
Issues Supervising Family Violence Cases: Advocacy, Ethical Documentation, and Supervisees' Reactions Les Questions de la Surveillance en Cas de la Violence Familiale: Le Plaidoyer, La Documentation Ethique, et les Réponses Révélatrices des Stagiaires

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ABSTRACT

Selected clinical and ethical issues associated with providing supervision involving family violence cases are outlined. It is argued that supervisees helping clients with trauma histories require skills beyond learning how to process the trauma with their clients. Advocacy, social action, and coordinating case conferences are some of the nontypical counsellor skills supervisors may want to teach their supervisees, as some of these topics might not be taught in non-social work counsellor education programs. In addition, the necessity to coach supervisees on how to document trauma-based sessions in a way that balances various ethical and legal responsibilities is extensively discussed. The article concludes with concrete strategies to help supervisees manage their emotional reactions associated with processing stories of family violence.

RÉSUMÉ

Sont présentés quelques problèmes cliniques aussi bien que d'éthique que l'on rencontre quand de la supervision est offerte dans les cas de violence familiale. Il est discuté que les personnes supervisées aidant des clients qui ont des problèmes traumatiques ont besoin de connaissances allant plus loin que le fait de savoir discuter le trauma avec leurs clients. La défense, l'action sociale et la coordination des conférences de cas sont quelques activités non typiques pour le conseiller. Les superviseurs pourraient vouloir les enseigner aux personnes qu'ils supervisent, car certains de ces sujets pourraient ne pas être enseignés dans les programmes d'éducation de conseiller de type non-travail social. De plus, est abondamment discutée la nécessité d'enseigner aux personnes supervisées la façon de documenter les sessions relatives au trauma d'une façon qui équilibre des responsabilités éthiques et juridiques. L'article se termine en énonçant des stratégies concrètes pour aider les personnes supervisées à contrôler les réactions émotionnelles associées au traitement des cas de violence familiale.

Vicarious liability is an inherent risk in providing supervision to counsellors, as supervisors are "liable for the errors and omissions of their staff if there is evidence of flawed supervision" (Reamer, 2005, p. 326). This risk is even higher when supervising family violence cases, given the significant risk for harm many family violence clients face, regardless of whether they are living with or are separated from their partner (Herman, 1992). Thus, field supervisors need to be well versed

in the ethical and clinical responsibilities involved in family violence cases and ensure supervisees' practice aligns with these responsibilities.

This article refers to supervisors (e.g., field supervisors, agency managers) who are providing supervision to supervisees (e.g., student counsellors, mental health counsellors, psychologists) who carry a caseload of clients in or with a history of being in an abusive relationship. The focus of this article is to address key topics that, in my clinical and teaching experience, are often minimized or neglected during the supervision of family violence (FV) cases because the sessions typically remain focused on the trauma.

Many of the topics explored in this article are derived from my extensive experience working in the FV field because material on how to supervise family violence cases is severely limited—an extensive search of academic journal databases for peer-reviewed articles related to supervision and family violence issues published since 1967 located only five eligible references. Fortunately, there are a host of core resources that can provide counsellors/supervisors with a strong foundational understanding of FV dynamics, assessment, and treatment strategies. Some of the more popular books I assign to supervisees who carry an FV caseload include Allen (2005), Dutton and Golant (1995), Herman (1992), Murphy and Eckhardt (2005), and Walker (1994).

This article has three main sections. First, it provides concrete strategies supervisors can use to expand the supervisee's skill set beyond focusing on treating the trauma of family violence. Second, the ethical complexities associated with documentation of FV sessions will be outlined. Lastly, the article examines how to process supervisees' reactions to listening to traumatic stories. It is relevant to note there is no assumption that men are always the perpetrators and that women are always abused in cases of family violence.

EXPANDING THE SUPERVISEE SKILL SET

Family violence treatment planning can be quite complex because of the variety of micro and macro systematic issues that may be present when assisting those who have been abused and/or are abusive in an intimate relationship (see Figure 1). Therefore, it has been my experience that supervisors often need to educate their supervisees that having a client with FV issues may require a skill set and treatment plan that addresses more than the client's presenting traumatic symptoms.

For example, as Figure 1 demonstrates, a family violence client who was abused in a relationship and presents with depression and anxiety may also require (a) assistance in obtaining/securing basic needs (e.g., food, medical services, housing, transportation); (b) guidance in handling parenting issues if the children witnessed or experienced family violence; and (c) frequent risk assessments to ensure the safety of all family members (e.g., cases involving FV often have a high risk for suicide, homicide, and threats to the children). The range of services that FV clients may require from a counsellor/psychologist can be comprehensive, particularly compared to those clients who are presenting for non-abuse-related issues (e.g.,

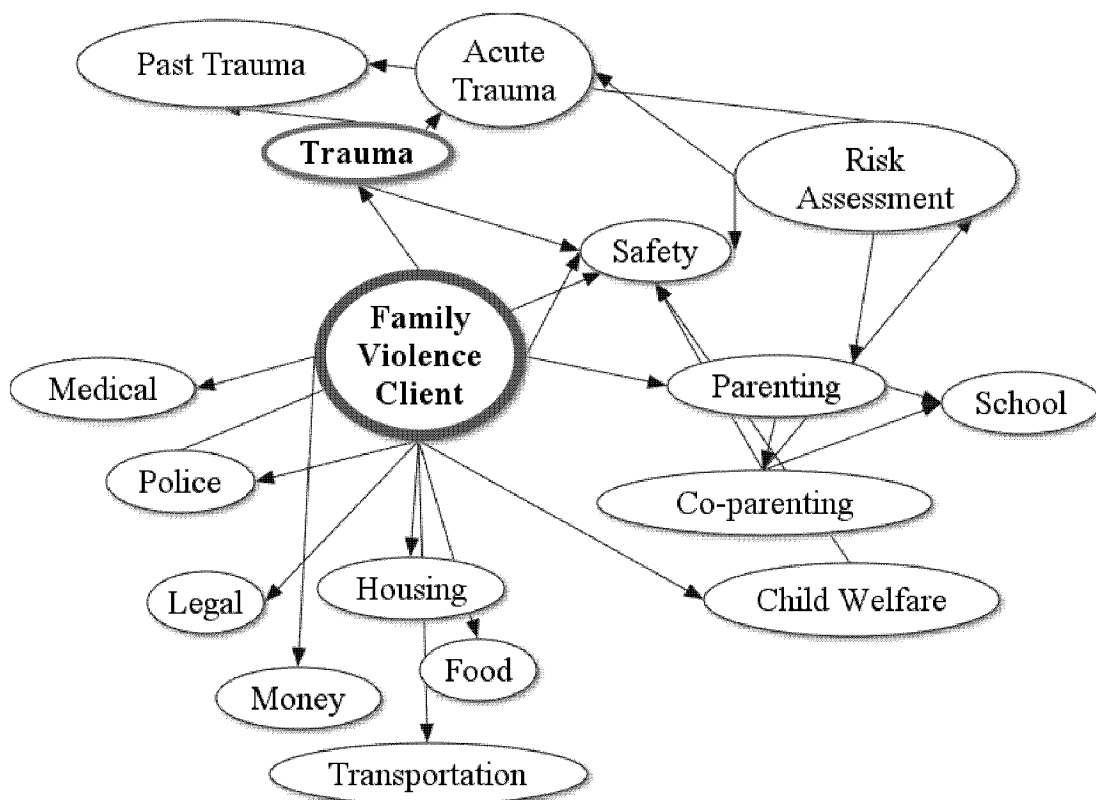
panic attacks). Granted, counsellors can refer FV clients to agency resources who will provide outreach and advocacy services. However, it is my premise that FV counsellors should possess these skills, as these types of community resources are sometimes not available or suitable for their FV clients.

Thus, it is my opinion that those who work with FV clients need to develop a range of skills, some of which might be regarded as not falling within a traditional counsellor's/psychologist's duties. Consequently, I will invite discussion with my supervisees on their understanding of the need to expand their skill repertoire when working with FV clients. However, in my experience, it is not until supervisees have had successful experiences engaging in advocacy, care conferencing, and social action that they tend to see the immense value in having a broad skill set when counselling FV clients.

Advocacy

Accomplishing the treatment issues identified in Figure 1 often requires FV counsellors to expand the range of the services they offer their FV clients to include outreach/advocacy services. However, it has been my experience that many

Figure 1
Expanding the Treatment Needs of Family Violence Clients



Note. Variables are not listed in a particular order or weight.

counsellors coming from non-social-work counsellor training programs have not been taught how to be an advocate for clients. Thus, supervisees may need to learn when and how to advocate. For example, a common advocacy activity when working with FV clients is for the counsellor to write letters and make phone calls to a variety of professionals such as the client's lawyer and/or medical professionals. The letters help these professionals gain insight into the client's behaviour that they may have judged negatively.

Consider the following scenario from an advocacy perspective. A supervisee, working with an abused mother, debriefs her frustration in supervision because her client, who is in an abusive relationship, was accused by her son's teacher of being lazy and not caring that her son is failing math. The supervisee invited the mother to process these comments and later encouraged the mother to be assertive with the teacher. However, when the supervisee realized that the mother was not ready to invoke her rights, the supervisee did not address the teacher-parent issue any further.

A supervisor, with the understanding that FV work entails advocacy work, could invite the supervisee to consider how she might help repair the working relationship between the mother and the teacher. The supervisee, for example, could be coached (with the client's permission) to provide the teacher with a context for the mother's symptoms so the teacher might be able to be more empathetic and flexible when working with the parent. To accomplish this task, the supervisor might advise the supervisee to find literature that describes how an abused person's lack of motivation to take the initiative can sometimes be as a result of coping with trauma (Walker, 1994).

In the pursuit of advocating for clients, supervisors have a responsibility to ensure the practice is done in an assertive, competent, and ethical manner. I typically address, at minimum, the following four ethical issues when teaching my supervisees the art and science of advocacy work, particularly when helping FV clients.

First, counsellors need to place written evidence in the client's file that the client was fully informed of the risks and benefits of releasing information for the purposes of advocacy. The work of Hamberger (2000) provides a very informative read of what issues should be discussed in seeking permission to release client information. To further underline the importance of providing clients with full consent, I frequently guide supervisees into a discussion of why some FV clients may give consent to release information when in fact they do not want the information released to another party. As Walker (1994) explained, FV clients will often hold the belief that they do not have the right to say no or are not worthy to have rights. I advise my supervisees to find ways when seeking consent from their FV clients to transform the request into a therapeutic activity where clients can be invited to explore the issue of rights (e.g., What rights do you have? What rights were taken away from you when you are abused? What rights are hard to protect? What would someone have to believe in order to evoke the right to refuse a request?).

Second, before a counsellor can advocate for a client, a detailed release of information form needs to be completed. This form needs to clearly denote what information can be communicated, to whom, in what manner, and by what date. The overarching premise I role model to my supervisees is that only the most relevant information regarding the client is to be disclosed to third parties and that this information is to be delivered in the most succinct manner possible. Yet, it has been my experience, as well as Reamer's (2005), that novice counsellors can sometimes disclose too much to third parties. In my FV supervisory work, I noticed that when supervisees felt challenged by a third party (e.g., child welfare, school teacher) or their expertise was minimized during FV client case conferences, they tended to disclose more client information than necessary. Thus, I find there is considerable merit in doing role-plays with supervisees on how to advocate for their FV clients in a succinct and assertive manner.

Third, when supervisees provide advocacy services they need to be reminded that they cannot take client records off site to assist them in their advocacy work unless the counselling agency and client both grant, through a full consent process, permission to do so. Supervisors need to help supervisees assume the role of the protector of the client's information at all times. A useful exercise is to have the supervisee list how privacy violations might occur if the client's file was taken off site.

Lastly, it has been my experience that supervisees often benefit from knowing how to share the outcome of the advocacy work with their clients. This action, in my opinion, requires the supervisee to know when to share this information with the client, as some of this information may need to be communicated before the client's next session. In this latter case, it can be useful to engage supervisees in a conversation on how to make contact with a client in a way that maintains boundaries and ensures the client's safety and privacy. (E.g., Has the supervisee been granted permission to phone the client at home? Does the supervisee know to block the agency's phone number prior to dialing so the name of the agency does not appear on the client's phone display screen?)

In addition to ensuring that the above ethical protocols are followed, I find that there is often a need to show supervisees how to document their advocacy work in a brief, clear manner. This issue of documentation will be explored after issues related to expanding the role of the counsellor—case conferencing and social action—are presented.

Case Conferencing

Based on my experience, a role that is often required of family violence counsellors is initiating and/or coordinating multi-agency involvement to ensure the best possible service is provided to the FV client. In my experience, counsellors who do not have a social work background are often surprised that they can assume this coordinating role. When they are aware of this opportunity, they may disclose that they feel intimidated at organizing such an event so they do not follow through. Ideally, supervisees should have the opportunity to observe, early in their careers,

how experienced FV counsellors investigate, coordinate, and facilitate case conferences. In my practice, I will role model how to set up and facilitate multiagency case conferences, gradually decreasing my involvement as the supervisee adopts more leadership responsibilities during these meetings.

A good teaching example to share with supervisees is the need to coordinate a case conference when the counsellor is legally obligated to report to the child welfare authorities that the client's children witnessed and/or experienced family violence. Counsellors may hesitate to report their concerns about child abuse to child welfare for fears that the process may be disempowering for the parent (Lewis, 2003). In response to this fear, I will invite supervisees to debrief their reactions and then analyze the situation from an ethical dilemma perspective. Afterwards, if appropriate, I might coach the supervisee how to initiate a case conference involving child welfare, the client, and other relevant parties such as the child's school counsellor. The aim of the meeting would be to establish treatment goals that maintain and/or enhance the bond between the children and parent(s). I often refer my supervisees to Lewis's article, as it addresses ways to advocate for and empower mothers when their children are at risk for being apprehended by child welfare.

Social Action

Another role FV counsellors may need to assume is taking social action, which is not typically regarded as a counsellor's duty. Sweltzer and King (2009), a good text for interns, refer to social action as counsellors being civic professionals. Many of the provisional psychologists/counsellors I have supervised called this type of work a "social worker's job" until it is pointed out to them that their code of ethics advocates for this type of involvement. Unfortunately, the values, skills, and responsibilities associated with taking social action are, in my opinion, not frequently addressed in graduate counsellor education programs. Thus, it is recommended that supervisors be prepared to address social action in their FV supervision sessions while keeping in mind that the degree and type of social action are heavily dependent on the supervisee's resources and time.

A supervisee may take social action, for example, after discovering her male client who is being physically abused by his wife does not have access to family violence shelters in the city, as the shelters are only for abused women. The supervisee may decide, as part of a social action initiative, to submit a letter to the editor of a local newspaper to remind people that men can also be abused by their loved ones.

To guide supervisees in taking social action, I often refer to the American Counseling Association because it has a division whose mandate is to role model, guide, and support counsellors tackling social justice issues. On its webpage are the wise words of Gandhi, "You must be the change you wish to see in the world" (Counselors for Social Justice, 2009). This is a powerful quote I invite supervisees to reflect upon when they are frustrated at the lack of community resources available for their family violence clients.

DOCUMENTATION OF TRAUMA SESSIONS

The liability supervisors face in assuming the responsibility for the actions of their supervisees extends to counselling records (Reamer, 2005). Given that client files are expected to be stored for years after completion of service (the length of time depends on the years stipulated in the counsellor's code of ethics as well as federal legislation guidelines), the written material in these files could potentially harm the client in the future. For example, a naïve supervisee suspects her client, a victim of spousal abuse, may have to appear in criminal court regarding the Crown's charges against the client's husband. In wanting to help the woman prove her case, she provides ample documentation in the file as to how this woman is suffering as a result of the abuse (McEvoy & Reid, 1996). To this end, the counsellor writes in her session notes, "Client did not complete counselling homework again because of poor concentration. She also missed 3 days of work because of depressive symptoms and she seems to be drinking more to numb feeling powerless. She also talked of feeling immense guilt for not looking after her children due to feeling so fragile and moody."

A year later, no criminal court hearings have been held but the file has recently been subpoenaed by the ex-spouse's lawyer in a bid for full custody. The way the notes were written may give the father evidence that the mother has a pattern of not fulfilling her parenting duties when in fact this may not be the case. Thus, it is imperative that supervisors review supervisees' case notes on a regular basis to ensure they meet practice standards. For newer therapists, it is wise if supervisors ask supervisees to submit draft session notes for feedback and revision before the notes become permanent in the client's file.

The volume of disclosed material in trauma sessions can be overwhelming and intense. Consequently, some supervisees may struggle to determine what information from the session is to be reported in the session notes. Supervisors are in a good position to help supervisees appreciate the ethical and legal implications if session notes record a play-by-play of the session and/or the session notes are used as a way for the counsellor to self-debrief after an intense session.

Spelliscy (2008), drawing from the principles of the Canadian Code of Ethics for Psychologists, highlights that counselling session notes typically only need to focus on the type of service provided, fee agreement, treatment plan and progress, test results, and documentation of ethical issues such as consent issues. Noticeably absent is a detailed log of what was said in the session.

An example worth sharing with supervisees to demonstrate a content-focused session (play-by play record) note might be: "Client disclosed that her husband on Tuesday after dinner hit her with a broom, pushed her to the floor, proceeded to punch her in the face, and then dumped a drawer of cutlery on her head. Client cried extensively during the description of how mean her husband was. We listed all her feelings and thoughts she had when her husband hurt her so badly. We came up with 7 feelings and 10 self-talk statements. We then focused on one self-talk message which was"

In contrast, theme-based case notes for the same session might be: “Client described being victim to a recent abusive incident. Debriefed her feelings and self-talk associated with this event; connecting theme was self-blame. Introduced cognitive distortions, which was well received as she identified how self-blame promotes distortions and how blaming herself seems to generalize to other areas of her life.” In my view, theme-based notes accurately inform treatment planning and allow for continuity of care while preserving the privacy of the client’s narrative.

Additional strategies to help supervisees master theme-based reporting include having supervisees summarize the supervision sessions in a theme-based format. Supervisees could also practice identifying and recording themes in sessions by reviewing clips of trauma-focused sessions and/or scenes from movies that involve emotional content (e.g., the movie *Good Will Hunting*). Extensive coaching may be required, as theme-based writing requires the counsellor to tune into process, which is challenging to learn and master for new therapists.

Supervisees of all developmental levels may benefit from receiving feedback on their session notes to ensure they are reporting clients’ behaviour as well as distinguishing between observations and interpretations. Reamer (2005), a must-read for all supervisees, summarizes the reasons why client quotes in session notes should be minimized, how to write smarter (i.e., succinctly), and how to be very cautious in reporting details about flashbacks or recovered memories of abuse.

In addition to meeting the standards of documentation in FV work, supervisors need to ensure their supervisees also meet legislated expectations, adhere to jurisdictional requirements, are aware of relevant court decisions, and stay current with recent rulings. For example, Canadian counsellors carrying a caseload of trauma-based clients need to be aware of Bill C-46 (see McDonald & Wobick, 2004) and its implications when working with sexual assault victims (including spousal rape). A valuable resource pertaining to legal issues in counselling, in addition to McDonald and Wobick’s caselaw review report, is the *Counsellor’s Guide to the Legal Process* by McEvoy and Reid (1996).

In McEvoy and Reid (1996) is a very useful flow chart with accompanying descriptions on how to respond to a subpoena or a request to release a file to the Crown or defense attorney. All counsellors, but particularly those working with trauma, should know the legal definition of a “record,” what information should and should not be kept in a record, and how to verify as well as resist an order to produce session notes. It has been my experience that asking the party serving the order, “What questions do you hope the requested record will answer?” can reduce the possibility of having to file an affidavit not to produce the records because a balance of sharing information can be struck between parties (McEvoy & Reid, 1996). Overall, it is imperative supervisors are well versed in how to balance the law and ethics when they have supervisees working with clients who have experienced trauma, particularly since Canadian counsellors do not fall under the Law of Privilege (Cram & Dobson, 1993).

In conclusion, supervisees need to be warned not to assume the responsibilities of a forensic psychologist. Counsellors are neither to search for nor document

evidence of abuse in the same manner the police, child welfare, or forensic counsellors are trained to do. In fact, if a client, particularly a child under the age of 18, discloses abuse to the FV therapist, the therapist should gently stop the disclosure and arrange for trained personnel to elicit and record the disclosure as that disclosure may become subpoenaed evidence. The legal and ethical complexities associated with managing the content obtained in FV sessions are serious, have many implications, and, as will be noted next, can be emotionally taxing for the FV counsellor.

PROCESSING SUPERVISEES' EMOTIONAL REACTIONS

Supervisors are in a valuable position to help their supervisees gain the inner resources to cope with the emotional drain of working in the area of family violence. In Pearlman and Saakvitne's (1995) must-read book on countertransference and vicarious traumatization, they acknowledge that trauma therapists can become harmed by listening to their clients' stories, particularly when they lack formal training in trauma/family violence work. Based on my experience, many graduate students are not taught how to process being a witness to trauma. In my view, it is an ethical imperative that supervisors address the emotional well-being of their supervisees on a regular basis.

The works by McBride (2008), Meichenbaum (2007), and many others have outlined suggestions on how to help supervisees understand as well as prevent compassion fatigue and vicarious traumatization. Therefore, the remaining portion of this article will highlight strategies to elicit and invite an internal locus of control response from their supervisees while being cognizant of the ethical boundary that prevents the supervisor from being the supervisees' therapist.

At the outset of supervision, supervisors would be wise to provide a list of recommended personal counselling therapists to their supervisees and to encourage them to experience being a client. This initial act conveys critical ethical information to the supervisee, namely that there is no shame in therapists seeking therapy and the supervisor will not be the supervisee's therapist. Once the supervisee has this list of referrals, the supervisor is in a better position to suggest that a topic currently under discussion in supervision might be best explored with the supervisee's therapist since supervision focuses on the here-and-now, not the supervisee's past.

Although supervisees are invited to report challenges they are facing in sessions, such as emotional reactions to listening to a story of abuse, Neufeldt, Iversen, and Juntunen (1999) reported that many supervisees may not express these feelings or worries in supervision due to feeling shame and not trusting the supervisory alliance. As a result, they asserted that it is the supervisor's responsibility to ask supervisees about their feelings and thoughts during and after sessions in response to the session content and body language of the client. Chapter 3 in Neufeldt et al.'s book contains ample vignettes of how to invite supervisees to become aware of their defensive styles, beliefs, and affective states. For example, she advises su-

pervisors to inquire about supervisees' feelings about their clients: "Do you like this client?" ... "Do you feel inadequate when dealing with her?" (p. 51). This style gives permission to process the internal experience of providing counselling within a contained, safe place.

Supervision sessions can begin with devoting some time to supervisees briefly sharing their successes and the challenges of maintaining their emotional and physical well-being while listening to a story of abuse (for a framework refer to Meichenbaum's [2007] self care reflective questions, pp. 14–17). In addition, to help minimize supervisees' feelings of embarrassment and the need to "be perfect," they could be provided with a list of situations about which they need to inform their supervisor even if they believe they have the situation under control (see Appendix). Supervisees, in various stages of development, have told me that they often regard this list as a face-saving tool, as they can introduce the situation by saying, "You told me to contact you when a client of mine misses two consecutive individual sessions" Upon notification, the supervisor can decide if the situation requires debriefing, consultation, and/or follow-up.

Through role modelling by the supervisor and completion of readings, supervisees can be encouraged to be mindful as to how they are impacted by their client's FV stories and to be curious as to how they process session information during and after the session. I find supervisees usually profit from Pearlman and Saakvitne's (1995) concrete ideas listed in Chapter 18 on how to stay grounded while listening to clients' stories of horror (e.g., remind yourself that the client survived the trauma, the trauma story is in the past). As FV counsellors become more skilled at managing the content and their sense of self in the sessions, supervisors can introduce skills that require the supervisee to use more of their sense of self in the session rather than rely on content to guide the session.

For supervisees to grasp the inherent value of focusing on process rather than dialogue, it is my belief that they first need to experience the art and science of process during their supervision sessions as well in their own therapy. Ron Kurtz's (1990) book on how to deepen sessions through the use of mindful processing skills is recommended to supervisors. It could easily be adapted for use in supervisory sessions. However, an ethical caution is warranted when using process work with supervisees: Keep focused on the "here and now" and how it connects to the recent behaviours. Remind supervisees to share their awareness with their personal therapist of how unfinished business from their personal lives impacts their client work.

CONCLUSION

Coupled with the regular challenges associated with supervision, supervisors overseeing family violence counselling also have an ethical responsibility to help supervisees manage the complexities inherent in working with family violence clients. In addition, supervisors need to take an active role in preventing supervisees from suffering emotional harm. Although supervision in family violence

cases can be a daunting endeavour, articles in this special issue are intended to inspire supervisors to continue to generously share their knowledge with the next generation of counsellors.

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Appendix

Indications When to Alert Your Supervisor for Therapeutic Support, Feedback, and/or Direction

1. A case conference needs to be called and/or you have been invited to a case conference.
2. Behaviour change in the client that may suggest potentially destructive behaviour toward others (e.g., collecting pills, buying a gun) even when intent is denied.
3. Children or dependent adults who appear to be suffering significant neglect and/or are in danger of being abused physically, emotionally and/or sexually.
4. Client's overt expression of suicidal ideation and/or threats of harm to self or others (real or perceived).
5. Significant deterioration in the client's mood with increased depression and/or anxiety.
6. Stagnation in the therapeutic process (i.e., after a series of two to three sessions at reasonable intervals), and/or the therapist and/or client are at an irresolvable impasse.
7. Sudden or unexpected change for the worse in the client's psychological or physical status.
8. Suspect psychotic symptomatology in client (i.e., delusions, hallucinations).
9. Suspicion of organicity (i.e., persistent change in personality, alertness, and/or mood).
10. The client conveys dissatisfaction with the therapist and/or with the treatment offered.
11. The client misses two consecutive individual sessions without notifying the therapist of the cancellations.
12. The client refuses to continue attending sessions when further treatment appears desirable.
13. The client refuses to sign a release of information form and/or consent form for supervision.
14. The client requests to review his/her file and/or wants a copy of his/her file.
15. The client requests to see another agency counsellor or requests to speak to your supervisor.
16. The client shows noticeable discomfort or expresses concern about videotaping and/or observation and as a result refuses to attend further sessions.
17. The file is ready to be closed—serves a double-check that all of the paperwork is in order.
18. The file is ready to be closed (only about 2 or 3 sessions remaining)—opportunity to review the case and, if necessary, discuss how to approach termination in a healing way for the client.
19. The therapist feels a need to debrief the case after a taxing/tense session, as defined by the therapist.

20. The therapist is uncertain as to the treatment plan and/or the agenda for the next session.
21. When the client is in therapy elsewhere and/or is accessing numerous therapists.
22. When the therapist anticipates and/or is in an ethical dilemma or conflict with the feedback received from another supervisor other than your own.
23. When there appears a possibility of conflict within or outside the agency with regard to the client, personally or with any political, medical, or social agency.
24. When there is a possibility of some legal encounter (e.g., you receive a request or order to participate in legal proceedings).
25. When there is a threat of or actual removal of the children (or dependent adults) from the home.
26. When you have received feedback from another supervisor that seems to be in conflict with that received from your own supervisor.

OTHER:

Note. Updated version. Original: McBride (2008). The 26 events are not presented in any particular order. The list is not exhaustive. If you have encountered an event not listed on this handout that you believe justifies consulting a supervisor, then please contact your supervisor.

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