

Supervision

Case of Mary

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Overview

Mary is a White 50-year-old counselor working in a residential maternity home. At the age of 45 and after the death of her only child who was 24 years old, Mary returned to school and earned both her bachelor's and master's degrees. Subsequent to completing her counseling degree, Mary was hired as a full-time counselor by a maternity home that provides intensive therapeutic programming to pregnant residents who have been identified as needing acute treatment for themselves and their unborn infants.

One of the first clients assigned to Mary was Ginger, a White 17-year-old who was 5.5 months pregnant. She was admitted to the maternity home from lock-up after it was discovered she was pregnant. On admission to the maternity, Ginger had received no prenatal care and tested positive for both cocaine and marijuana.

During the initial assessment, Ginger described her family history as intense chaos that included poverty, substance abuse, domestic violence, child abuse, and neglect. Ginger had been living in a car with the biological father of her baby until he abandoned her at a gas station. Shortly after, she met Antonio, an 18-year-old Latino from Central America, who wanted to take her back to his country, Guatemala, to live with his family and raise her baby. Ginger expressed that she had no interest in having the baby without the help of Antonio.

Ginger disclosed in the third session that she abused alcohol and smoked pot despite the consequences to her unborn child and that she had no interest in the child. Antonio had not called her in 2 days, and her wish was that she would lose the baby. If Antonio did not come to take her away, she would release the baby for adoption at birth.

Mary was struggling with prioritizing the multiple issues Ginger presented in session. Mary felt her first responsibility was to the unborn child by means of Ginger's prenatal care and sobriety. In counseling sessions, Mary was aware of her own varying levels of anxiety associated with questions of competence and a strong focus on self rather than the client. Mary was becoming frustrated, confused, and disabled by doubt. She urgently needed to confront her own feelings toward Ginger. She made an appointment for individual supervision with Stan, her supervisor.

Incident

The following is an exchange that occurred during individual supervision between Stan and Mary:

Stan: Hi, Mary. You said you desperately needed to talk to me?

Mary: Yes, I have a client that I need to refer. She possibly wants to release the baby for adoption, or needs to release the baby for adoption, or at least I think she needs to release the baby for adoption. I don't know what she needs. She needs more than whatever I have to offer [Mary's eyes tear, and she feels betrayed by her own emotions].

Stan: One minute you feel certain and the next you feel doubt about how to support this client. Tell me more about what is going on.

Mary: [She proceeds to give Stan the client's background along with all protocol concerning social services and child protective services.] So you see, this is why I need to refer this client to you.

Stan: You have worked successfully with other difficult clients. Describe some weaknesses you have working with this client.

Mary: I'm not sure what it is. I don't feel empathy for her. I don't know ... I am always focused on the wrong thing, like when I corrected her for referring to Antonio as a Mexican ... that just because he speaks Spanish doesn't make him a Mexican. That seemed like the one thing I knew for sure about this client; Guatemala is not in Mexico!

Stan: With all the ambiguity and uncertainty, you focused on the one thing you know for sure. What about you either contributed to or detracted from your ability to demonstrate empathy?

Mary: I'm not sure. I feel so sad [tears run down Mary's cheeks]. I grieve for the baby. How will Ginger ever give this child what Ginger herself has never had? [Mary openly weeps.] I am angry at Ginger for not knowing what she does not know; that is, how to value her life and life of this unborn child.

Stan: You value life. You value both Ginger's and her unborn child's life. Your values are different from the values of your client. Who better could assist Ginger in finding her value? I believe your client is with the counselor she needs.

Concerns

1. This case highlights one of the critical differences between counseling and supervision, the focus of intervention. In counseling, the focus is on the client. In supervision, the focus is on the supervisee while simultaneously remaining cognizant of the needs of the supervisee's clients. Did Stan maintain an appropriate focus?
2. It is the supervisor's job to recognize that supervisees will come to supervision with specific personal needs. Did Stan recognize this? Explain.
3. It is important that supervisors convey to supervisees that we are in the facilitating not the fixing business. Did Stan do this? Explain.
4. What was the most important part of Mary's dilemma?

5. If Stan had focused solely on Ginger and helped Mary to resolve this situation or if Stan had readily agreed with Mary to refer, what would likely have happened to Mary's growth as a clinician?
6. In terms of deciding whether to refer, what are some specific guidelines?
7. Is there a hierarchical relationship in therapeutic and supervisory relationships?
8. If Stan had maintained a focus solely on the client problems, what is the covert message to Mary?
9. What could avoidance foster for Mary in future challenging issues?
10. Do difficulty and insecurity voiced by Mary in supervision indicate an immediate need to transfer to another counselor?

Questions

1. Describe how Stan made a cognitive shift in supervision, moving from a client to supervisee focus.
2. If Stan had maintained a client focus, what possibilities might have resulted?
3. Was it reasonable for Stan not to refer the client to another counselor? Explain.
4. Values and biases can affect supervisors' work with supervisees and counselors' work with clients. What kind of strategies are helpful when supervisors work with clients and supervisees whose values are very different? Explain.
5. Do you agree with Stan's assessment in supervision? Explain
6. What theory of supervision would you use in supervising Mary?
7. What supervisory role would you use in supervising Mary?

Case Study One

Note: This is a fictional case study. Names and situations are fictional.

Jerrod, a family counselor, lived in a small town in the Midwest where he had a large and successful practice. Many of his clients were referred from local and regional law enforcement agencies for domestic violence and anger issues. Jerrod, however was tragically and suddenly killed after falling down the stairs of his home. Fortunately, Jerrod had a personal will. However he did not have a professional will.

Jerrod's personal will named his father as his executor. Thus, in the absence of a professional will, all of his business assets, including records, were placed under his father's care. Therefore, Jerrod's father now is responsible for Jerrod's practice. Overcome with emotion, his father, Matt, who is not a counselor, does nothing with the practice for the three weeks immediately after Jerrod's death. He simply does not feel he has the strength to effectively make decisions regarding the practice. He wants to be deliberate in his actions. In fact, Matt is faced with many dilemmas regarding Jerrod's practice. Namely, Matt wants to close the practice as quickly as possible and "be done with it." Further, he is unable to "face dealing with Jerrod's clients." Matt, in his plan to "not make hasty decisions" simply does nothing to communicate with Jerrod's clients. Soon, he begins to receive calls at his home from Jerrod's clients and referrals asking what they need to do now that Jerrod is deceased. "The sooner I can close his practice the better," he thinks. Thus, five weeks after Jerrod's funeral, he goes to Jerrod's office to begin closing the business. Surrounded by reminders of his son, who kept meticulous records, he is overcome with emotion. Among the items in Jerrod's files, Matt sees a file of unpaid client invoices. Matt takes the invoices and makes a note to give them to his personal accountant to process. He also notices a blinking light on Jerrod's phone, indicating waiting messages. He reluctantly begins to listen to the messages. As he listens to the messages, he becomes increasingly alarmed as he realizes that several of the calls, some from three weeks prior, are from clients who are threatening to harm others. Slightly panicked, he quickly deletes the messages, proud of himself that his "reason has prevailed," and telling himself that no one can do anything now about these problems. "Thank goodness Jerrod doesn't have to deal with this kind of stress anymore." As he leaves the office, he also tells himself that he will start cleaning out the office next week. "I will start with selling the office furniture, so I need to throw away the files."

The following are important questions and answers to consider.

1. In considering the questions with which Matt is faced, what components of a professional will would be especially helpful to deal with the closure of the practice?
2. What could Jerrod have done to facilitate the transition of clients following his death? Specifically, what directives might he have provided regarding the referral of clients?
3. How could Jerrod have provided continuity of care for those clients who were court mandated? What "special procedures" might he have included to provide continuity of care for these clients?
4. What could Jerrod have done to provide more insight regarding his billing? What special provisions need to be made to insure a third party has the ability to access information about billing, especially when the billing is contracted?
5. What inadvertent confidentiality issues have occurred as Matt gives all outstanding billing records to his personal accountant?