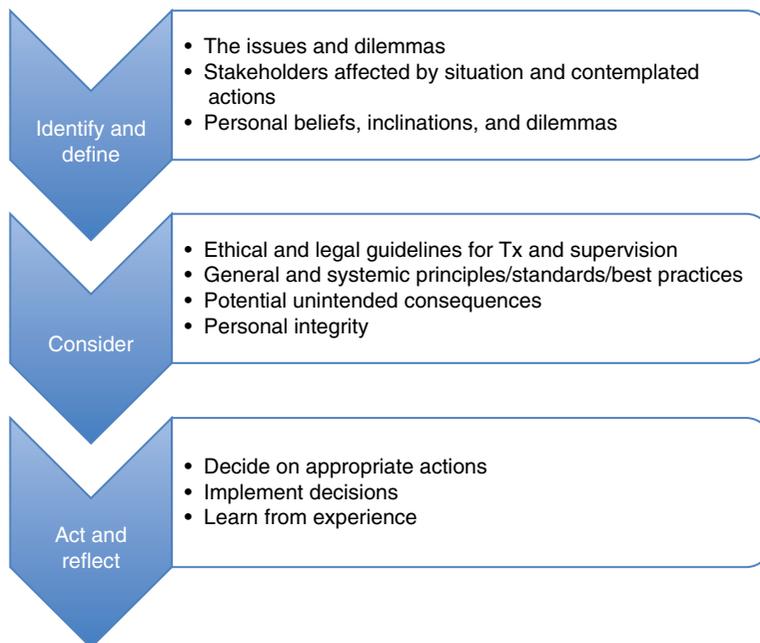
Supervisors need to be self-reflective about their own ethical knowledge and ability to apply ethics in supervision, and have mechanisms for consultation. They will find helpful what *Carl Whitaker* (Neill & Kniskern, 1982) once called a "professional cuddle group" (p. 120) to review their own ethics and become aware of blind spots.

A Model for Supervisory Ethical Decision Making

Very few of the ethical dilemmas supervisors (and their supervisees) face in the course of providing supervisory and clinical services are clear-cut, black and white issues. Most dilemmas require thoughtful weighing of the conflicting interests,

options, and consequences. Below we offer a three-step *Ethical Decision-Making in Systemic Supervision Process* for supervisors to use as a guide in their ethical decision-making. The model can be used for any one of the areas discussed earlier—when a dilemma occurs in a supervisee's case, when a supervisor addresses a supervisee's ethical competency, and/or when an issue or dilemma occurs in the supervision process itself. As a first step, supervisors (and supervisees, if appropriate) identify the concrete ethical dilemma, their personal intuitive beliefs and inclinations as well as the stakeholders affected by the issues. These positions are then reviewed in a critical-evaluative process (Zygmond & Boorhem, 1989) which considers various professional duties and ethical principles, personal integrity and "ethos of care" and compassion as well as the possible unintended consequences of the actions to all involved, seeking to increase benefit and reduce possible harm. Finally, supervisors (and supervisees if appropriate) follow through on the course of action they arrived at in their deliberations. Subsequent joint reflection by those involved on the outcome and process deepens ethical awareness and future decision-making (Figure 1D.1).

In the following tables, we suggest questions supervisors and supervisees can utilize to operationalize the three-step process of ethical decision-making.

Identify and define
- The issues and dilemmas
- Stakeholders affected by situation and contemplated actions
- Personal beliefs, inclinations, and dilemmas

Consider
- Ethical and legal guidelines for Tx and supervision
- General and systemic principles/standards/best practices
- Potential unintended consequences
- Personal integrity

Act and reflect
- Decide on appropriate actions
- Implement decisions
- Learn from experience

Step 1: Identification and definition of the issues

Identify and define the issues	Use reflective questions
The issues and dilemmas	• What are the facts of the situation? • What is the gray area?
Stakeholders affected by situation and contemplated actions	• Who are the stakeholders? • Who is affected in the supervisor's, the supervisee's, and the clients' context (if involved) by actions taken to resolve this dilemma?
Personal beliefs, inclinations, and dilemmas	• How does my personal, sociocultural, and professional context inform me what is ethically appropriate in this situation? • What does the personal, sociocultural, and professional context of my supervisee and myself suggest is ethically appropriate? • What past experiences can I/can my supervisee draw upon? • What might be my own/my supervisee's blind spots or challenges that impact the responses to this dilemma? • What resources are available to me and/or my supervisee for consultation—continuing education, legal advice, didactic training, and/or supervision mentoring?

Step 2: Considerations when making a decision

Consider	Use reflective questions
Ethical and legal guidelines for therapy and supervision	• What are the guidelines from my professional community's code of ethics? • What are the legal mandates regulating professional practice in my/my supervisee's context?
General and systemic principles/ standards/best practices	• How can I promote my and/or how can I promote my supervisee's **autonomy** in arriving at a sound ethical decision? • How can I assure that my actions benefit my supervisee's professional development as well as his/her clients' welfare and do no harm (**beneficence** and **nonmaleficence**)? • Are my proposed actions in accord with promises made in our supervisory consultation contract and/or with the promises my supervisee made to the clients (**fidelity**)? • Are the actions we are considering just and fair to all involved (**justice**)?

	• In case of conflict, how can I and/or how can I help my supervisee to **balance** which action may best serve the **greater good**? • Which action might be supported more **universally**, and which may be the most appropriate for this **particular** therapy and/or supervision **context?**
Potential unintended consequences	• To the clients? • To supervisees? • To the systemic community? • To myself?
Personal integrity	• Does the action considered reflect who I wish to be in this professional relationship and/or as a supervisor? • Can I live with this course of action?

Step 3: Action and reflections

Act and reflect	*Use reflective questions*
Decide appropriate actions	• What is the appropriate action after weighing the earlier-mentioned considerations in this particular situation? • What is my rationale for my ultimate choice of action? • How can I prepare myself and/or my supervisee for any possible backlash?
Implement decisions	• How can I/my supervisee best implement the decision arrived at? • Once a course of action has been taken, how can I model for my supervisee to let the issue rest until further information is available, or let the issue rest for myself?
Learn from experience	• What are the lessons learned from this situation—for my supervisee as well as myself? • How might I/we handle a similar situation in the future?

Figure 1D.1 Supervisory ethical-decision making.

The Evolving Perspective of Supervisory Ethics

Supervisors shoulder a heavy responsibility for their supervisees' clients, professional development, and the community of systemic practitioners. They cannot fulfill their mandates in a vacuum. Ethical supervisory practice is therefore supported by

supervisors' commitment to life-long learning of evolving perspectives and ongoing professional consultations and support, no matter how senior one's professional standing may be. It is our hope to have contributed to the evolving perspectives of ethical practice.

References

Neill, J. R., & Kniskern, D. P. (1982). *From psyche to system: The evolving therapy of Carl Whitaker.* New York: Guilford.

Zygmond, M. J., & Boorhem, H. (1989). Ethical decision-making in family therapy. *Family Process, 3,* 269–280.