Supervision: Hills and Valleys unique to Sex Offender Treatment: CSOT Tuesday March 6 1:30 to 3:00

2018 CSOT Conference March 5 Monday to Wednesday March 7

1. INTRODUCTION
    1. Who Am I
    2. Goals of This Presentation:
        1. recognize the importance of supervision as different then peer review and consultation
        2. review the characteristics of the ideal supervisor
        3. distinct differences of clinical general practice and sex offender treatment
        4. common assumptions by interns regarding sex offender treatment
        5. CSOT policies and regulations will ***NOT*** be discussed.
2. IMPORTANCE OF SUPERVISION
    1. Purpose of Supervision
        1. complete a licensing requirement
        2. establish a standard of care
        3. mentor a qualified inexperienced person
        4. prevent harm
        5. evaluate competence
    2. Myths **(Campbell 2006)**
        1. experienced therapist means effective supervisor
        2. true supervision reviews cases not teaching
        3. problem supervision is the supervisee's fault
        4. only beginners need supervision or deficient/incompetent
        5. diversity issues need not be addresses all are professionals
        6. best feedback is direct, just say it
        7. supervisee's thoughts and feelings are not important
        8. supervisors are experts, so never make mistakes
        9. supervisors are responsible for all therefore never questioned
        10. supervisors never use therapy skills.
    3. Ideal Supervisor **(Haynes et al 2003)**
        1. trained in supervision skills
        2. trained and experienced in clinical area
        3. have effective interpersonal skills
            1. listening
            2. feedback
            3. challenging
            4. setting boundaries
    4. Supervisee "Bill of Rights" **(Munson 1993)**
        1. consistently at regular intervials
        2. growth oriented and respects personal privacy
        3. technically sound and theoretically grounded
        4. evaluation on clear criteria and actual observation of performance
        5. trained in supervision and skilled in clinical practice
    5. Activities Required for Ethical Supervision **(Campbell 2006)**
        1. be trained, be competent
        2. orient supervisees
            1. ethical issues
            2. uniqueness to clinical population
            3. conflicts of interest
            4. clinical "landmines"
        3. informed Consent Agreement
            1. have goals
            2. create plans
            3. plan for evaluation criteria and methods
            4. documentation method
            5. time for regular supervision
        4. know current ethical codes
        5. dialogue about dual relationships; multicultural issues

6. regular supervision not crisis consultation
6. Major Ethical issues
    1. competence
    2. due process
    3. informed consent
7. Multiple/Dual Relationships
    1. sexual relationships
    2. socialization with supervisees
    3. clinical supervisor and administrative supervisor

3. SEX OFFENDER TREATMENT IS UNIQUE
    1. how
        1. who is the client community safety
        2. confront the offender with thinking errors
        3. have offender accept responsibility
        4. group therapy is essential
        5. patient client privilege changes
        6. develop emotional insight
        7. development of empathy of victim
        8. controlling sexual arousal
        9. defining and developing of relapse prevention
        10. treatment is team process
        11. clarification regarding victim
        12. risk assessment
    2. Therefore therapist must be
        1. able to set limits
        2. comfortable in confrontation
        3. able to discuss sex in detail
        4. comfortable with own sexuality
        5. comfortable with sex offender and deviant thinking
        6. comfortable with challenging distorted views of men, women, sex
        7. willing to work a trusting relationship with client
        8. knowledgeable of sex offender laws
        9. aware therapist can be duped
        10. ability to remain assertive while client hostile
        11. ability to not take anything personal
        12. does not need acceptance from clients
        13. is not intimidated by lawsuits.
4. ASSUMPTIONS TREATING SEX OFFENDERS
    1. If an Offender is Restive it is the Offenders Fault (We can really set up walls for therapy, there is a reason for resistance.)
    2. The Offender Has to Really Want to Change (We must provide and environment where change can occur.)
    3. The Offender is not capable of change. (When we assign difficult tasks we must provide the tools.)
    4. Our own cognitive distortions may interfere with treatment process. (We are all fallible humans. We need to be REAL.)
        1. they do/do not want to change
        2. they should be easy to work with
        3. I must make them feel better
        4. when they understand the logic they will change
        5. the greater pressure I apply the faster they will understand
        6. they need to work harder than me
        7. I am responsible for their behavior
        8. I must get them to always tell the truth
    5. If resistance is met the offender will not change. (Resistance is a response to threats it is a natural defense.)
    6. If an offender is not willing to discuss issues it is the offenders fault. (Change requires trust.)
    7. I can never empathize with the offender. (Understanding the offenders feelings opens doors.)
    8. I am the expert. (We have knowledge, they are the expert of themselves and need to explain themselves to us.)
    9. Denial is a therapeutic issue. (Denial is a multidimensional defense mechanism.)
    10. The offender must explore the real world. (They must experience the emotion of their world.)
5. SUMMARY
6. Biblography

American Association for Marriage and Family Therapy. (2001). *AAMFT code of ethics.* Alexandria, VA.

American Association of Pastoral Counselors (2009). Supervision Standards. In *Membership standards and certification manual* (pp. 32-33). Fairfax, VA.

American Counseling Association (2005). *American Counseling Association Code of Ethics.* Washington, DC.

American Psychological Association Ethics Committee (2008). Report of the Ethics Committee, 2007. *American Psychologist, 63,* 452-459.

Bernard, J.M., & Goodyear, R.K. (2009). *Fundamentals of clinical supervision (*4th Ed.). Boston, MA: Pearson.

California Board of Psychology. (2008). *Laws and regulations booklet.* Sacramento, CA.

Campbell, J. (2000). *Becoming an effective supervisor: A workbook for counselors and psychotherapists.* Philadelphia: Accelerated Development.

Campbell, J. (2006). *Essentials of clinical supervision.* New York: John Wiley & Sons, Inc.

Celenza, A. (2007). *Sexual boundary violations: Therapeutic, supervisory, and academic context.* Lanham, MD: Jason Aronson

Fallendar, C.A., & Shafranske, E.P. (2004). *Clinical Supervision: A competency based approach.* Washington, D.C.: American Psychological Association. Falvey, J.E. (2001) *Managing clinical supervision: Ethical practice and legal risk management.* Pacific Grove, CA: Brooks-Cole.

Frawley-O'Dea, M.G., & Sarnat, J.E. (2001). *The supervisory relationship: A contemporary psychodynamic approach.* New York, NY: Guilford Press.

Griffith, B.A., & Freiden, G. (2000). Facilitating reflective thinking in counselor education. *Counselor Education and Supervision.*

Gottlieb, M.C., Robinson, K., & Younggren, J.N. (2007). Multiple relations in supervision: Guidance for administrators, supervisors, and students. *Professional Psychology: Research and Practice,* 38, 241-247.

Handlesman,, M.M., Gottlieb, M.C., & Knapp, S.C. (2005). Training ethical psychologists: An acculturation model. *Professional Psychology: Research and Practice, 36,* 93-97.

Harris, E. (2003, September). *Legal and ethical risks and risk management in professional practice: Sequence I.* Symposium conducted by the Minnesota Psychological Association, St. Paul, MN.

Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide.* Pacific Grove, CA: Brooks/Cole.

Hensley, L.G., Smith, S.L., & Thompson, R.W. (2003). Assessing competencies of counselors-in-training: Complexities in evaluating personal and professional development. *Counselor Education and Supervision.* 42(3), 219-230.

Inman, A.G. & Ladany, N. (2008). Research the state of the field. In A.K. Hess, K.D. Hess, and T.H. Hess (Eds., *Psychotherapy supervision: Theory, research, and practice (2nd Ed., pp. 500-520)* Hoboken, NJ: Wiley.

Johnson, W.B., Forrest, L., Rodolfa, E., Elman, N.S., Robiner, W.N.,& Schaffer, J. (2008). Addressing professional competence problems in trainees: Some ethical considerations. *Professional Psychology: Research and Practice, 39,* 589-599.

Knapp, S. J., & VandeCreek, L. (2006). *Practical ethics for psychologists: A positive approach.* Washington, DC: American Psychological Association.

Ladany, N., Friedlander, M.L., & Nelson, M.L. (2005). *Critical events in psychotherapy supervision: An interpersonal approach.* Washington, DC: American Psychological Association.

Lazarus, A.A., & Zur, O. (2002). *Dual relationships in psychotherapy.* New York: Springer.

Lehrman-Watterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology.* 48(2), 168-177.

Lowe, S.M. (2010). Sharing wisdom: Ethnic-minority supervisor perspective. *Training and Education in Professional Psychology, 4,* 3-69.

Martino, C. (2001). *Secrets of successful supervision: Graduate students' preferences and experiences with effective and ineffective supervisors.* Symposium at American Psychological Association, San Francisco, CA.

Munson, C.E. (1993). *Clinical social work supervision.* New York: Hayworth.

Nelson, M.L., & Freidlander, M.L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology*, 48 (4), 384-395.

Recupero, P.R. and Rainey, S.E. (2007). Liability and risk management in outpatient psychotherapy supervision. *Journal of the American Academy of Psychiatry Law, 35 (2, 188-195.)*

Remley, T.P., & Herlihy, B. (2005). *Ethical, legal, and professional issues in counseling.* Upper Saddle River, NJ Merrill/Prentice Hall.

Saccuzzo, D. (2002). *The Psychologist's Legal Update # 13:Liability for failure to supervise adequately: Let the master beware (Part 1).* National Register of Health Service Providers in Psychology.

Stoltenberg, C.D., & McNeil, B.W. (2009). *IDM supervision: An integrated developmental model for supervising counselors and therapists (3rd Ed.).* New York, NY: Routledge.

Thomas, J.T. (2010) . *The ethics of supervision and consultation.* Washington, DC: American Psychological Association.

Yorke, V. (2005). Bion's "vertex" as a supervisory object. In C. Driver & E. Martin (Eds.), *Supervision and the analytic attitude (*pp. 34-49). London, England: Whurr Publishers.

Zakrewski, R.F. (2006). A national survey of the American Psychological Association student affiliate's involvement and ethical training in psychology-educator student sexual relationships. *Professional Psychology: Research and Practice,* 37, 724-730.