

Workplace Abuse: Roles of the Supervisor and the Supervisee

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Abstract

The management of workplace abuse in supervision and the subsequent remedial roles of the supervisor and the supervisee are complicated by the limited published literature in this field. This paper draws together health, education, psychology, and employment literature with the author's experience to present key issues relevant to this area. These viewpoints address ethical dilemmas concerning confidentiality, accountability, and emotional trauma, and are formulated into a process of care for clinical supervisors. This model encourages the supervisee to work towards resolving workplace issues while maintaining competency to practice. The efficacy of this model is demonstrated by means of a case example. Further research is recommended to understand and categorize workplace trauma, the result of workplace abuse, and appropriate responses for associated professionals.

Key Words: Clinical supervision, workplace abuse, ethical dilemmas, stress, care.

Introduction

Workplace Bullying (WPB) when identified within clinical supervision raises questions concerning the responsibilities of a supervisor and supervisee to each other, to the employer, and to the community. Supervision should ideally provide a safe, confidential, and useful transparent process (McMahon, 2002; Scaife, 2001a). Ethical dilemmas within the supervision process of holding or withholding ethical information needs critical reflection. A problem-solving process that meets the needs, values, and beliefs of both parties, while maintaining competency to practice, will be discussed.

For the purpose of this paper, Inskipp and Proctors' (1993) conceptualization of supervision is used: supervision is a confidential working alliance between two professionals where supervisees offer an account of their work and reflect on it, receive feedback and guidance

where appropriate, and is based on their 'formative,' 'normative,' and 'restorative' model of supervision.

This paper will concentrate on the ethical dilemmas within the context of supervision, in particular appropriate boundary setting and supporting agency procedures. A model designated Supervision Process of Care (SPC) addressing the dilemmas will be presented. It will draw on and bring together health, education, psychology, and employment literature, and the author's experience. Clinical supervision is one of the processes in place to assist ongoing development, standards of practice, and professional support. Although New Zealand legal policies and context are used to present key issues relevant to this area, it is noted that this information may or may not be transferable entirely to other cultural contexts.

Literature Review

WPB is a worldwide phenomenon brought to professionals' attention as victims of WPB (targets) retaliate (fight back) in an attempt to gain control of their lives. Researching the literature for information concerning the role of the supervisor when WPB is disclosed resulted in little information. However, there was a considerable amount of literature on the subject of harassment, WPB, discrimination, or violence.

Bullying is considered, by some, the single most important social issue of today (Field, 2006). The study of literature on bullying provides a chance to understand the behaviours that underlie conflict and violence in the workplace, schools, and community organisations. It reveals to what extent people's lives are affected, the cost to society, and the lack of effective legislation to address this issue (Field, 2006; Mueller, 2005; Needham, 2005).

Health and education organisations are not exempt from this problem. Experts in WPB (Needham, 2005; 2006; 2008), campaigning for safer, healthier workplaces, believe that the answer lies in improved leadership. Senior management must be accountable and take tough action, demonstrating purpose, values, and ethical principles. Supportive cultures of teams and legislation for the targets (supervisees) and employers must be in place (Bell, 2006; Burborough, 2006; Chartered Institute, 2004; Cotton & Hart, 2003; Gilbertson, 2006).

New Zealand Government policies on health and safety in the workplace refer to stress, harassment, bullying, temporary impairment, discrimination, and violence (Department of Labour NZ, 2004; Occupational Safety, 2005; Occupational Health, 2003; Public Service Association,

2003). Departmental strategies aim to lift workplace health and safety performance, and reduce staff turnover. These set out to achieve healthy, safe workplaces through innate quality leadership practices and training (Needham, 2008; Human Rights Commission NZ, 1997).

Employers are legally bound to provide safe working environments. New Zealand laws address major forms of abuse and harassment with little specifically covering workplace bullying. Options for legal redress are available on the basis of unsafe work environment, constructive dismissal, or a personal grievance. The process involves Labour Department mediation prior to undertaking court proceedings (Employment Relations Authority NZ, 2003). Mediation is considered an appropriate mechanism for many disputes. However, it is strongly advocated that it not be used as the first response or at all for WPB issues. Targets perceive the Employment Relations Service and the Human Rights Commission as bully-friendly (Needham, 2005; 2006; Olsen, 2006), hence many may not receive appropriate treatment. The Protected Disclosures Act 2000 (Ombudsman Office, 2002) protects employees who report serious wrongdoing (whistleblowing) in or by an organisation; however, WPB is not mentioned. When targets rely upon legislation, they appear to gain limited protection, validation, or recompense from the law. They are required to sign a confidentiality agreement while the bully appears unaffected. This is in contrast to such countries as Australia, Sweden, and Ireland where legislation is in place to protect targets (Larsen, 2007).

Organisational policies concerning the role of the supervisor in WPB issues remain unidentified. Although organisations have policies regarding the practice of supervision, it is unlikely the role of the supervisor in WPB will be linked to the complaints policies. Health and education services typically have organisational policies which deal with WPB, for example, complaints processes. However, this is not always the case, nor is there typically any reference to a clinical supervisor's role in relation to such a disclosure. Many private organisations do not appear to address this issue at all.

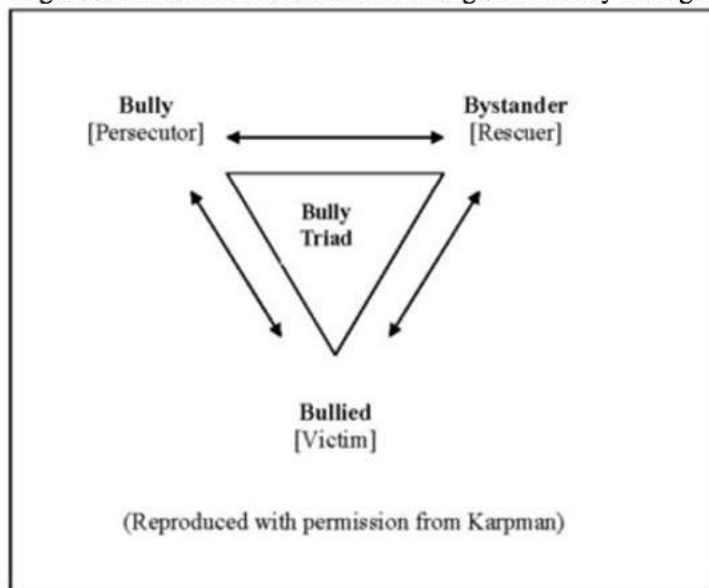
Workplace Bullying

WPB and harassment are defined as two different types of abuse (Field, 2006; Needham, 2005). Bullying is defined as conscious, persistent, offensive, abusive (verbal or non-verbal), intimidating, or insulting behaviours intended to harm. It is seen as the misuse of social power and control or unfair punitive sanctions for the purpose of hiding inadequacies such as lack of

leadership, people skills, or management skills. Bullies tend to project their inadequacies onto others, making the recipient feel upset, threatened, humiliated, and vulnerable. Whether it is premeditated or spontaneous, obvious or subtle, overt or covert, easy to identify or cleverly concealed, it can undermine self-confidence, emotional competence, and the ability to perform effectively. WPB and harassment are often used interchangeably. Although harassment is less severe, it is regarded as just as harmful (Field, 2006). It can cause temporary impairment, or over time serious stress related illnesses. More than three months of abuse is believed to cause lasting effects (Kinchin, 2005) such as panic attacks, flashbacks, loss of confidence and self-esteem, depression, and symptoms of Post-Traumatic Stress Disorder (PTSD).

Coloroso (2005) conceptualizes the differing roles of the bully, the bullied, and the bystander involved in WPB as the “Three B Bicycle” or “Bully Triad” (Fig.1). It describes a triangular interaction similar to Karpman’s Drama Triangle involving the use and misuse of power (Ball, 2006; Coloroso, 2005; Karpman, 1968). These interactions are said to involve the unconscious shifting of role exchanges between persecutor, victims, and rescuer. Karpman describes the emotional roles of the persecutor/bully (“It’s your entire fault”), victim/bullied (“Poor me”) and rescuer/bystander (“Let me help you”) in terms of a psychological drama analysis.

Figure 1 Assimilation of the Drama Triangle with Bully Triangle



When brought to a conscious level, the dysfunctional interactions emphasize the power and control issues. These raise awareness that transforms the dynamics to move forward and deal with the situation. While the roles of the bully and the bullied are recognizable, the ‘rescuer’ becomes the bystander who usually maintains a silent witness role. All three hold knowledge of an ethical issue, WPB.

Understanding the demoralizing effects, temporary or otherwise, that the bully (persecutor) has on the bullied (victim) is important. The emotional experience can range from stress and anxiety to PTSD (Kinchin, 2005), whereby feelings of frustrations, hopelessness, helplessness, and entrapment, disempower the target from making decisions, and taking positive action. The nature of the trauma is often misunderstood because it is insidious, invisible, emotional abuse. It may be misinterpreted as a “personality clash” and/or the potential for harm minimized. It is suggested that workplace trauma should become a specific diagnosis in order for attitudes to change towards the seriousness of this experience (Field, 2007b; Kinchin, 2005). Without validation of these emotions, these experiences may impact on the individual’s occupational performance (Crabtree, 2003).

Literature describes several remedial themes (Ball, 2006; Field, 2006, Field, 2007a; Needham, 2005; 2008). These include changes in leadership practices, environments, and in attitudes about the health and safety of targets. In addition, bystanders (witnesses) need to collaborate against bullying through validation and group pressure (Bell, 2006; Mueller, 2005). It is not sufficient to rely on workplace policies. Systemic management (human resources, service managers, internal processes) cannot be impartial. Workplace contexts can be compromised due to the will to support both parties (Cotton & Hart, 2003; Larsen, 2007). Mediation in this instance fails to take into account the power dynamics underlying this issue. Literature and the author’s experience report that this type of action is inappropriate and rarely succeeds (Needham, 2005; 2008; Field, 2007b).

Supervision Ethical Dilemmas and Responsibilities

WPB bullying appears to impact on six important areas of the supervision process as revealed through literature. They are:

Ethics

New Zealand appears to have no established universal Supervision Code of Ethics. It seems that many supervisors and supervisory courses rely on the New Zealand Association of Counsellors Code of Ethics to inform supervision practice (New Zealand Association of Counsellors, 2006). Therefore, the question arises: could a Supervision Code of Ethics across generic professions make a difference in the resolution of moral dilemmas such as WPB?

Many organisations do have a Code of Ethics. Others have a universal Code and rely on employees' professional Codes to guide conduct and practice. Literature reveals that a health organization's ethics may address clinical malpractice and client concerns, rather than managerial issues (Kidder, 1995; 2008; Occupational Therapy Board of New Zealand, 2004). However, ethical considerations are often embedded within organisational policies and procedures such as supervision and complaints policies. Some organisations believe that these policies, with human resource management, are sufficient to address WPB. A Joint Commission (2008) report signifies that WPB behaviours undermine a culture of safety for clients and members of health care teams. Kidder's commentary (2008) on this report indicated that organisations do not consider these behaviours as unethical, misconduct, or a breach of ethical codes. A workable organisational or service level Code of Ethics that is linked to appropriate service and or government legal policies may be one way to resolve this problem.

Ethical dilemmas involve confidentiality, the supervision contract, the supervisee's health and well-being, and competence to practice. This shared knowledge comprises legal and social issues, which impact on the supervisor, employees, and the organizations (Field, 2006; Hewson, 2002; 2005). The dilemma in WPB is not a right-versus-wrong situation. The latter presents no reason for discussion. However, it could be seen as a right-versus-right situation (going public-versus-preserving confidentiality or short-term-versus long-term resolution), particularly by organisations. Therein lies the ethical dilemma (Kidder, 1995). To "tell or not to tell" is an ethical question for all three parties in the triad, as they are holding (and withholding) important ethical information that may consequently affect the workplace.

Withholding ethical information may impact on both supervisor's and supervisee's performance, health and well-being, values and beliefs, and has possible long-term effects for the clients (Geldard & Geldard, 2006; Gilbert & Evans, 2002; Scaife, 2001b). Management withholds information on organisational WPB incidents in order to investigate and clarify certain issues. However, human harm and loss of credibility in system supports will be caused meantime whilst management attempts to reach a solution. Withholding information is a real ethical problem that should be acknowledged openly and widely debated.

Ethical choices are usually guided by professional Codes of Ethics and by law. Terms such as *legal* and *ethical* are often treated as interchangeable. However, there is an important difference.

Laws provide expected boundaries while ethics address Codes of Practice or Conduct. Therefore, when the two diverge, ethics should take priority (“Legal Vs Ethics,” 2007). Codes are moral, not legal, guidelines and have limitations. They typically do not provide decision-making processes for situations, such as WPB. However, they are valuable indicators of professional behaviour, values and beliefs, models to guide, and resolved ethical issues (OTBNZ, 2004). Axten (2002) believes that truly ethical choices come from a complete understanding and consideration of all the information and varying points of view, both immediate and environmental. This would be true of WPB situations. The practice of ethical problem-solving should prevent harmful judgmental solutions.

For example: New Zealand Online “Values Exchange for Everyone” promotes democratic debate about topics of social concern and is one place where professionals can access an ethical reasoning programme (Seedhouse, 2005; Values Exchange, 2005).

Confidentiality and contracts

Confidentiality is considered one of the major ethical concerns raised within the supervisory relationship, along with competence, overwhelmed supervisees, and dual relationships (DeTrude, 1992). Therefore, supervision contracts should clarify the role boundaries, dual relationships, and confidentiality. These are informed by ethical codes, guidelines, policy, and law (Gilbert & Evans, 2002; McMahon, 2002). Contracts usually include an occupational health and safety clause and may provide a disclosure statement. This indicates that when certain circumstances occur, the supervisor may break confidentiality. While keeping this process transparent, supervisors can report unsafe practice. If confidentiality is breached without consent, the result is lack of trust. If confidentiality is maintained, the supervisee is left unprotected and potentially so are other people.

Supervision contracts and confidentiality issues may be contentious when WPB is revealed (for example, if the supervisee is adamant that it remains confidential to supervision and therefore unaddressed). It would be naïve and idealistic of the supervisor to give complete assurance that issues discussed in supervision would never be revealed to others. The limits to the level of confidentiality include record keeping, the supervisor’s own supervision, the need to protect others, working with other professionals, participating in training, conference programmes, and where the law (mediation) requires disclosure of information (Geldard & Geldard, 2006). A

supervisee cannot give informed consent without being informed of all the implications/expectations. Supervision is able to provide reflection on outcomes.

Documentation

Professional Codes of Ethics include standards covering documentation for client care and litigious reasons. However, this does not cover supervision documentation. This information should be in the supervision contract and supported by organisational policies to ensure that supervisors document the date, time, and content of supervision sessions that address legal and ethical issues (Dewane, 2007). Supervision notes, usually written in a generic manner, should be confidential and kept in a safe place. If the supervisee decides to take legal action, both the supervisee's and supervisor's notes may be used as evidence. Therefore, sensitive material (bullying issues) needs to be recorded. Furthermore, the supervisee should keep a separate record (a timeline) of bullying situations for validation purposes. This provides additional protection for both the supervisor and supervisee (Field, 2006; Ferguson, 2005; Gilbert & Evans, 2002; Scaife, 2001a).

The supervisee

Supervision should meet the needs of the supervisee in conjunction with professional and clinical competence. Health and well-being of the supervisee often cause deliberation for supervisors and raise boundary issues. Supervisors encourage supervisees to work through personal issues, which may impact on their competency to practice. This is important in WPB situations where communication and interpersonal relationships are a requirement (Field, 2007a; 2007b; Geldard & Geldard, 2006; Geldard & Geldard, 2003).

Therefore, the question arises: where are the boundaries between evaluating personal needs, the therapist role, and the professional supervisor process? A supervisor will need to perform an evaluative role when assessing a supervisee's well-being and, furthermore, distinguish between impairment, incompetence and unethical practice (Forrest, Elman, et al. 1999; Howard, 2007; Scaife & Walsh, 2001). Evaluating includes examining the supervisee's response to WPB, for example the presence of anxiety, distress and or depression. Policies may not provide sufficient guidance. Nonetheless, it seems incumbent on supervisors to have some skills and recognition in the area of work-related stress.

Supervisors' ethical responsibilities

Clinical supervision is mandatory for Health Practitioners in New Zealand as outlined in the Health Practitioners Competency Assurance Act (Ministry of Health, NZ, 2003). Consequently, supervisors are accountable when employed within an organisation, to the hierarchical authorities or systems under which they work, such as employers, managers, professional bodies, and society.

Within organisations, the supervisor's major ethical challenge in accepting the role of a supervisor is to balance the responsibility for representing an organisation's core values to its employees, their own personal values, and the well-being and needs of the supervisees. Being ethically effective in this role is critical to both organisational and individual success and emphasises the need to be trained and supervised themselves (Axten, 2002; Ethics Resource Centre, 1992; Hewson, 2005; Scaife, 2001b).

A supervisor should attend to both his or her own and the supervisee's ethics of practice. Supervision is often a place for discussing ethical and clinical issues; consequently, an understanding of ethics is essential. A supervisor may be held responsible for the supervisee's behaviour. Therefore, a supervisor should challenge and encourage critical reflection, which provides professional conduct through modelling to cultivate skills and a professional conscience in the supervisee.

As a result of the widespread phenomena of WPB, anecdotal evidence suggests it is possible practitioners will have knowledge of this situation. Clinical experience and anecdotes disclosed suggest that supervisors may be the first to hear of concerns of WPB, (due to the trusting nature of the relationship), providing they recognise this experience. The supervisor may recognise these concerns through observation of behaviours, effects on competence, or direct disclosure. Furthermore, past harmful supervision should be considered: lack of trust, transparent processes, dual relationships, and unmet expectations often cause feelings of disempowerment (Axten, 2002; DeTrude, 1992; Ferguson, 2005; Hewson, 2005; Scaife & Walsh, 2001).

The impact on the supervision process relates to legal issues and social justice policy. Government legislation includes due process, duty to warn and protect (duty of care), confidentiality, ethical conduct, and social justice issues (Axten, 2002; ERANZ, 2003; Hewson, 2005; Scaife, 2001a). Moreover, the social, political, and economic forces within organisations result in feelings of vulnerability in supervisees and supervisors (Gonzalez- Doupe, 2001; Herkt

& Hocking, 2007; Scaife & Walsh, 2001; Towler, 2005). If disclosure of WPB is the desired result of ethical reasoning, do the organisational processes support it? Gonzalez-Doupe (2001), Gilbert & Evans (2002) and Towler (2005) suggest that the professionals' associations and organisations should be more responsive to the challenges that face practitioners by constructing regularly reviewed, and revised guidelines and procedures to support the supervisor and supervisee. The supervision contract should be enacted in the best interests of the supervisee, other colleagues at risk, the wider contexts of organisations, and society. Furthermore, it is essential that the supervisors continue to be supervised themselves and be provided with regular professional development in this growing field of knowledge.

Supervisee's ethical dilemmas

Anecdotal and experiential information from supervisees reveals common dilemmas:

- The nature of the trauma experienced by the supervisee is rarely recognized or understood by either the supervisor or supervisee.
- A fear of not being believed (personality clash, non-assertion, "you are mistaken"), reprisal, and ineffectual resolution, such as precarious policies and procedures.
- There is no clear decision-making process for either party at the initial stage of WPB disclosure.
- There is a lack of faith in the systemic policies, procedures, and processes making a difference.
- There is a lack of faith in organisational remedial counselling procedures even if they are available or offered free of charge.
- There are no clear procedures or processes for addressing the problem of the persecutor's (WPB) behaviour.
- If supervisees retaliate, they rarely win their case; continue to feel traumatized and obliged to leave the employment situation. Staying is often considered untenable.
- Retaliating through external resources (outside health and education services) is considered fairer, more validating, though expensive, time consuming and without due processes.
- Moving on to another employment situation was considered the least stressful option.

These ethical dilemmas indicate that an existing system of managing WPB is untrustworthy and less than successful. Moving to external mediation may prove more validating with individuals feeling justified in their actions, even if changing employment becomes necessary. Professional indemnity cover for both parties is considered essential.

The author's experience and anecdotal evidence has accentuated a number of ethical dilemmas that intrude on the supervision process. A literature review revealed limited information *Journal of Social Work Values and Ethics*, Spring 2009, Volume 6, Number 1 -page 59

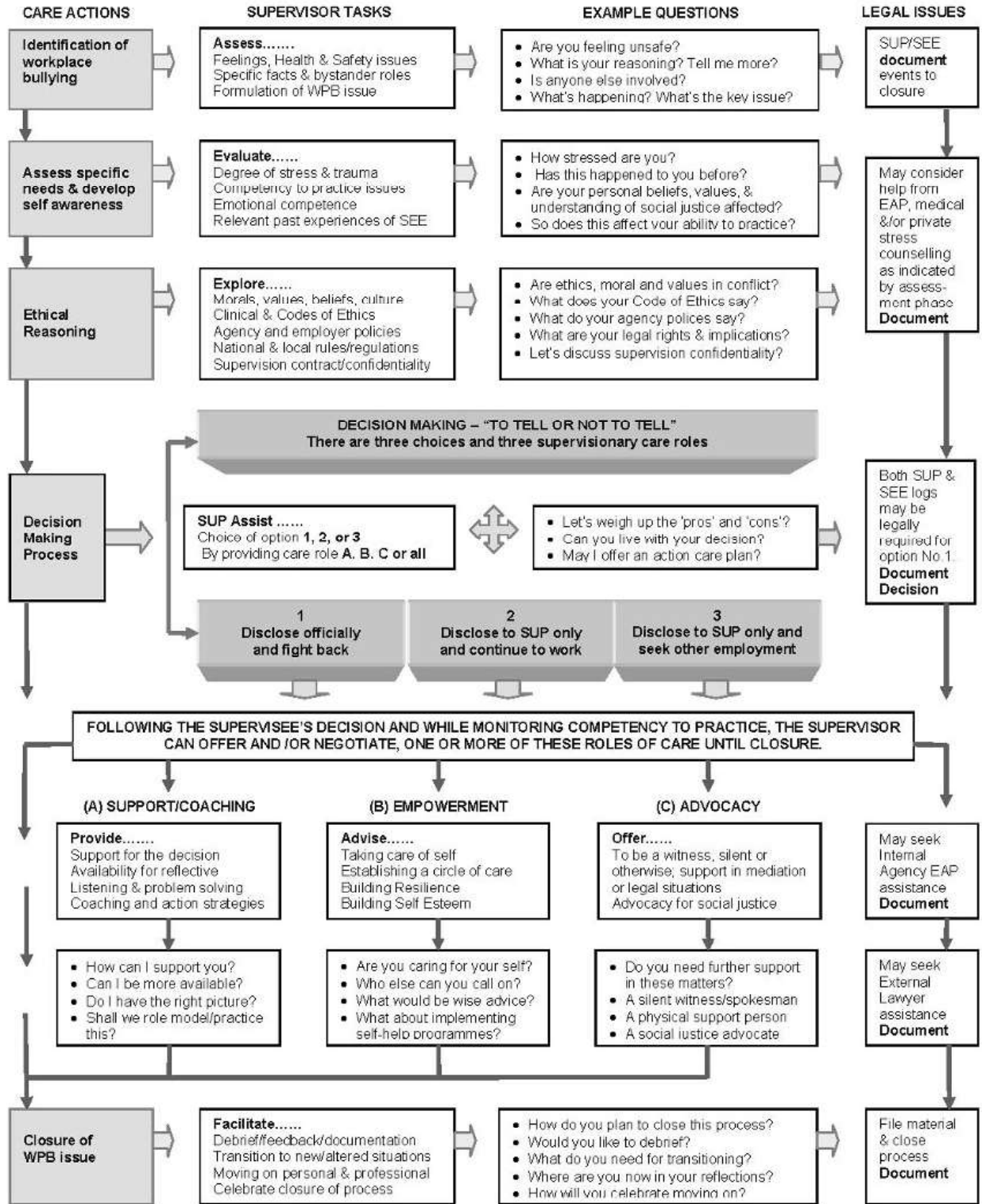
on how to address these issues. From this investigation, a model of Supervision Process of Care (SPC) is proposed as a method of dealing with the problem. The efficiency of this model in guidance and advocacy while maintaining competence to practice is demonstrated by means of a case example.

A Supervision Process of Care Model

For the purpose of this paper, a SPC is identified as a way of supporting a supervisee through a WPB situation (see Fig. 2). Irrespective of organisation supports, a target will require ongoing supervision to practice. Through the author's experience and anecdotal feedback, this practical process is intended to be flexible, transparent and collaborative. It intends to guide supervisor and supervisee through a course of reflective practice and ethical decision-making. Based on bands of supervision embedded in many models and justifiable approaches, it helps to define the role of the supervisor and supervisee.

Figure 2

A SUPERVISION PROCESS OF CARE FOR SUPERVISEE IN WORKPLACE BULLY ISSUES



FOLLOWING CLOSURE SUPERVISION MAY RESUME AS NORMAL

Original by Ann Christie, NZROT, FRLA 1998. Email: tanekaha24@xtra.co.nz (June 2007)

Supervision Process of Care Model

The practicalities of SPC lie in the structure of five key areas: care actions, supervisor tasks, example questions, legal ramifications, and documentation. Care actions may begin at any level and irrespective of the supervision model. To date, the author has worked with eight supervisees experiencing WPB who reported SPC as exceedingly nurturing and supportive. The process wished to validate concerns, maintain self-esteem, and competence to practice in the supervisee.

Step 1: Identification of WPB

Abraham (2001) believes that uncomfortable or unsafe feelings are usually an indication that health and safety or ethical issues exist. It is essential that the supervisor provides validation of these feelings while listening empathetically. It is acknowledged that, unless the supervisor has an understanding of WPB, it is difficult to perceive the subtleness of what the supervisee may be experiencing. Therefore, knowledge and understanding of the trauma experienced, and the probable impact on ability to work is

essential information for both supervisor and supervisee. Tim Field's (2006) Web site includes WPB identification, definitions, bully behaviours, and more.

WPB is not an isolated incident experienced by one person alone. As described previously, there have been witnesses (bystanders) and unreported incidents by targets. If reported, this information is not shared with others, often held by managers, and as nothing observable changes, it is assumed that nothing has been done. Clarkson (1993) named these phenomena as

bystander games. However, it is preferable to acknowledge these as "roles," as they are often

Figure 3 The twelve bystander (BS) roles

"It's none of my business" or " <i>Pontius Pilate</i> ".	A person asks the BS for help in solving conflict, is met with refusal to mediate, and told to deal with it on their own.
"It's more complex than it seems" or " <i>Who Knows Anyway</i> ".	The BS is aware of the problem, claims it's too complex, implying things need to be simplified before getting involved.
"I don't have all the information" or " <i>Ignorance is bliss</i> ".	The BS believes that, because they lack information they could make unsound judgments that might not be helpful, so do not get involved.
"I don't want to get burned again" or " <i>Let them fry</i> ".	The BS refuses to get involved because of similar uncomfortable or painful past experiences.
"I want to remain neutral" or " <i>I don't want to take sides</i> ".	The BS is a third-party mediator in a conflict who then exonerates themselves, claiming they wish to remain neutral – pretending to mediate without doing so.
"I'm only telling the truth (to others) as I see it" or " <i>Gossip is juicer than responsibility</i> ".	The BS is self-righteous, jumps to conclusions without checking the facts and spreads gossip.
"I am only following orders" or " <i>It's more than my jobs worth</i> ".	The BS is taking a moral stand claiming an inability to act because they are subject to higher authorities – lacks empathetic connection or engagement.
"The truth lies somewhere in the middle" or " <i>Six of one and half-dozen of the other</i> ".	The BS avoids making difficult judgments by applying the rule that the truth lies somewhere in the middle. A basic misunderstanding of what truth is
"My contribution won't make much difference" or " <i>Who, me?</i> "	The BS believes that the power and politics of an organization are so great that an individual cannot have any influence on outcomes.
"I'm just keeping my own counsel" or " <i>I'm alright, Jack!</i> "	The BS refuses to risk their sense of well-being by getting involved in problems that do not affect them.
"Victim assumption" or " <i>The just world assumption</i> ".	The BS assumes or believes that the victims of a perceived injustice brought it upon themselves.
"I don't want to rock the boat" or " <i>I don't want to raise a difficult issue</i> ".	The BS usually acknowledges the issue, is sensitive to injustice but they fear conflict and confrontation and avoid the situation.

(Reproduced with permission from Clarkson)

played out unconsciously by witnesses (Figure 3). The bystanders are holding or withholding ethical information, thus subtly colluding with the bully by not acting.

Documentation in supervision is essential and may become legal property. Establishing the facts, gathering anecdotal information, and developing a formulation that can substantiate WPB takes time. It is necessary that a supervisee keeps a specific log of “where,” “what,” and “who” experiences (Field, 2006; Field, 2007b; Needham, 2005). For example:

*August 3rd: Bill came marching down the corridor, grabbed my arm, and pulled me into an unattended office and shouted, “Get that ***** project on my desk by lunchtime.” He walked out not allowing me to reply. I felt humiliated, pressured, disrespected, and emotionally disabled.*

Initially, WPB logs read as isolated incidents. When compiled into a timeline along with witnesses, evidential phone calls, emails and letters, they become a powerful story. Although appearing emotive, documentation will be useful in any ensuing legal process.

5.2. Step 2: Assessment

Emotional competence is an area often affected by WPB. Nurturing the supervisee’s spiritual and emotional capability is part of the supervisor’s role (Gilbertson, 2006; Goleman, 2004; Sheehan, 1999). Emotional competence includes self-awareness, self-regulation, motivation, social competence (how we manage relationships), empathy, and social skills (Goleman, 2004). It is a useful framework for guidance in supervision practice that enhances understanding of self and others, consequently providing opportunities for change (Carroll & Gilbert, 2005).

Performance issues may depend on personal resilience and emotional competence of the supervisee (Goleman, 2004; Reivich & Shatte, 2005). When competence to practice becomes a concern, the New Zealand Health Practitioners Competence Assurance Act (MOH NZ, 2003) directs that legitimate inquiry into practice by the professional organisations is essential to supervision and the welfare of the supervisee.

Recognizing and assessing the degree of trauma experienced by the supervisee is essential before it becomes a major health problem (Howard, 2007). Supervisors are an important mitigating force in preventing stress-induced poor judgments due to the insidious and emotional nature of WPB. A stress indicator (Figure 4) is helpful to verify these feelings.

Figure. 4. Pre-trauma stress indicators

Pre-trauma stress indicators from WPB

- Constant high levels of stress and anxiety.
- Frequent illness: viral infections especially flu and glandular fever, colds, coughs; chest, ear, nose and throat infections (stress impacts on one's immune system).
- Aches and pains in joints, muscles and back pain with no apparent cause, which rarely respond to treatment and won't go away.
- Headaches and migraines.
- Tiredness, exhaustion, constant fatigue.
- Sleeplessness, nightmares, waking early, waking up more tired than when you went to bed.
- Disbelief, confusion and bewilderment ("why me?", "How rude?").
- Flashbacks, replays, rumination, obsessions, can't get the bullying out of your mind.
- Skin problems: i.e., itchiness, rashes, eczema, shingles, athlete's foot, ulcers, psoriasis.
- Poor concentration, distractible, can't concentrate for any length of time.
- Poor or intermittently-functioning memory, forgetfulness, especially with trivial daily things.
- Sweating (hot and cold), trembling, shaking, palpitations, panic attacks.
- Tearfulness, bursting into tears often and over trivial things.
- Out of character irritability, snapping at people and/or angry outbursts.
- Hypervigilance (feels like but is *not* paranoia), being constantly on edge, watchful, jumpy.
- Hypersensitivity, fragility, isolation, withdrawal from places, people and situations.
- Reactive depression; a feeling of misery, lethargy, hopelessness, anger, futility and more.
- Shattered self-confidence, low self-worth, low self-esteem, loss of self-love, etc.,
- Avoidance behaviours: acute anxiety at the prospect of meeting the bully, visiting the location where the bullying took place, being in the same room, or at the thought of touching the paperwork associated with the case.

NB. These are the most common symptoms reported from exposure to negative stress in the workplace. An individual may experience one or several of the indicators above. Over time these can develop into symptoms of Post Traumatic Stress Disorder (PTSD).

(Reproduced with permission from BullyOnline.org)

Pre-trauma stress indicator

People respond with various degrees of stress to different stressors. Evaluation may lead to medical intervention or related assistance. According to Kinchin (2005), there are four factors that identify the degree of the individual's stress.

- *Control*: stress to the extent where they perceive they are not in control of the stressor.
- *Predictability*: stress to the extent where they are unable to predict the behaviour or occurrence of the stressor. Bully behaviour is usually unpredictable.
- *Expectation*: stress to the extent where they perceive their circumstances are not improving and will not improve. A bullying situation usually becomes worse as insight increases.
- *Support*: stress to the extent where they lack support systems, including work colleagues, management, family, friends, persons in authority, official bodies, professionals, and the law.

Following assessment and identification of stressors, an ethical reasoning process may take place.

Step 3: Ethical reasoning

Three models of ethical reasoning influenced the development of the SPC. No model can adequately capture the legal and ethical complexities faced by the supervisor and supervisee. However, these guidelines provide a systemic approach to the problem and an evidence-based safeguard (Dewane, 2007). They assist in transcending the emotive and judgmental issues that pervade this task.

Gilbert & Evans (2002) suggest five major areas to consider, emphasizing the influence of unconscious processes, counter transference and parallel processes. Carroll & Gilbert's (2005) model heightens ethical awareness for action and accentuates living with the ambiguities of having made a decision. Hansen & Goldberg's (1999) model, a multi-dimensional framework, incorporates moral principles and personal values, clinical and cultural factors, professional codes of ethics and conduct, agency and employer policies, national and local statutes, rules and regulations, and, where appropriate, case law.

Step 4: Decision-making process

It takes moral courage to report on abuse, retaliate, and become involved with the subsequent processes (Needham, 2005; 2008). The repetitiveness of bully behaviours causes a never-ending series of intense emotional experiences that disempower and subdue. Kidder (2005) explains that when the core values of moral courage, honesty, respect, responsibility, fairness, and compassion interconnect with danger and endurance, moral courage is elicited. To develop moral courage, he suggests assessing the situation, scanning for values, standing for conscience,

contemplating the dangers, enduring the hardship, and avoiding the pitfalls. It is part of the supervisor's role to nurture moral courage in ourselves and for supervisee support.

Following ethical reasoning, the supervisee may be ready to discuss a course of action. There are generally three choices.

- To disclose officially and retaliate/challenge the bullying.
- To disclose to the supervisor only and continue to work.
- To disclose to the supervisor only and seek other employment.

The supervisor builds on the supervisee's strengths, a restorative perspective, which is connected to competency and outcomes through understanding and exploring choices. Exploring alternatives is a helpful strategy, when reflecting on the consequences of each decision before making a final choice "to tell or not to tell."

While monitoring competency to practice, a supervisor may propose three roles of care until the WPB experience ends: Plan (A): Support and coaching; Plan (B): Empowerment Plan; (C): Advocacy. Some supervisees may choose all three (Figure 5). These roles assist the supervisee to implement and live with the ambiguities of his or her ethical decision. It may not be the perfect solution. The supervisee's choice is made in consideration of his or her best interests and

Figure 5

Case Example: A Supervision Process of Care over 18 Months
<p>Identification: Simon held a position of responsibility as an assistant manager for an organization. During supervision, Simon expressed his concerns that a challenging colleague (Bob) may be a workplace bully. The supervisor suggested relevant literature and resources that outlined bullying behaviours, the effects and cost to productivity. Both parties kept supervision logs and Simon recorded the "where, when, and what" incidents witnessed or experienced that demonstrated 'bully' behaviours towards himself and others.</p> <p>Assessment: Bob's behaviours were reported to Simon and his line manager by 'targets' and 'bystanders' in the organisation. These behaviours met the criteria of WPB. Simon accessed the organisations policies revealing a complaints procedure that went directly to the organization's head manager. There was no mention of harassment or bullying. Simon attended a seminar to increase his knowledge on WPB and the legal ramifications. Simon's symptoms as a target emerged with this increase understanding and reflection, i.e. low mood; self doubt, performance anxiety, rumination, and avoidance behaviours towards Bob were recognized. Simon was also being bullied, subtly and insidiously over time; by email, verbal innuendoes and finally covert and overt confrontations. He began to question his own work performance and shared this with his supervisor. Simon's initial reaction was disbelief gradually turning into feelings of disempowerment and despondency.</p> <p>Ethical reasoning: Ethical reasoning was required to resolve the issue before Simon's performance came into question within the organisation. The model used took into consideration Simon's current health status of stress, panic attacks and difficulties in making decisions. A plan of action was developed as it became apparent that others in the organization were also suffering from Bob's abusive behaviours. Both supervisor and supervisee perceived this as a major ethical, health and safety issue within organizations. Simon chose to retaliate (fight back) and requested support from his supervisor to act as an advocate in the process and throw light on the WPB within the organisation.</p> <p>The plan:</p> <ul style="list-style-type: none"> • To approach the manager to discuss the issue of bullying within the organization • To provide literature on WPB and anecdotal evidence gathered by SEE • To recommend external remediation as advocated by literature • To identify the organizations provision of support for both targets and the bully • To make a further decision for legal support if and when it became necessary <p>Support/coaching, empowerment, advocacy: Simon chose all three options in the care process. He was coached in role modeling of behavioural and verbal responses for use when challenges arose, i.e. safety in meetings with the Bully, knowing when to withdraw from conflict and protecting oneself. Self esteem and self help programmes on resilience were used to maintain emotional competence. Advocacy took the form of support person, silent witness and where indicated by Simon, a spokesperson.</p> <p>Approaching management initially gained support for Simon. Management chose a systemic approach (internal) rather than call in experts (external). A 'form of a mediation' took place between Bob and Simon with an adjudicator who chose to make the issue a 'conflict of personality' thereby demeaning the real issue. Furthermore, management undertook to administer a 360 report on Simon's work practice that was completed by Bob and by colleagues he had previously targeted. Results of these two actions made no change in the situation and left Simon feeling demoralized, humiliated and misunderstood.</p> <p>Without his manager's support Simon's distress increased. He took medical advice, located an external stress counsellor experienced in workplace trauma who recommended a lawyer to combat the ethical and legal issues of an unsafe work environment. Simon was advised to take medical leave while supervision continued to concentrate on a restorative process.</p> <p>Closure: Supervision continued with moving on becoming important. The Supervision sessions supported Simon in his decision making and to transition to a new work position within another organization. Closure was in the form of documentation and reflection.</p>

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information available. The withholding of ethical information and the possible impact on the supervisee's performance and welfare of client's needs to be conscientiously discussed (Geldard & Geldard, 2006; Gilbert & Evans, 2002; Scaife, 2001b).

Step 5: Potential roles of supervisor

Support and coaching

Managing anxiety arising from the decision (Carroll & Gilbert, 2005), facilitating critical reflection and ongoing problem solving, supports the supervisee. In this role, the supervisor can draw upon supervision skills. This may necessitate increasing supervision to include telephone calls or e-mails, particularly if retaliation has been chosen as an option. The supervisee will be encouraged to plan for the future regarding his or her reactions, actions and alternative employment. Coaching may be a useful technique for supporting the supervisee to move forward (Brockbank & McGill, 2006).

Organisational, health, or legal assistance will require further discussion. For example, this may include letting go of the ethical dilemma, accepting the limitations of the decision, seeking medical assistance, or taking stress leave. The supervisee may wish to access internal work-related systems (Employment Assistance Policies), external counselling, or legal assistance, particularly if he or she decides to retaliate.

Empowerment

Maintaining or building self-esteem and resilience is an integral part of supervision. The supervisor may recommend choices for the supervisee about taking care of him- or herself. Self-help programmes may prove useful for supervisees while the supervisor monitors progress and competency to practice. For example: A self-esteem building programme, developed by Self-Esteem Seekers Anonymous for the Internet (Messina & Messina, 1999), may prove beneficial for supervisees. It assists in identifying the negative impact of low self-esteem and provides a programme for recovery.

Alternatively, a resilience building programme, a cognitive behavioural approach based on 15 years of research, was considered in practice by supervisees as the most helpful resource (Reivich & Shatte, 2005). Capacity for resilience is not a genetically fixed trait, nor are there limits on how resilient a supervisee can become. Beliefs can be changed, and abilities can be boosted.

Resilience is comprised of seven abilities: emotion regulation, impulse control, empathy, optimism, causal analysis, self-efficiency, and reaching out.

Literature indicates developing a 'circle of care,' calling upon bystanders, colleagues, friends, and family to support the supervisee. It is believed that collaborative group pressure is one way to manage future interactions with the WPB, such as meetings to discuss offensive behaviours (Ball, 2006; Mueller, 2005; Larsen, 2007). This supports the supervisee's decision to stay and may help confront these ethical issues at an operational, systemic level.

Advocacy

Advocacy in supervision is about fairness and equity, key social justice components. Supervisors can advocate as and where indicated for social justice, individual rights (moral claim for freedom of action), and the health and welfare of the supervisee when organisational injustice occurs (Cooper, 2002). In this role, the supervisor can offer to be a witness, silent or otherwise, and support person. These actions sustain the supervisee through difficult and challenging circumstances. Example: a silent witness or spokesperson (when indicated by the supervisee in times of intense emotional stress), in formal or informal consultations, investigations, or mediation processes, systemic or legal.

Social justice issues are incorporated into supervision literature (Copper, 2002; Scaife, 2001a). It focuses on human rights, respecting the values of fairness and equity, acknowledging and understanding the positive and negative power and how this may impact on the supervisor and supervisee (Cooper, 2002; Hewson, 2005). It advocates power purposefully for the common good.

Step 6: Closure

To facilitate closure, the supervisor can encourage debriefing sessions, plans for transition, either to new employment, or to an altered way of working within the same organisation. Feedback is important in the care process in order to file documentation and relevant material. A celebration is frequently considered a satisfactory way to bring about closure. Following closure, regular supervision may resume.

Conclusion

This paper discusses complex ethical dilemmas that disclosure of WPB raises for a supervisor and supervisee in their contractual relationship. Viewpoints are based on anecdotal and clinical experience, supported by literature within the context of New Zealand legislation and

therefore limited by their lack of empirical evidence. Figures, including demonstration of early signs of workplace stress, WPB triad, and the bystander roles, are used to increase recognition of the ethical dilemma.

The supervisor's accountability has been discussed relative to supervision contracts, confidentiality, and legal implications, together with the ethical dilemma "to tell or not to tell" being raised. The questions concerning holding and withholding of ethical information and the consequences remain unanswered. A compilation of resources has been outlined to emphasise organisational and legal processes in an attempt to discover a solution. Findings suggest that this ethical decision remains significantly with supervisees and the systems that support them. Despite the good intentions of systems to address the issue, they are often considered unsafe or unsuitable by the supervisee for WPB.

A transparent and collaborative Supervision Process of Care model is proposed together with a case example that illustrates the efficiency of this process. The SPC is considered appropriate for all health, allied health, and educational professionals and non- governmental organisations to monitor the health, welfare, and competency to practice of the supervisee. The discussion emphasises the need for knowledge and understanding of supervision ethics, systemic pressures, and trauma of WPB.

The question remains: those with the power to create change appear to need further education and determination when it comes to resolving WPB. It is suggested that organisations need the cooperation of all employees, together with policies that reflect safe, healthy workplaces. These include an ethical Code of Conduct and informed, courageous, and effective leadership that will address the costly issue of workplace bullying. Could a Code of Ethics for supervision or a Code at the organisational/service level, linked to appropriate service and or legal policies, provide guidance for resolving WPB, given that literature suggests they are currently powerless to address complex issues?

Further research of the emotional trauma experienced by the targets that is not seen as noteworthy in the early stages, the impact on competency to work given due consideration, and investigation into the probability of classifying the trauma resulting from WPB as a serious health issue is recommended. Early identification at the operational level of organisations and by

employees, and by community general practitioners, would be exceedingly valuable and prevent the occurrence of serious illness such as PTSD as a direct result of WPB.

This paper has hopefully gone some way towards providing information for further thought and consideration of the role of the supervisor in WPB, the ethical issues which arise together with a model to support the supervisee while maintaining competency to practice.

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