

David W. Stewart, Ph.D., RCC #0045

Building Confidence & Competence

CLINICAL CONSULTATION DISCLOSURE AND INFORMED CONSENT AGREEMENT

These statements are meant to make explicit both the opportunities and responsibilities that exist between a clinical consultant and those clinicians seeking their services.

My name is David Stewart, I earned my Ph.D. in **Counselling Psychology** from the Fielding Institute in Santa Barbara California graduating in 1984. I joined BCACC in 1989 as it began. I remained in good standing until my retirement from clinical practice from Jan. 2010 until Oct. 2018, while I taught for City University in Langford, B.C. I have come out of retirement and am again a member in good standing #0045. As such I am bound by their Code of Ethics and subject to disciplinary sanction by them should I violate that code of conduct. Any complaint about my actions as a professional counsellor or supervisor/consultant can be sent in writing to either the Enquiry Committee at #204-780 Tolmie Ave., Victoria, V8X 3W4, or if you are able to, please discuss it with me or my Supervisor John Caulder MFC, AAMFT-S, 250-721-2000.

I have been offering clinical supervision to counsellors-in-training and therapist in private practice since 1984 when I started up a private post graduate internship in psychotherapy with adults at the Springridge Counselling Center which I co-founded in 1980. I was the senior clinical supervisor and program director for the internship for 10 years until 1994 when I closed the program. **I am not an AAMFT certified supervisor** although I have studied this area in depth, both for my dissertation and since that time. I have taken courses on it when I could find them. In 1999 I was the lead clinician involved in first re-designing, and then delivering a comprehensive training program for MCFD social work clinical supervisors that still is in use today, now offered by The Justice Institute. This program has been well received within the field of social work clinical supervisors.

My clinical approach is eclectic drawing heavily upon the psychodynamic, gestalt and person-centered theory and practice. I have also extensive training and experience with the somatic approaches to therapy within the mind and body traditions. More specifically I am trained to work with individuals, couples, groups, families and organizations. I offer either counselling and/or psychotherapy services as well as supervision and/or consultation for both. I have also provided sex therapy, sexual abuse treatment for both victims and offenders, and in-depth couples therapy more recently specializing in: relationship struggles when just one partner has a disorder; and rebuilding relationships after an affair.

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The model of supervision that I use would be closest to the **7 Eyed Model** offered by Hawkins and Shohet (2012) in the supervision literature as a relational & comprehensive model. Although I prefer their model generally, because it does embrace my basic values and approaches. I will also use the Integrated Developmental Model (IDM) by Stoltenberg, McNeill and Delworth (1998) with supervisees showing higher levels of anxiety initially because it is more useful in the way it anticipates and helps the supervisor respond to those initial inexperience type of anxieties. I prefer the 7 Eyed Model because it allows the focus to go where it is needed as the supervisory relationship matures. It allows the supervisor to hold space for all the participants and all their dynamics which come into play, then to notice and respond proactively. Being a comprehensive model, it is both relational and process driven, which allows me to use immediacy freely to take advantage of any teachable/learnable moments when they may occur for all 3 people involved in the experience, client supervisee and supervisor.

My Values and Beliefs about Supervision & Consultation:

1. **I value the relationship most highly** because in addition to it being real and between the parties involved directly, it is by nature ever-evolving and readjusting as needed and can be the vehicle through which everything else occurs.
2. **I believe in both parallel processes and immediacy**, which I use to create detailed, mutual, continual contracting and re-contracting as needed by either you or me. In this area, my practice is informed by both gestalt and person-centered approaches.
3. **Beneficial client outcome and safety are paramount in this process.** I am referring to both physical safety as well as psychological safety. This is a major part of what I attend to in how I do my work with people. The process must provide psychological safety.
4. **I do not believe in coincidence**, and I do practice personal persistent curiosity about both what does happen and what does not happen, and why, in sessions.
5. **The need to engage in exploration is a constant** in this work, self knowledge is useful but self awareness is absolutely necessary to do good clinical work.
6. **Clinical consultation is about on-going professional development**, problem solving complex clinical and/or ethical dilemmas that naturally arise in clinical practice. Personal therapy is about personal development and resolving personal issues, not developing clinical competence, I know the difference between the two.
7. **There frequently are times in supervision when some personal issues arise** and interfere with the counsellor's ability to see and do what is called for to help the client. At these times the supervisory process requires that the personal issue be identified and then referred back to the supervisee for them to manage personally to permit the continuation of the case and the work with the client. Sometimes this may be accompanied by a recommendation to do some personal therapy as a means to address the situation with the client, but if done, it would be done elsewhere by someone other than me. I know the difference and will not infringe on your privacy.
8. **Appropriate professional boundaries are very important** in this work, at all times. This means as we work together and come to know and trust one-

another, I will be friendly, but while working in this relationship, I will not be your friend.

As your clinical consultant, this is what you can expect of me:

- 1/ I will respond quickly to your requests for consultation appointments.
- 2/ I am there to assist you with your cases and help you to further develop your clinical knowledge and skills related to all aspects of your work.
- 3/ I will remain alert to help you understand and address any ethical issues that may arise regarding your work with your clients, your colleagues, agencies or myself.
- 4/ I will keep a broad awareness level of your learning needs and goals and your rate of development to keep client progress, safety and welfare in view, as well as monitor and promote your progress, safety and developing knowledge skills and attitudes as a clinician and as a life-long learner.
- 5/ I will watch for any conflicts of interests or dual relationships that may emerge and promote discussion and problem solving appropriate to the situation, utilizing the 7 step BCACC ethical decision-making process when appropriate.
- 6/ I will give you specific and detailed formative and summative feedback regarding your knowledge skills and attitudes as a clinician, if requested, for your on-going professional development.
- 7/ I will enquire about counter-transference issues as they arise respectfully and in pursuit of competent clinical practice standards.
- 8/ I will seek and be open to your feedback to me about my consultations with you, and I will consider your suggestions or requests in this regard;
- 9/ I also participate in getting supervision of my work, both my own clinical and supervision/consultation work with my supervision mentor and with my colleagues.

Clinical Supervision and Clinical Consultation differ in some very important ways.

First, the clinical supervision relationship requires a power differential between supervisor and supervisee. This situation requires the supervisor to provide both formative and summative evaluations of the supervisee's performance in their clinical setting, as well as providing a gate keeping function to entry into the Counselling profession. The clinical consultant relationship does not require either of these functions. It is typically a relationship characterized by collaboration between one more experienced clinician and a less experienced clinician seeking detailed input, advice or strategies about how to improve their practice, learn new models of treatment or help them to solve a clinical or ethical dilemma. Secondly, the supervisor bears significant legal vicarious liability and responsibility for the clinical work done by the supervisee which is not the case with a consultant. These differences make the consultation experience much more about power-with than power-over.

What I expect of you as a clinician seeking my consultation services:

1. Come prepared with a focus question to our consultation sessions together.
2. Be well informed about your code of ethics and standards for clinical practice regarding both clients and colleagues.
3. When requesting feedback on your work with clients, interactions with colleagues and your work with me keep an open mind and attitude.

4. Be forthcoming with information both formally and informally especially when it feels either confusing, risky or uncomfortable.
5. Ask for help when you know you need it and even when you think you might.
6. Be willing to consider direction when it is provided, present your case for alternative understandings and make your own best choices.
7. Be willing to examine both your own and my offerings on everything.
8. Get comfortable with being curious, not knowing everything and staying present while all this is happening to you.
9. Tell me when you are having trouble with me, either what I am doing or how I am doing it, as a professional.
10. Make mistakes, explore them, learn from them and then move forward.
11. Learn to forgive me and yourself when we were not able to be perfect because perfection in our work I believe is a myth.

12. Please List Below Your Specific Learning Goals For This Process:

Mechanical Meetings Details: We will work in ___ hour sessions, on a _____ basis, my fees are ____/hr . Each session will have 2 Parts:

A/ an overview of your progress on all cases and checking in on any previously identified issues from our last session;

B/ the new focus for this session starting with your current specific supervisor question to explore in more depth together today.

If there is some urgency to the pressing issues, we will start with them first.

There will be times when I will want to see your case notes so you will need to get informed consent from your clients for that to happen. As I really enjoy doing supervision, my hope is that you will be able to enjoy it along with me.

I have read, understood and agree to the details above as our contract.

Supervisee:

Supervisor:

Date: