

The ACSA logo is rendered in a green, sans-serif font. The letters are spaced out, with 'A' and 'C' being significantly larger than 'S' and 'A'.

# ACSA



AUSTRALIAN CLINICAL SUPERVISION ASSOCIATION

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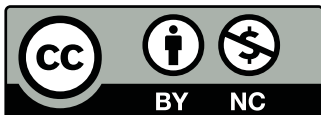
# Code of Ethics Code of Conduct

**for clinical supervisors**

## Acknowledgments

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ACSA will formally review this code of ethics and code of conduct on a regular basis, to be informed by new knowledge and experience, to ensure the ongoing growth and development of the association.

## Preamble

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Most professional codes of ethics and codes of conduct in the helping professions focus on what practitioners should not do. In terms of ethical maturity, set against a backdrop of positive values, ethical behaviour is rightly concerned with:

*having the reflective, rational and emotional capacity to decide which actions are right and wrong, or good and better; the resilience and courage to implement those decisions; being accountable for ethical decisions made (publicly or privately); and the ability to learn from, and live with, the experience.<sup>1</sup>*

Many ethical dilemmas in the helping professions are ambiguous, novel, or unpredictable. Ethical dilemmas arise when there are conflicting ethical considerations, from which to make sound ethical choices. It may be neither possible nor desirable for professionals to follow procedural rules. Rather, the careful exploration with colleagues presents opportunities to consider wider perspectives. Ethical choices occur in the context of considering all perspectives and evaluating those ethical decisions that will do the most good, and more importantly, do the least harm. In working through ethical dilemmas in clinical supervision practice, clinical supervisors may consult with other clinical supervisors.<sup>2</sup>

Formal standards and codes are guidelines and cannot serve as a substitute for an active, deliberative, and thoughtful approach to fulfilling professional and ethical responsibilities. Although they inform ethical considerations, they do not preclude that deliberation. Nevertheless, an understanding of the general principles underlying ethical decision-making provides a way of framing the parameters of thinking on ethical dilemmas.

The Australian Clinical Supervision Association (ACSA) Code of Ethics and Code of Conduct document outlines ethical standards that address most situations encountered by clinical supervisors in Australia. It has, as its goals, the welfare and protection of individual and group clients with whom clinical supervisors work, the education and protection of ACSA members and the public and wider community regarding ethical standards in the emerging profession of clinical supervision.

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Integrity ■ Compassion ■ Respect ■ Courage ■ Openness ■ Collaboration

## Introduction

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ACSA is committed to cultivating the highest ethical standards through articulating sound ethical principles that reflect its core values of: integrity, compassion, respect, courage, openness, and collaboration.

This Code of Ethics and Code of Conduct is a statement of the principles and values integral to clinical supervisors and the practice of clinical supervision. It articulates minimum standards of ethical practice, and its intention is to guide clinical supervisors within the ACSA membership, ACSA as an organisation, and to inform clients, the public and wider community on what they can expect from helping professionals engaged in clinical supervision with other professionals.

As an organisation, ACSA also seeks to ensure the highest standard of governance through its constitution and policies, ethical codes, and guidelines and standards of practice. ACSA members are immersed further in the ethical codes, guidelines, and standards within their primary profession.

This code aims to provide a foundation for clinical supervisors to reflect on and clarify the ethical aspects of their supervisory practice, as well as direct their attention to broaching the complex ethical challenges that involve more than the application of a correct answer or simple rule.

## Definitions

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### Member

Member means every person who is a member of ACSA: Ordinary, Associate, Honorary, or Life member.

### Clinical supervisor

Clinical supervisor refers to educationally prepared individual, group or peer clinical supervisors.

### Client

Client refers to a party or parties engaged in clinical supervision practice as a supervisee, or in teaching, training, educational and research activities. Clients may be individuals, dyads, groups, organisations, communities, facilitators, sponsors, or others paying for professional services.

### Clientele

Clientele refers to the patients, clients, and consumers that clinical supervisors (or clients in this definition) work with and to whom they provide their professional services, regardless of the setting.

## Core Values

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ACSA has enunciated six (6) core values of integrity, compassion, respect, courage, openness, and collaboration to underpin its vision and mission statements. It is committed to creating a professional culture in which these core values can not only grow, but thrive.

### 1. Integrity

Integrity concerns honouring the trust placed in us by clients and members and protecting the sincerity, safety, and solidarity of our relationships, while providing benefit and doing no harm, as well as exercising our power appropriately.

### 2. Compassion

The pulse of compassion rests on the emotional responses of empathy and care, which are accompanied by an unwavering commitment and desire to be of use to others when we encounter a person's suffering.

### 3. Respect

Respect concerns demonstrating our esteem for the essential worth and dignity of all persons, professions, and organisations, including recognising cultural and other diversities, and protecting the human rights to privacy, confidentiality, self-determination, personal freedom, and natural justice.

### 4. Courage

Courage refers to our capacity and willingness to speak up against injustice, discrimination, and foolhardiness, in order to promote fair and impartial practices that protect the dignity of all persons. The notion of moral courage is especially relevant to such endeavours, and one that is not easy to fulfil.

### 5. Openness

Openness is about being transparent in our business and interpersonal dealings with other people and identifying potential and actual conflicts of interest between ourselves, and the greater good of the association, while promoting the practice and profession of clinical supervision.

### 6. Collaboration

Collaboration refers to our relational responsibilities with other members, including committee and sub-committee members, other professional organisations and bodies, and other professionals, so that we can all work together on a common mission and meet our respective goals.

Many of these core values are based on the ethical principles within the helping professions.

## Ethical Principles

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Ethical principles underpin ethical decision-making, and serve as a guide for assisting practitioners to choose an appropriate course of action. The five (5) essential principles that form the basis for ethical decision-making in the helping professions include autonomy, beneficence, fidelity, justice, and non-maleficence.<sup>3</sup>

These principles direct attention to important ethical responsibilities, outlined in the next section. However, practitioners will always encounter circumstances in which it is impossible to reconcile all the ethical principles together, and they may need to choose between them. Any subsequent decision or course of action does not, necessarily, become unethical.

### 1. Autonomy: respecting people's right to be self-governing

Autonomy refers to taking responsibility for one's own behaviour, and underlies a number of important ethical principles. For instance, practitioners who respect their clients' autonomy ensure accuracy in any information they provide, protect their confidentiality and respect their autonomy and individual rights to privacy and freedoms of action and choice. The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends.

### 2. Beneficence: promoting people's wellbeing

Beneficence is a principle derived from the Hippocratic Oath, and concerns the first professional obligation to put the wellbeing and interests of clients above self-interests. In other words, professional actions should do good, and knowledge should promote human welfare in a background of un-self-interested advocacy and effective affirmative goodness. This principle requires clinical supervisors to delicately balance the competing positive goals to be achieved and the competing harms to be avoided.

### 3. Fidelity: honouring the trust placed in the practitioner

Fidelity concerns being trustworthy. It means practitioners are faithful to the promises and commitments they make, being truthful, and showing integrity in fulfilling their obligations. This principle concerns obligations of honesty to clients and members in terms of ensuring that they have all the information necessary to function and make choices. The state of being trustworthy is fundamental to resolving ethical issues.

### 4. Justice: ensuring fair and impartial treatment and equitable services

Justice refers to the underlying principles of fairness and equity, which are central to ethics. Whereas justice is an expression of the recognition of each other's basic dignity and an acknowledgement that people are essentially equals, fairness is about managing self-interests and prejudices to ensure that biases or conflicts do not compromise ethical behaviour.

### 5. Non-maleficence: avoiding harm to people

Non-maleficence is the obligation to prevent or minimise the infliction of harm to others, particularly harm that is avoidable. It underlies professional competence in that clinical supervisors and members strive to act in ways that do not compromise their own development or that of clients, members, and the public and wider community.



## Ethical Responsibilities

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The common areas of ethical concern to both clinical supervisees and clinical supervisors are readily identified in the clinical supervision literature. Consistently, the two main areas of ethical discontent include confidentiality and dual or multiple relationships, roles and responsibilities. Dual responsibilities can be rightly interpreted as a conflict of interest, which can potentially interrupt the trustworthiness of the supervisory relationship and impact on issues of confidentiality, power and control. The conflicts inherent in dual or multiple roles make truly fair determinations impossible.

At times, however, dual relationships or multiple roles cannot be avoided in clinical practice, at least until other arrangements can be negotiated. These occasions include situations where practitioners work in small professional communities, isolated or rural settings and where beginning practitioners require formal assessment of their skills as part of their professional training. The relationship of clinical supervision involves a commitment to pursue the good of others, where the concept of good is moral and ethical, rather than economic or legal. The clinical supervision relationship is covenantal in that it is based on a duty of care, rather than a contractual one.<sup>4</sup>

Nevertheless, working agreements serve to protect the good of both participants when they are reciprocally negotiated and are informed by ethical codes, principles, and responsibilities. The recommendations in the literature are that, where possible, clinical supervisors avoid the complications of dual relationships for the reasons outlined. It is further arguable whether clinical supervisors, themselves, would wish to emotionally bear the ethical burdens of being involved in dual relationships and multiple roles with the concomitant issues of power and control differentials that such burdens imply.

Ethical responsibilities in clinical supervision practice encompass responsibilities to clients, their clientele, members of professional organisations, including ACSA, the various helping professions, and of course, the public and wider community. Ideally, the actions taken by clinical supervisors and members reflect positively on the practice of clinical supervision, and on ACSA as an organisation, regardless of practitioners' experience, title, or position.

The common areas of ethical concern covered in the ACSA Code of Ethics and Code of Conduct include the following ethical responsibilities.

- 5.1 Respect.
- 5.2 Dual relationships and boundaries.
- 5.3 Informed consent.
- 5.4 Conflicts of interest.
- 5.5 Confidentiality.
- 5.6 Working agreements or contracts.
- 5.7 Professional competence.

## 1. Respect

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### Code of Ethics

*Clinical supervisors and members of ACSA act in accordance with all applicable laws, regulations and professional standards to maintain the dignity and esteem of people, professions, the public and wider community. They practise transparent communications that consider human rights, culture and diversity, and they treat people with respect, fairness, and compassion.*

### Code of Conduct

#### Respect for people

1. Clinical supervisors and members of ACSA accept the concept of moral rights as essential for respecting the dignity and worth of clients and members, and promote human rights to privacy, confidentiality, self-determination, personal freedom, and natural justice.
2. Clinical supervisors and members of ACSA establish collegial relationships in interpersonal and organisational contexts that facilitate consensus building in working toward common goals.
3. Clinical supervisors and members respect the culture and other diversities of clients, members, and research participants and seek advice when they are at risk of imposing their own values on to others, or are discriminatory in nature.

#### Members

4. Members demonstrate consideration and esteem for other professionals and colleagues within ACSA, having particular regard to honouring professional relationships, commitments, and obligations.
5. Members uphold the reputation of ACSA and the profession of clinical supervision by positively representing its business in organisational dealings with members, other professional groups, and the public and wider community.
6. Members recognise the confidential nature of fellow members' personal information, and avoid invasions of privacy, or communications that may be coercive, ensuring that the core values of ACSA are upheld and enacted.

### Clients

7. Clinical supervisors ensure that their supervisory practice focuses on respecting the client's learning needs and developmental levels, putting their interests over self-interests, and safeguarding clients' trust in them.
8. Clinical supervisors promote the client's welfare and professional growth and respect their uniqueness, values, attitudes, beliefs, and behaviours unless legal or ethical issues preclude the celebration of those differences.
9. Clinical supervisors create a safe holding environment with clients in protected time and space and place the supervisory relationship at the heart of supervisory practice.

### Respect for culture and diversity

10. Clinical supervisors recognise Australia's multicultural values and promote the inherent rights, cultures, and traditions of Aboriginal and Torres Strait Islander peoples as the first peoples and traditional owners of this land.
11. Clinical supervisors provide clinical supervision in a consistent manner to all clients regardless of age, race, national origin, religion, disability, sexuality, gender identity, political affiliation, marital, social, or economic status.

### Respect for the professions

12. Clinical supervisors honour their responsibilities to the professions, their relationships with colleagues and members of other professions and disciplines to maintain and protect their profession's esteem and reputation.
13. Clinical supervisors uphold the dignity and autonomy of the professions, maintain harmonious inter-professional and intra-professional relationships, and accept the professions' self-imposed relevant regulations, industry codes, practice guidelines and standards.

### Respect for the public

14. Clinical supervisors and members are committed to protecting the public against undesirable, incompetent, and dishonourable practices and are prepared to challenge these practices both in themselves and in others.
15. Clinical supervisors and members using internet and social media for their practice or their work with clients ensure they ethically manage their 'online presence', including upholding ACSA, its members, and their clients.

### Respect for the wider community

16. Clinical supervisors act in accordance with all applicable laws of Australia, commonwealth and state, and refrain from assisting others to undertake any action, which violates those applicable commonwealth and state laws.

## 2. Dual relationships and boundaries

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### Code of Ethics

*Clinical supervisors and members of ACSA acknowledge their privileged position with clients and strive to preserve their trust, confidence, and integrity by avoiding dual relationships and multiple responsibilities that could impair their professional judgment or serve to exploit unfair situations, or violate relationship boundaries.*

### Code of Conduct

1. Clinical supervisors clearly define and manage the relational boundaries of the supervisory relationship, including evaluative processes, and keep their commitments and responsibilities to clients, as per the working agreement.
2. Clinical supervisors articulate the purpose of clinical supervision and distinguish it from counselling and therapy, as well as from administrative, professional, and gatekeeping supervision.
3. Clinical supervisors refrain from establishing a psychotherapeutic relationship as a substitute for clinical supervision and address personal issues only in terms of clients' professional functioning and the impact on their clientele.
4. Clinical supervisors refrain from engaging in clinical supervision with any person from their family, marriage, or other significant personal relationship.
5. Clinical supervisors refrain from participating in sexually intimate or romantic relationships with clients, and from making sexual advances, or partaking in any form of sexual contact, including sexual harassment.
6. Clinical supervisors acknowledge the power differentials in the supervisory relationship and model the most effective use of personal, structural, or institutional power for the benefit of clients.
7. Clinical supervisors acknowledge the client's rights, their strengths and expertise and refuse to take control or power, which rightfully belongs to them.
8. Clinical supervisors disclose personal information to facilitate the supervisory process and use such self-disclosure only with a sense of purpose and discretion to serve the clients' interests.
9. Clinical supervisors manage any dual relationships or multiple roles that cannot be avoided (e.g. teacher, assessor, administrator, etc.) by declaring any conflicts of interest caused by these roles and strive to minimise bias, lack of objectivity, exploitation, as well as attempt to resolve those conflicts.

### 3. Informed consent

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#### Code of Ethics

*Clinical supervisors and members of ACSA inform clients as fully and openly as possible, in plain language, about their services, their professional orientation, and ways of working to enable clients to make informed decisions about their choices.*

#### Code of Conduct

1. Clinical supervisors fully inform clients on clinical supervision processes and protocols, expected benefits and outcomes, as well as potential risks, and clarify their shared expectations.
2. Clinical supervisors inform clients on their own supervisory and clinical experience, credentials, education and training, and their professional and theoretical orientation in clinical supervision.
3. Clinical supervisors are open about their own clinical supervision arrangements, including supervision of supervision.
4. Clinical supervisors inform clients about the rights and responsibilities pertaining to the roles of clinical supervisor and clinical supervisee.
5. Clinical supervisors check their clients' understanding of reasonably foreseeable risks and implications, and the possible disadvantages of the process of clinical supervision, particularly in dual relationships.
6. Clinical supervisors inform clients about the principles of confidentiality, the limits to confidentiality, and the protocols to follow if a breach is necessary.
7. Clinical supervisors negotiate the ways in which the evaluation of the clinical supervision process and the assessment of clients' learning progress occurs.
8. Clinical supervisors explain how documentation is conducted, what information may be collected, where and how it will be stored, for how long, who will have access to the stored information, and to whom it belongs.
9. Clinical supervisors and members conducting research explain what informed consent means, in terms of the actions, events, purposes and the nature of the research processes and procedures, and explain participants' rights to decline or withdraw at any time.

## 4. Conflicts of interest

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### Code of Ethics

*Clinical supervisors and members of ACSA are vigilant to potential conflicts of interest that reduce their ability to be objective and unbiased in their deliberations of the best interests of clients, and they openly disclose and manage them, even if this means removing themselves from the actual or potentially conflicted situation. They also collaborate and take advice from colleagues when they may be in doubt.*

### Code of Conduct

1. Clinical supervisors refrain from using the clinical supervision process to further their personal, religious, political, financial, or business interests.
2. Clinical supervisors refrain from misusing their position, title, or the information that they acquire by virtue of their position and title for personal or other gains.
3. Clinical supervisors openly acknowledge and declare any conflicts of interest if, and when, they arise, and manage them appropriately, including withdrawing from the situation where it is unfeasible to continue.
4. Clinical supervisors identify, avoid, and manage actual and potential conflicts of interest, with respect to personal, organisational, and business conflicts.
5. Clinical supervisors and members openly collaborate and seek advice from colleagues or other members and clinical supervisors in areas of ambiguity about a potential or actual conflict of interest.
6. Clinical supervisors and members who recognise a potential or actual area of conflict in another member broach the subject democratically with their colleague in a sensitive yet open way.
7. Clinical supervisors are honest in their financial dealings, making transparent financial arrangements with clients and provide reasonable notice for fee increases and other changes.
8. Clinical supervisors avoid exploiting clients for financial gain and refrain from making financial arrangements that may adversely influence the clinical supervision process.
9. Clinical supervisors strive to honour the greater good of clients, members, the organisation, and the public and wider community over their own personal, organisational, or business interests.

## 5. Confidentiality

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### Code of Ethics

*Clinical supervisors and members of ACSA protect all information that is sensitive, confidential, or private from misuse. They only disclose such information when it is required by law, threatens the integrity of professional practice or breaches the standards and codes of ethics and conduct within the helping professions.*

### Code of Conduct

1. Clinical supervisors embrace an obligation to protect the privacy of clients and members, keep any sensitive information acquired in their professional activities to themselves, and balance rights to confidentiality with duty of care.
2. Clinical supervisors refrain from divulging personal and sensitive information shared during their clinical supervision activities to organisations, colleagues, and the public and wider community.
3. Clinical supervisors refrain from sharing personal or sensitive organisational information obtained during official organisational meetings and other ACSA business with organisations, colleagues, and the public and wider community.
4. Clinical supervisors make appropriate provisions for keeping documentation secure, confidential, and transparent, and avoid identifying colleagues and clients' clientele.
5. Clinical supervisors in dual relationships constantly monitor and question their roles and responsibilities in terms of inadvertently breaching confidentiality.
6. Clinical supervisors understand the limits to confidentiality, including unethical practice, mandatory reporting responsibilities, and compromised professional performance, and report these situations to appropriate personnel.
7. Clinical supervisors demonstrate courage in approaching sensitive situations by first addressing issues with clients and members, relating their concerns and collaborate with clients and members to re-evaluate their position.
8. Clinical supervisors always seek permission from clients and members to break the limits of confidentiality, where it is appropriate ethically and legally, and encourage clients and members to self-report to appropriate personnel.
9. Clinical supervisors report their concerns to appropriate personnel with clients' or members' prior knowledge, and continue this course of action, when that approval to disclose compromised behaviour is unforthcoming.

## 6. Working agreements or contracts

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### Code of Ethics

*Clinical supervisors and members of ACSA negotiate a collaboratively constructed working agreement or contract with their clinical supervision partners in a fair, open, and informed process that places the relationship at the heart of supervisory practice.*

### Code of Conduct

1. Clinical supervisors collaborate with clients to negotiate a supervisory working agreement after open disclosure on training, experience, financial and administrative issues, frequency, duration, and style of clinical supervision.
2. Clinical supervisors define their scope of supervisory practice, including goals and tasks and scheduled reviews to which both parties agree and sign a written contract within an agreed timeframe.
3. Clinical supervisors intentionally engage with clients to facilitate a productive supervisory relationship and learning alliance based on trust, trustworthiness, and reliability, which they hold as primary to the working agreement.
4. Clinical supervisors provide constructive feedback to clients on both their reflections and developmental progress without imposing their own point of view or theoretical frame.
5. Clinical supervisors outline a protocol for cancellations to suit both parties that includes their availability between sessions, both their emergency or after hours contact details.
6. Clinical supervisors negotiate a fair and equitable process to follow should either party wish to end the clinical supervision arrangement, and incorporate a plan on what to do in times of unexpected tragedy, ill health, and death.
7. Clinical supervisors recognise that some conflict is inevitable, and help clients to understand this as well, while dealing with any arising conflicts in constructive and professionally tactful ways.
8. Clinical supervisors observe the principle of 'right to due process' in response to perceived unsatisfactory performance (e.g., legally, ethically and professionally) and address those issues sympathetically and clearly with clients and members.
9. Clinical supervisors respond promptly and appropriately to any issue or complaint from their clients and seek to repair the situation.



## 7. Professional competence

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### Code of Ethics

*Clinical supervisors and members of ACSA strive to exemplify best practice in the art and craft of clinical supervision, respect the principles of lifelong learning and continue their education, training and critical inquiry to deepen their knowledge and expertise.*

### Code of Conduct

1. Clinical supervisors are committed to lifelong learning and update their skills and knowledge in clinical supervision, participate in supervision of supervision, and fulfil professional requirements for continuing education.
2. Clinical supervisors truthfully represent their credentials, areas of competence, education, training, experience, professional affiliations, and scholarly or research contributions to clients, members, the public and wider community.
3. Clinical supervisors cultivate two types of competence: competence in the clinical areas for supervision and competence in clinical supervision practice.
4. Clinical supervisors consult with other clinical supervisors when outside their realm of competence, and refer clients to other competent professionals when they are unable to provide adequate supervisory guidance.
5. Clinical supervisors take responsibility for their self-care; they monitor their own professional functioning, physical and emotional capacities, and seek advice when their resources are depleted, or are affecting the wellbeing of clients.
6. Clinical supervisors collaborate in objective reviews of their personal and professional abilities through their own clinical supervision or engagement in supervision of supervision.
7. Clinical supervisors monitor the wellbeing, personal functioning, physical and emotional capacities of clients without embarking on therapeutic endeavours or violating their professional boundaries.
8. Clinical supervisors examine the role of ethics and values in the supervisory process in their own reflections or conversations with colleagues, and monitor and address ethical dilemmas that arise for themselves, clients, and members.
9. Clinical supervisors are willing to admit to making mistakes, especially when these may affect clients, the integrity of ACSA, the profession of clinical supervision and their organisation and professional bodies and, they make reparations, and seek to learn from their experience.

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