SUPERVISION VIGNETTES AND ACTION CHOICES

<u>From:</u> Russell, C. S., DuPree, W. J., Beggs, M.A., Peterson, C. M., & Anderson, M. P. (2007). Responding to remediation and gatekeeping challenges in supervision, *Journal of Marital and Family Therapy*, 33(2), 227-244.

Vignette 1: Confidentiality

You discover that a therapist you are supervising has regularly taken confidential client information (case notes, client files, and client intake forms) outside of the clinic to nonsecure locations, including home, classes, and vehicle.

Vignette 2: Mental Health

This supervisee, who has demonstrated excellent clinical skills in the past, has recently changed in appearance and behavior, become withdrawn, irritable, and less careful about personal hygiene. Though the supervisee continues to meet with his clients regularly, he has been canceling supervision appointments and missing classes. You contact the supervisee and express concern about his absences and behavior change. He discloses to you that he had been treated for bipolar disorder but is not currently on medication.

Vignette 3: Dishonesty

You discover that your supervisee has been inflating reports of client contact hours and fabricating sessions to discuss during supervision.

Vignette 4: Dual Relationship

You are supervising a novice therapist at the university Clinic who is approaching termination with her first client. The client has been very complimentary about the therapy she has received and at one point asked her therapist if the therapist would be one of the bridesmaids in her wedding. Knowing this would not be appropriate, your supervisee brought the issue to supervision and developed a plan for talking with the client about the difference between being a therapist and being a friend. Later that week you discover your supervisee having lunch with her client at a local coffee shop.

Vignette 5: Skills

You are supervising a beginning therapist who has an unusually high client dropout rate. You have observed the therapist in session on several occasions and have pointed out how the therapist's low activity level and lack of "presence" in the session makes it difficult to engage clients in the therapy process. You have role-played new ways of behaving in the therapy room, but the feedback has made little difference. The supervisee continues to have difficulty engaging and retaining clients.

Vignette 6: Case Notes

You are supervising a middle-aged therapist who is caring for aging parents as well as teenaged children. In a routine quality assurance check in the agency, you find that the therapist has not been doing case notes for the past two months.

Vignette 7: Loose Personal Boundaries

You are becoming aware that your supervisee has a pattern of inappropriately commenting on the dress and appearance of persons of the opposite sex. You have observed this therapist putting his arm around the shoulders of clients as they leave session. This therapist does not appear to be aware that his conduct is inappropriate.

VIGNETTE RESPONSE OPTIONS

- 1. Have a conversation with therapist about perceived problem
- 2. Discuss problem with other faculty/supervisors
- 3. Referral for psychological or psychiatric assessment
- 4. Referral for personal therapy
- 5. Leave of absence
- 6. Increased supervision
- 7. Repeat coursework (Specify course:
- 8. Increase informal communication and interactions with therapist
- 9. Assign a peer mentor for therapist to shadow
- 10. Assign a co-therapist
- 11. Observe therapist more during sessions with clients
- 12. Letter of concern
- 13. Written remediation plan
- 14. Counsel out of program
- 15. Probation
- 16. Dismissal
- 17. File complaint with AAMFT Ethics Committee