

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

## Building Confidence & Competence

### **CLINICAL SUPERVISION DISCLOSURE AND INFORMED CONSENT AGREEMENT**

**These statements are meant to make explicit both the opportunities and responsibilities that exist between a clinical supervisor and their supervisee.** These expectations come from several sources: The Code of Ethical Conduct of the BCACC, as well as their Standards of Clinical Practice; the laws of both British Columbia and Canada as well as my own personal standards and models for both therapy and supervision.

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 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 Dr. Allan Wade at 391-7444.

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 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 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.

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.

### **My Values and Beliefs about Supervision:**

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. Exploration is a constant in this work, self knowledge is useful but self awareness is absolutely necessary to do good clinical work.
6. Clinical supervision is about professional development, guiding the learning of the supervisee towards becoming both more knowledgeable and effective as a clinician. Personal therapy is about personal development and resolving problems or issues, not developing clinical competence, there is a big 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.

### **Reality Check:**

**As your clinical supervisor, I am able to be held legally accountable for all of the work you do while under my supervision, therefore** I need to know what you are doing with all of the cases that I am responsible for and I need to also know how you are doing it. There may be times when I will be directing you to do or not do certain things in your work with your clients. At these times, which I will make clear to you, this will not be a suggestion, you will need to follow my direction fully and understand why. **Failure to do so could result in your immediate suspension** from your internship position and the immediate re-assignment of all of your case load under my supervision. Since I greatly value contracting and negotiating, this will seldom happen unless I am forced to by safety, ethical or legal requirements to do so for the clients' protection. This is part of why you need to have your own professional liability insurance. Your work within this internship setting is covered under my liability insurance. Once you graduate, or if you are doing any other work elsewhere without a clinical supervisor, you will need your own insurance in your own name.

### **As your clinical supervisor, this is what you can expect of me:**

- 1/ I will set and keep regular appointment times for our supervision sessions;
- 2/ I am there to assist you with your cases and help you develop your clinical skills related to all aspects of this work;
- 3/ I will remain alert to help you understand and address all 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 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;
- 6/ I will give you specific and detailed formative and summative feedback regarding your knowledge skills and attitudes as a clinician as needed for your optimum development;
- 7/ I will inquire 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 supervision of you, and I will consider your suggestions or requests in this regard;
- 9/ I also participate in getting supervision of my work, both my clinical and supervision work through peer supervision with my colleagues.

### **What I expect of you as my supervisee is:**

1. Be on time and prepared for our supervision sessions together;
2. Know and follow the BCACC code of ethics and standards for clinical practice at all times in your work with your clients;

3. Be willing to receive feedback on your work with clients, interactions with colleagues and your work with me with an open attitude to learning;
4. Be forthcoming with information both formally and informally even when risky or uncomfortable;
5. Ask for help when you know you need it and even when you think you might;
6. Be willing to take direction when it is provided, understand why and do it;
7. Be willing to self examine 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, what I am doing or how I am doing it in our sessions as a professional;
10. Make mistakes, explore them, then learn from them and move on to improve, I do not expect you to be perfect;
11. Give your energy to learning how you can do this work well and take full advantage of your access to me and my experience while you have me;
12. Learn to forgive me and yourself when we were not able to be perfect.

**13. Please List Below Your Specific Learning Goals re This Process:**

**Mechanical Meetings Details:** We will work in \_\_\_hour sessions, \_\_\_ times per week/month basis on a 1 hr. supervision to every \_\_\_ hrs. of client contact ratio.

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 any 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 these details as our contract.**

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**Supervisee:**

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**Supervisor:**

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**Date:**