

Later Career Remedial Supervision – The Practice Event Audit

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Abstract

Clinical supervision has for the most part focused upon early career preparation and training. Fundamental to this process is emphasis upon emerging competency. However, supervision can also be required in relation to enduring competency. Where lapses in professional practice are of a subtle or non-egregious nature, supervision may arise as a remedial route. Through hearing, tribunal mandate or negotiation, arising from Alternative Dispute Resolution (ADR), remedial supervision may be the outcome. In this article mandated or negotiated remedial supervision is discussed with a specific description of a means for such – the Practice Event Audit. Issues related to ethics, conduct and competency, remedial supervision and the Professional Event Audit are discussed in light of a case example.

Practice Event Audit; Supervision; Remedial; Mid-Career Practice.

Later Career Remedial Supervision – The Practice Event Audit

Concern for competence in professional psychology is largely linked to early career training and preparation (APA, 2015; Falendar, Collins, & Shafranske, 2009; Forrest, Shen-Miller, & Elman, 2008; Forest, Elman, Huprich, Veilleux, Jacobs, & Kaslow, 2013; Jacobs, et al. 2011; McCutcheon, 2008, Wester, Steven R.; Christianson; Fouad; & Santiago-Rivera, 2008). Competency relates to the ability of the student, intern or supervisee to master the skills associated with professional practice. Pre or early career supervision involves attention to not only skills and knowledge but to character and personal competency.

Issues of later career competence and supervision have also been addressed in the professional literature (Crowley & Gottlieb, 2012; Kaslow, et al. 2007; Lalotitis & Grayson, 1985; Thomas, 2011). Often concerns arising in latter career competency are not of such egregious nature that loss of license nor significant practice restriction is required. Overholser and Fine (1990) refer to these as “subtle cases of clinical competence” (p. 462). These cases generally involve problems with knowledge, skills or attitude (APA, 2012). As an example,

Dr. S was employed in a general clinical practice with a background in both individual and family treatments. A complaint was lodged regarding treatment they had provided for a child of divorced parents. Specific to the complaint was a letter Dr. S had written as a treatment summary which included recommendations regarding the role of each parent in relation to custody and access. Codes of Ethics and Standards of Practice (CPA, 2000, APA, 2010, CAP, 2009) do not permit such conjecture. Based upon file review by the

licensing body and consent of the complainant, Alternative Dispute Resolution (ADR) was proposed.

Increasingly, licensing bodies are seeking to avoid the formality of hearings and the costs, both financially and emotionally, associated with adjudication (Brinegar & Douglas, 2000, CPA, 2014). ADR arises as an option to formal hearings. However, ADR is suitable only under certain conditions and in specified circumstances. Initially ADR is precluded in matters which exceed the remedial or are of an egregious nature i.e. sexual misconduct, criminal action, or practice beyond the professional horizon (Johnson, Porter, Campbell & Kupko, 2005). However, it is important to appreciate that ADR must not limit other means for redress i.e. formal hearing or civil litigation; therefore informed consent of the complainant is required. Most importantly, ADR in professional psychology must be considered tri-partite: a process negotiated between the complainant, the respondent (psychologist) and the licensing body¹. Once ADR is acceptable the specific manner of remedy can be negotiated. While ADR can result in practice restriction, specified course work, or related educational injunction, ADR may involve acquiescence by all stakeholders to mandated supervision. Alternatively, the findings of a tribunal or a hearing may impose or mandate supervision (Thomas, 2010; 2014). Again, acquiescence or direction would not preclude further redress civilly by the complainant.

With either elected or mandated supervision, impediments to an effective engagement/process need be considered. The role of licensing boards is the protection of the public and in such a role they are awarded judicial authority (ASPPB, 2014; CCAT, 2014). As a result, there is a quasi-legal process involved. Once however ADR arises, this very process of file management and case resolution can become an obstacle to remediation. Defensiveness associated with a litigious process and the involuntary nature of mandated or ordered supervision can emerge as impediments to effective, consensual supervision. The supervisory relationship in a remedial situation is as well a professional practice requiring not only the competence of the supervising psychologist but consent. In relation to later career remedial supervision, this is, as stated, a tripartite arrangement. The recipients of the professional service are both the professional electing to the supervision and the licensing body. Clarification of this arrangement is an important contextual consideration associated with consent (Truscott & Cook, 2014; Gottlieb, Handelsman, & Knapp, 2013; Kaslow et al., 2007).

These structural issues related to the format for supervision – consent, limits to confidentiality, fees, duration, etc. – however, are secondary to the dynamic or process focus necessary. Intervention with professionals suffering a lapse in competence, and in response to an ethical concern or complaint, has not been without criticism (Pope, Tabachnick, Keith-Spiegel, & Bersoff, 2008; Pope & Tabachnick, 1994; Pope & Vetter, 2014). This criticism largely relates to the absence of research on the validity of intervention, and the paucity of means associated with the method in remediation. Actual remediation in negotiated, required or mandated later career supervision is generally left to a quasi-therapeutic or consultative role, for the supervisor (Thomas, 2010).

¹ ADR ought not to be imposed over the wishes of complainant or expectations of licensing bodies. It arises as an option not mandate.

Remediation may involve specific learning plans, criteria-based intervention and evaluation or psychotherapy (Kaslow et al., 2007; Norcross, 2005; Thomas, 2010). The literature however supports that the repertoire of the supervising remedial psychologist can continue to be expanded (Gottlieb, Handelsman & Knapp, 2008; Gottlieb et al., 2013). Exercises in remedial supervision undertaken in the author's jurisdiction have included: publishing professional articles on the subject at hand; designing guidelines for management of the salient referral issue; and design/execution of a professional presentation, as 'expert', on the subject associated with the referral. Nonetheless, issues related to specific criterion and technically focused remediation often miss the point. Lapses in competency are generally not a matter of specific skill deficit but rather lack of professional and clinical judgment. The purpose of this article is to discuss the idea of professional event auditing to increase this repertoire of intervention and focus specifically upon the issue of clinical judgment.²

The Practice Event Audit

The concept of the Practice Event Audit arises from a model utilized by the Transportation Safety Board of Canada (TSBC; Transportation Safety Board of Canada, 2014). In this process, especially regarding aircraft events, there is a step-wise analysis regarding less what was done wrong than the options, correctives or alternative actions which were possible. The goal is to look for places where other actions could have taken place to prevent an accident. The TSBC audit involves everything from the personal circumstance of the pilot or individuals involved through the potential role/actions of collaterals. For example, what are the practices of air traffic controllers that might be considered which could have mitigated against the event; what are staffing and personnel practices that could have been more useful; is there a performance factor or practice that could be considered even where pilot error or fatigue was involved? This process is less blameful or fault emphatic than an unpacking of multiple visions of individual, management, general policy and public safety considerations. For the TSBC, an investigation involves ways to improve air safety, seeking to install new or emphasize existing practices for future benefit, without exclusive emphasis upon the actions of individuals.

The Practice Event Audit in remedial supervision is a similar process as well. Contemporary emphasis in models of clinical supervision is upon 'benchmarks' and specified competencies (Jacobs, Huprich, Grus, Cage, Elman, Forrest, & Kaslow, 2011, Kaslow, 2004). However, the development of clinical judgment is perhaps a more evasive skill. The goal in the Practice Event Audit is to identify pivotal points in clinical decision-making and judgment, and at each point, explore decisions made by the clinician, and potential alternatives. This process looks at intake, role definition, focus for treatment, goals and outcomes, as well as the larger context of a given case, all set within an appreciation of ethics and standards of practice. The process, like the TSBC, is less a search for blame or fault: neither prescriptive or reductionist regarding what to do, than an exploration as to how to act regarding one or another preferred option. For example, not whether, with a given file, a clinician should or shouldn't have done one thing or another but how they would do, one thing or another, more effectively, ethically

² This article in fact arises from specific referral of a psychologist with concerns of the sort the example illustrates and they have been kind enough to read / provide editorial support anonymously for the project.

and even legally. To do this, the Practice Event Audit takes into consideration the complex demands associated with any file and the particular case at issue in the complaint. Behnke (2014) described these demands as clinical, ethical, legal, and risk management in nature (p. 63). Consideration of clinical options in the light of clinical, ethical or legal consideration and risk management is essential in responsible clinical practice, and the Practice Event Audit.

With Dr. S., our case example, the Professional Event Audit proceeded from intake, initial contact with the parties, her sense of her role, the actual execution of treatment, decision to provide the letter and basis for actions taken relative to standards of practice, as well as discussion of the complaint, her response to complaint, investigation, the hearing and proposed resolution. This can be represented as follows:

Dr. S., was contacted by a father regarding treatment for his daughter in the shadow of a High Conflict Divorce (HCD). The daughter was described as depressed and agitated, and particularly, according to the father, relative to her time at her mothers. Dr. S. proceeded to meet and, after a couple of sessions the father asked for a letter regarding the issue of the daughter's distress. Dr. S., who also felt professional concerns relative to the status of the daughter, produced a letter proffering suggestions regarding the child's best interest and considerations for custody and access, and further treatment involving the mother.

Subsequently maternal complaint arose regarding the professional propriety of opinion, in such a situation, and the investigative/adjudicative and, ultimately, remedial process undertaken.

Conjecture regarding the role of the psychologist, the context of referral, the options for intervention, and the actual or potential stakeholders involved and potential conflict(s) are implicit pivotal points; each viewed as decision-making junctures in the Practice Event Audit. The process is less pursuit of the correct action than correct thinking relative to any of the several potential actions possible when ethics and risk management is factored in. In part this is because when presented with scenarios regarding clinical, ethical, legal or risk management decision-making, in fact, psychologists provide a variety of responses (Barnett, Behnke, Rosenthal & Koocher, 2007). Professionals in hypothetical practice scenarios often present differing ways to negotiate the same territory. Further, these responses seem idiosyncratic relative to personality or character (Brucato & Neimeyer, 2009; Haas, Malouf & Mayerson, 1986; 1988; Sieber, 2013; Veilleux, January, VanderVeen, Reddy & Klonoff, 2012). Psychologists can run afoul of ethics and risk management by doing too little or too much or believing there is one specific solution. Where a psychologist manages risk unduly or attempts to indemnify themselves through formality, issues of competence may arise (Knapp, Handelsman, Gottlieb & VandeCreek, 2013). Contrariwise, where they are driven by a passion to help, caught up in the emotion of a file, more risk-prone actions may emerge (Knapp et al., 2013). Ethical and practice related decisions then are not simply a rational, analytic process (Rogerson, et al. 2011; Betan & Stanton, 1999; Gottlieb et al., 2013; Truscott, 2013). In fact, "limiting the process of ethical decision-making to rational deliberation ignores the true nature of difficult dilemmas and may do little to ensure ethical behavior" (Rogerson et al., 2011, p. 622). Returning to our example,

As an experienced clinician, Dr. S. felt the anxiety in the child and the sincere concern of the father were appropriate for clinical attention. The focus/intent led to not only independent treatment of the child but the eventual production of the letter. While Dr S felt this was an appropriate referral, in retrospect they could see that the parental conflict and the legal adversarialism in the background was perhaps under-appreciated: in fact, stating they would “never involve themselves in these sorts of files in the future”.

In a Practice Event Audit, initial discussion involves intake and clinical focus: consideration as ‘who is the patient’, ‘what in fact is the service sought’, ‘what is the desired / potential outcome’, ‘who are the stakeholders’, ‘what are the ethical, even legal considerations relative to services undertaken?’ etc., The Practice Event Audit begins, then, with referral and intake, and the ways to reject or accept a given file in a respectful, enabling fashion.

REFERRAL/INTAKE	
<i>REJECT</i>	<i>ACCEPT</i>
Referral or doubt regarding management of the issues i.e. clinical, ethical, legal or risk.	After initial intake consult or discuss options with a colleague about High Conflict Divorce (HCD).
If treatment options are beyond one’s skill set i.e. family therapy, psycho-legal consideration, high conflict divorce issues, etc.	Assume a limited, circumscribed role with the child as patient.
Refer to a colleague competent with such matters.	Assume a limited or exclusive role with the parent in managing HCD and the child’s anxiety.
Reject the ‘definition’ of the problem as provided by the presenting parent and negotiate what can be offered.	Expand treatment and seek to invest all stakeholders.
	Consider the limits of your role with the file regarding treatment and intervention vs. assessment and evaluation.
	Accept the more limited or expanded role and refer to other professionals for complimentary attention i.e. parent coordinator, mediation, assessor, etc.

Involved in the Practice Event Audit is the competent way to do any one of these things in service to both patient best interest and risk management. The obligation of the supervisor, in the Practice Event Audit, is to unpack options for the supervisee and discuss how each might be managed, not simply pursuit or endorsement of any one

option. With HCP files for example, identifying how to manage any overarching concern for the legal process waiting in the wings.

Discussion with Dr S was both specific to acceptance of the file and academic relative to exploration of ways to reject, decline or redefine referral. This discussion included generic ways to consider opening a file and even 'bad' reasons to reject such referral. Considerable time was spent on the issues of risk management at intake and in treatment. Treatment/intervention then became the second significant area for the Professional Event Audit. Dr. S. described professional concern for the issues of child-parent conflict, the aversion by the child to maternal contact, and the concomitant anxiety associated in both the child, and the father. In treatment, two options arise: a more reserved or restricted focus or a more expanded, inclusive option.

TREATMENT	
<i>MORE RESTRICTED</i>	<i>MORE EXPANSIVE</i>
Exclusive to the child based upon confidentiality and boundary consideration to the extent permitted by the custody/access agreement	Involve the parent and the child in conjoint attention relative to resilience and support for the High Conflict Parenting situation
Exclusive to the parent around management of High Conflict Parenting and development of resilience in children	Seek to enfranchise the other parent in the treatment process and consider expanding into or making referral for parenting co-ordination or mediation roles
	Apportion out the various roles/functions useful, considering not only formal treatment, education on High Conflict Parenting and the parent co-ordination-mediation potentials but psycholegal consideration

The divergent quality in the Professional Event Audit, at this point i.e., how to see any one of a number of ways to support effective intervention, is extremely important. Exploration regarding clinical issues related to engagement, motivation, means to set / maintain treatment focus, means to expand focus, and risk management regarding ethics and legal consideration are important in any more reserved or more expanded role. The essence of this discussion is not the right thing to do but the right thoughts to guide any action(s) elected.

Generative speculation is precisely what an effective Professional Event Audit seeks (Gottlieb et al., 2013). The central feature of the Practice Event Audit is reflective practice (Schon, 1983; Halpern, 1998).

With Dr. S. for example, the initial discussion regarding her decision to accept the intake proceeded through all the ways that acceptance might transpire: ways to view conflict and mitigate against parental adversarialism, increase non-iatrogenic alliance, manage risk, define professional authority, etc. The

Professional Event Audit can defend the decisions of the professional using the very steps which led to complaint to reconstruct those steps. Ethics and competence are not didactic in the Professional Event Audit: not 'shall and shall-not' but 'how's and ways' relative to preferred professional direction.

Returning to Schon (1983), and the concept of reflexive practice, action-oriented awareness of “complexity, uncertainty, instability, uniqueness and value conflict” (p. 19) is central to the Practice Event Audit, moving away from “technical rationality” (p. 23) associated with a ‘right way’ and, an appreciation that,

When...confronted with demands that seem incompatible or inconsistent, (one) may respond by reflecting on the appreciations which he and others brought to the situation. Conscious of a dilemma, (one) may attribute it to the way in which (one) has set the problem, or even in the way (one) has formed their role. One may then find a way of integrating, or choosing among, the values at stake in the situation (p. 63).

In the same way competency and criteria –based models of supervision (Fouad et al., 2009; Kaslow, 2004) seek to establish highly specified and technical ways to institute competency, ethical decision-making models have sought to outline (technical) step-wise ways to resolve dilemmas (CPA, 2000; Cottone & Claus, 2000). Nonetheless, Barnett et al., (2007) warn that;

Just as strict adherence to the APA Code of Ethics (or any code for that matter) will never provide guidance as needed by psychologists when they are faced with the myriad of complex dilemmas that may arise throughout their careers, no one model of ethical decision-making holds all the answers either. Psychologists must still use their professional judgment when weighing multiple and often competing demands, needs or goals (p. 9).

It is the intent of the Practice Event Audit to elicit professional judgment and increase generative complexity relative to “demands, needs and goals” (Barnett et al., 2007; Barnett, 2009). There are multiple actions with any file which can be undertaken ethically. With Dr. S., this was especially salient relative to her actions in documenting opinion.

Dr. S. was ultimately pressed upon to produce a letter for the parent and legal counsel touching upon concerns entertained. Such letter was produced under the auspices of providing professional voice and direction. Such direction included concerns for the mother-daughter relationship, the custodial arrangement, and further treatment recommendations.

Most prudent professional standards of practice have established that such action is beyond professional provenance. For example, APA Standard 9b, assessment, makes clear the limits to opinions on others (APA, 2010). However, in Dr. S.’ Jurisdiction, such restriction is all the more explicit:

a psychologist rendering an opinion OR making a statement about a parent or a guardian that has or could have implications for that parent's or guardian's rights or personal interests shall not do so without having direct and substantial professional contact, including informed consent to process and formal or

general assessment of the person who is subject of the opinion or statement being made (CAP, 2013, p. 5).

The Practice Event Audit is designed to deal with the collision between patient request, professional concern for patient well-being, codes, standards or guidelines, and risk management. As an example, the professional correspondence provided by Dr Smith - the salient concern ethically in the complaint by the mother - became the ultimate focus in the Practice Event Audit. Through the Practice Event Audit there emerged several options in light of paternal/legal request

Dr. S. felt, just short of child protective threshold, that the child was at risk emotionally; that something ought to be done or further action taken regarding the custodial arrangement; hence the impetus to produce a document sponsoring further action.

Provision of Written Correspondence		
- Decline the opportunity to provide a letter through reference to code specifically.	- Provide a treatment summary as treating professional vs. neutral forensic (Greenberg & Shuman, 1997).	- Develop a modest and provisional summary for attention to potential concerns based upon professional level of acuity or anxiety (see Appendix A).
- Refer to an appropriate colleague for the professional focus sought.		- At threshold refer to child protection.

The issue of passionate, purposeful, yet diplomatic and ethically accountable correspondence becomes the ultimate focus of the complaint and for the Practice Event Audit. Gottlieb, Handelsman and Knapp (2013) stated that “we have heard claims that good clinical care, sound ethical decision-making and effective risk management can somehow conflict with each other...when we examine such assertions more closely, we find these conflicts generally disappear” (p. 308). While it is not the intent of the article to discuss effective clinical correspondence in critical circumstance, an effective Practice Event Audit is reflective expansive contextual conflict resolution (See Appendix A). For example, in another case, the psychologist had been disciplined for file storage and in the Professional Event Audit the discussion encompassed the absence of well-defined employer’s policy for file storage. This discussion was not undertaken in any adversarial light but rather for the psychologist to then contribute to the design of firmer and more evident policy in this area.

Conclusion / Future Consideration

The Practice Event Audit strives to dissolve the conflict in what Gottlieb et al., (2013) refer to as the false trichotomy of good clinical work, core ethics and risk. Reflective practice is complex: not what you should or should not do or the simplicity of dichotomous thinking (Rogerson et al., 2011), but undertaking what a given professional

is inclined to do, competently and ethically. Placing the impetus to “do something”, as experienced by Dr. S. within the constraints of a professional standard and clinical modesty supports the injunction that ethics is not to end struggle, ethics is struggle.

Current models of supervision emphasize competency benchmarks and criterion-based evaluation (Fouad et al., 2009; Kaslow, 2004) seeking to establish highly specified and technical ways to assess training. This focus ought not override the importance of the less tangible aspects associated with professional judgment. The pursuit of empirical validation is difficult within any training or supervisory model (Larkin & Morriss, 2015; O’Donohue & Boland, 2012). Efforts in the field to date are promising in relation to specified criterion yet the development of professional judgment may be more difficult to evaluate. The Practice Event Audit offers a method to walk through particular case examples and problems in clinical judgment beyond its exclusive use in remediation or discipline. As a teaching or training tool it may lend itself to not only the development of clinical judgment but its evaluation in a more formal or empirical sense.

For example, the Practice Event Audit can help the seasoned or less experienced clinician appreciate how prioritizing one particular value i.e. as with our example, ‘help a child,’ can subordinate other considerations in clinical, ethical, legal or risk management. It may be possible to assess clinical judgment and then the impact of the Professional Event Audit relative to not only remedial or mandated supervision but the competency of the beginning clinician. The practice may assist in avoiding adversarialism, the argument for a particular clinical perspective vs. advocacy for multiple perspectives or potentials clinically, ethically or legally. In fact, adversarialism, in a legal or professional sense, should be seen as prioritizing a particular desire while making secondary or obscuring other considerations. Adversarialism stands in stark juxtaposition to the Practice Event Audit, resembling less an exercise in reflective practice than a scene from The Godfather or a presidential war room. In contrast the Practice Event Audit can be considered a pragmatic exercise where “good clinical work, core ethics and risk” (Gottlieb et al., 2013) might emerge in useful and varied configurations. The Practice Event Audit challenges any single vision in professional judgment and challenges conceptual conservation, cognitive dissonance and the ‘blindness’ (James in Richardson, 2010, p. 145) inherent in the often *business as usual* of clinical practice.

Appendix A

Hypothetical Correspondence

Dear Mr. D.,

Thank you so much for the opportunity to meet with and consult on the matter of your daughter’s well-being in the light of marital separation / divorce and co-parenting.

While we met ostensibly for therapeutic / treatment purposes, it would appear issues have arisen which may require further consideration. Often matters as you describe and of which no doubt the other parent has concerns are best resolved through more comprehensive evaluation or assessment. While I do not have a complete view of

the situation, assessment would in fact aim to provide such. Hence I recommend such action, at this time.

Please feel free to forward this letter to your daughter's mother and / or opposing legal counsel. Again, I appreciate the opportunity to be of assistance.

Most Sincerely,

Dr. S.

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